

2015 State Damage Prevention Program Grants Progress Report  
CFDA Number: 20.720

**Award Number:** *DTPH5615GPPS19*

**Project Title:** *Puerto Rico Department of Transportation and Public Works State Damage Prevention Grant*

**Date Submitted:** *May 24, 2016*

**Submitted by:** *Fernando Borrero*

**Specific Objective(s) of the Agreement**

Under this grant agreement, the Puerto Rico Department of Transportation and Public Works will enhance existing Partnership in Employee Training, Public Education and Technology which will improve communications between all stakeholders. During the activity a special committee will be created to evaluate the current state of employee training in Puerto Rico and to start developing a joint public education campaign. Through effective communication between stakeholders, the Puerto Rico Department of Transportation and Public Work's Directorate for the Excavation and Demolition Coordination Center and Pipeline Safety Program will learn about their needs and interests on damage prevention issues and ensure safety and effective public education.

**Workscope**

Under the terms of this grant agreement, the Recipient will address the following elements listed in the approved application as stated in 49 U.S.C. §60134(b).

- **Element 4 (EFFECTIVE EMPLOYEE TRAINING):** Participation by operators, excavators, and other stakeholders in the development and implementation of effective employee training programs to ensure that operators, the one call center, the enforcing agency, and the excavators have partnered to design and implement training for the employees of operators, excavators, and locators.
- **Element 8 (TECHNOLOGY):** A process for fostering and promoting the use, by all appropriate stakeholders, of improving technologies that may enhance communications, underground pipeline locating capability, and gathering and analyzing information about the accuracy and effectiveness of locating programs.

**Accomplishments for this period (Item 1 under Article IX, Section 9.01 Progress Report: "A comparison of actual accomplishments to the objectives established for the period.")**

Although the SDP grant did not provide assistance for effective employee training as requested, the Directorate for Excavation, Demolition and Pipeline Safety planned and held a three-day Conference in May 2016, on the topic of Damage Prevention with the attendance of over 100 operators, excavators and other stakeholders in order to provide

training for trainers within participating companies. Enclosed is the attendance data, as well as the Program for said activity, which we plan to hold every year.

On the other hand, the grant did provide assistance with the Technology element. With the approved \$37,530, we were able to pay for part of the equipment, software and training for our inspectors. The purchasing process was delayed at the General Services Administration, from November 2015 to February 2016, when the equipment was finally delivered. Once we had the equipment, changes had to be made to the software and personnel had to be trained. As a result, we started using the equipment on April 20, 2016, for various interventions throughout the northern and eastern parts of the island.

**Quantifiable Metrics/Measures of Effectiveness (Item 2 under Article IX, Section 9.01 Progress Report: “Where the output of the project can be quantified, a computation of the cost per unit of output.”)**

As reported, the equipment with new technology has only been in use since April 20, 2016. Therefore, the output and effectiveness of the project has not been yet quantified. However, we will be able to provide enough data on the project’s outcome for the final report later this year.

**Issues, Problems or Challenges (Item 3 under Article IX, Section 9.01 Progress Report: “The reasons for slippage if established objectives were not met.”)**

Once the delay for the purchase of equipment was overcome, the intervention plan is now back on schedule.

#### **Mid-term Financial Status Report**

The Federal Financial Report, Standard Form 425 (SF-425), as well as a breakdown of costs for each object class category for the period ending in April 30, 2016, is submitted.

#### **Plans for Next Period (Remainder of Grant)**

An intervention plan covering the seven regions in the island will be completed by September 29, 2016, as originally scheduled. Also, a plan to conduct irregular interventions on Saturdays and alternate schedules has been included to support our prevention efforts.

#### **Requests of the AOR and/or PHMSA**

No actions requested at this time.

FEDERAL FINANCIAL REPORT

(Follow form instructions)

|                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                                                                                                                                                                |                                                                                                                                                                              |                                                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| 1. Federal Agency and Organizational Element to Which Report is Submitted<br>DEPARTMENT OF TRANSPORTATION (DOT)<br>PIPELINE AND HAZARDOUS MATERIALS SAFETY ADMINISTRATION (PHMSA)                                                                                                                                                                                                                                                         |                      | 2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)<br>DTPH5615GPPS19 – 2015 STATE DAMAGE PREVENTION GRANT |                                                                                                                                                                              | Page of<br>1                                                                                           |
| 3. Recipient Organization (Name and complete address including Zip code)<br>DEPARTMENT OF TRANSPORTATION AND PUBLIC WORKS, ROBERTO SANCHEZ VILELLA GOVERNMENT CENTER, SAN JUAN, PR 00940                                                                                                                                                                                                                                                  |                      |                                                                                                                                                                                |                                                                                                                                                                              |                                                                                                        |
| 4a. DUNS Number<br>180536567                                                                                                                                                                                                                                                                                                                                                                                                              | 4b. EIN<br>660436728 | 5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)                                                                              | 6. Report Type<br><input type="checkbox"/> Quarterly<br><input checked="" type="checkbox"/> Semi-Annual<br><input type="checkbox"/> Annual<br><input type="checkbox"/> Final | 7. Basis of Accounting<br><input checked="" type="checkbox"/> Cash<br><input type="checkbox"/> Accrual |
| 8. Project/Grant Period (Month, Day, Year)<br>From: September 30, 2015                                                                                                                                                                                                                                                                                                                                                                    |                      | To: September 29, 2016                                                                                                                                                         |                                                                                                                                                                              | 9. Reporting Period End Date (Month, Day, Year)<br>March 31, 2016                                      |
| 10. Transactions<br><i>(Use lines a-c for single or combined multiple grant reporting)</i><br>Federal Cash (To report multiple grants separately, also use FFR Attachment):                                                                                                                                                                                                                                                               |                      |                                                                                                                                                                                |                                                                                                                                                                              |                                                                                                        |
| a. Cash Receipts                                                                                                                                                                                                                                                                                                                                                                                                                          |                      | Cumulative                                                                                                                                                                     |                                                                                                                                                                              |                                                                                                        |
| b. Cash Disbursements                                                                                                                                                                                                                                                                                                                                                                                                                     |                      | 0.00                                                                                                                                                                           |                                                                                                                                                                              |                                                                                                        |
| c. Cash on Hand (line a minus b)                                                                                                                                                                                                                                                                                                                                                                                                          |                      | 0.00                                                                                                                                                                           |                                                                                                                                                                              |                                                                                                        |
| 0.00                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      | 0.00                                                                                                                                                                           |                                                                                                                                                                              |                                                                                                        |
| <i>(Use lines d-o for single grant reporting)</i><br>Federal Expenditures and Unobligated Balance:                                                                                                                                                                                                                                                                                                                                        |                      |                                                                                                                                                                                |                                                                                                                                                                              |                                                                                                        |
| d. Total Federal funds authorized                                                                                                                                                                                                                                                                                                                                                                                                         |                      | \$37,530.00                                                                                                                                                                    |                                                                                                                                                                              |                                                                                                        |
| e. Federal share of expenditures                                                                                                                                                                                                                                                                                                                                                                                                          |                      | 0.00                                                                                                                                                                           |                                                                                                                                                                              |                                                                                                        |
| f. Federal share of unliquidated obligations                                                                                                                                                                                                                                                                                                                                                                                              |                      | \$37,530.00                                                                                                                                                                    |                                                                                                                                                                              |                                                                                                        |
| g. Total Federal share (sum of lines e and f)                                                                                                                                                                                                                                                                                                                                                                                             |                      | \$37,530.00                                                                                                                                                                    |                                                                                                                                                                              |                                                                                                        |
| h. Unobligated balance of Federal funds (line d minus g)                                                                                                                                                                                                                                                                                                                                                                                  |                      | 0.00                                                                                                                                                                           |                                                                                                                                                                              |                                                                                                        |
| Recipient Share:                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |                                                                                                                                                                                |                                                                                                                                                                              |                                                                                                        |
| i. Total recipient share required                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                                                                                                                                                                                |                                                                                                                                                                              |                                                                                                        |
| j. Recipient share of expenditures                                                                                                                                                                                                                                                                                                                                                                                                        |                      |                                                                                                                                                                                |                                                                                                                                                                              |                                                                                                        |
| k. Remaining recipient share to be provided (line i minus j)                                                                                                                                                                                                                                                                                                                                                                              |                      |                                                                                                                                                                                |                                                                                                                                                                              |                                                                                                        |
| Program Income:                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                                                                                                                                                                |                                                                                                                                                                              |                                                                                                        |
| l. Total Federal share of program income earned                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                                                                                                                                                                |                                                                                                                                                                              |                                                                                                        |
| m. Program income expended in accordance with the deduction alternative                                                                                                                                                                                                                                                                                                                                                                   |                      |                                                                                                                                                                                |                                                                                                                                                                              |                                                                                                        |
| n. Program income expended in accordance with the addition alternative                                                                                                                                                                                                                                                                                                                                                                    |                      |                                                                                                                                                                                |                                                                                                                                                                              |                                                                                                        |
| o. Unexpended program income (line l minus line m or line n)                                                                                                                                                                                                                                                                                                                                                                              |                      |                                                                                                                                                                                |                                                                                                                                                                              |                                                                                                        |
| 11. Indirect Expense                                                                                                                                                                                                                                                                                                                                                                                                                      | a. Type              | b. Rate                                                                                                                                                                        | c. Period From                                                                                                                                                               | d. Base                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                                                                                                                                                                | e. Amount Charged                                                                                                                                                            | f. Federal Share                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                                                                                                                                                                |                                                                                                                                                                              |                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      | g. Totals:                                                                                                                                                                     |                                                                                                                                                                              |                                                                                                        |
| 12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:                                                                                                                                                                                                                                                                                      |                      |                                                                                                                                                                                |                                                                                                                                                                              |                                                                                                        |
| 13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001) |                      |                                                                                                                                                                                |                                                                                                                                                                              |                                                                                                        |
| a. Typed or Printed Name and Title of Authorized Certifying Official<br>ENID VALENTIN COLLAZO, DIRECTOR OF BUDGET AND FINANCE                                                                                                                                                                                                                                                                                                             |                      | c. Telephone (Area code, number, and extension)<br>(787)722-2929, extension 2130                                                                                               |                                                                                                                                                                              |                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      | d. Email Address<br>ENVVALENTIN@dtop.gov.pr                                                                                                                                    |                                                                                                                                                                              |                                                                                                        |
| b. Signature of Authorized Certifying Official                                                                                                                                                                                                                                                                                                                                                                                            |                      | e. Date Report Submitted (Month, Day, Year)<br>May 24, 2016                                                                                                                    |                                                                                                                                                                              |                                                                                                        |
| MK 5/24/2016                                                                                                                                                                                                                                                                                                                                                                                                                              |                      | 14. Agency use only:                                                                                                                                                           |                                                                                                                                                                              |                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      | Standard Form 425 - Revised 10/11/2011 OMB<br>Approval Number: 0348-0061 Expiration Date: 2/28/2015                                                                            |                                                                                                                                                                              |                                                                                                        |

Paperwork Burden Statement

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0061), Washington, DC 20503.

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| IDENTIFICACION DEL DOCUMENTO:                                                                                                                             |      |                                       |      |                             |       |                             |                |                                                                                                                                                                                                                                     |                  | CODIGO DE ACTIVO FIJO 0-93 49631 |          |                                                       |              |                    |                |                                                                                                                                                                                                                                        |  |  |  |  |  |  |  |
| Agencia: 049                                                                                                                                              |      | Número de Orden de Compra: 1630440270 |      | Fecha: NOVIEMBRE-10-2015    |       | Importe Total: \$108,660.00 |                | Código del Suplidor: 660604994                                                                                                                                                                                                      |                  |                                  |          | Cifra de Dependencia de Inventario: Agencia Suplidora |              |                    |                |                                                                                                                                                                                                                                        |  |  |  |  |  |  |  |
| Métodos de Procesamiento de Despacho: <input checked="" type="checkbox"/> Fax <input type="checkbox"/> Teléfono <input type="checkbox"/> Correo           |      |                                       |      | Fecha de Entrega: 6 SEMANAS |       |                             |                |                                                                                                                                                                                                                                     |                  |                                  |          |                                                       |              |                    |                |                                                                                                                                                                                                                                        |  |  |  |  |  |  |  |
| SUPLIDOR                                                                                                                                                  |      |                                       |      |                             |       |                             |                | ENTREGARSE A:                                                                                                                                                                                                                       |                  |                                  |          |                                                       |              |                    |                | FACTURARSE A:                                                                                                                                                                                                                          |  |  |  |  |  |  |  |
| Nombre del Suplidor: ELISCO SOFTWARE CONSULTANTS<br>Dirección: 1357 AVENIDA ASHFORD PMB 241<br>SAN JUAN, PUERTO RICO 00907<br>TEL: 787-590-2222           |      |                                       |      |                             |       |                             |                | Agencia: DEPARTAMENTO DE TRANSPORTACION Y OBRAS PUBLICAS (DTOP)<br>Dirección: CENTRO GUBERNAMENTAL ROBERTO SANCHEZ VILELLA<br>OFICINA DE COMPRAS / PISO 6-603<br>APARTADO 41269/ SAN JUAN PUERTO RICO00940-1269<br>Método de Envío: |                  |                                  |          |                                                       |              |                    |                | Agencia: DEPARTAMENTO DE TRANSPORTACIÓN Y OBRAS PÚBLICAS (DTOP)<br>Dirección: CENTRO GUBERNAMENTAL ROBERTO SANCHEZ VILELLA<br>OFICINA DE COMPRAS / PISO 6-603<br>APARTADO 41269/ SAN JUAN PUERTO RICO00940-126<br>Término de Embarque: |  |  |  |  |  |  |  |
| ARTICULOS (de necesitar más espacio, utilice otra hoja)                                                                                                   |      |                                       |      |                             |       |                             |                |                                                                                                                                                                                                                                     |                  |                                  |          |                                                       |              |                    |                |                                                                                                                                                                                                                                        |  |  |  |  |  |  |  |
| LN                                                                                                                                                        | Cta. | Fondo                                 | Org. | Prog.                       | Asig. | Año Pres.                   | Aport. Federal | Descripción                                                                                                                                                                                                                         | Núm. de Catálogo | Núm. de Contrato                 | Unidades | Precio por Unidad                                     | Precio Total | Propiedad          |                | Para Uso de ASG                                                                                                                                                                                                                        |  |  |  |  |  |  |  |
|                                                                                                                                                           |      |                                       |      |                             |       |                             |                |                                                                                                                                                                                                                                     |                  |                                  |          |                                                       |              | Clase de Propiedad | Núm. de Unidad | Cantidad Despachada                                                                                                                                                                                                                    |  |  |  |  |  |  |  |
| 1                                                                                                                                                         |      |                                       |      |                             |       |                             |                | ADQUISICIÓN DE EQUIPOS, MATERIALES Y SERVICIOS PARA EL SISTEMA DE MULTAS ELECTRÓNICAS PARA DTOP: "PROGRAMA ONE CALL Y STATE DAMAGE PREVENTION"                                                                                      |                  | 16-010-DTOP                      |          |                                                       |              |                    |                |                                                                                                                                                                                                                                        |  |  |  |  |  |  |  |
| 2                                                                                                                                                         |      |                                       |      |                             |       |                             |                | F5TE I7-VAD TOUCH -SCR . (MOTION F5)<br>GARANTÍA TRES (3) AÑOS<br>INTERMEC PR2 PORTABLE PRINTER. (PR2)<br>GARANTÍA UN (1) AÑO<br>SOFTWARE MANAGER FOR CITATIONS IN REGULATION. (MANAGER)<br>GARANTÍA UN (1) AÑO                     |                  |                                  | 7        | \$3,695.00                                            | \$25,865.00  |                    |                |                                                                                                                                                                                                                                        |  |  |  |  |  |  |  |
|                                                                                                                                                           |      |                                       |      |                             |       |                             |                |                                                                                                                                                                                                                                     |                  |                                  | 7        | \$785.00                                              | \$5,495.00   |                    |                |                                                                                                                                                                                                                                        |  |  |  |  |  |  |  |
|                                                                                                                                                           |      |                                       |      |                             |       |                             |                |                                                                                                                                                                                                                                     |                  |                                  | 1        | \$35,000.00                                           | \$35,000.00  |                    |                |                                                                                                                                                                                                                                        |  |  |  |  |  |  |  |
|                                                                                                                                                           |      |                                       |      |                             |       |                             |                |                                                                                                                                                                                                                                     |                  |                                  |          |                                                       | Subtotal     | \$66,360.00        |                |                                                                                                                                                                                                                                        |  |  |  |  |  |  |  |
| Para uso de la Agencia o ASG                                                                                                                              |      |                                       |      |                             |       |                             |                |                                                                                                                                                                                                                                     |                  |                                  |          |                                                       |              |                    |                |                                                                                                                                                                                                                                        |  |  |  |  |  |  |  |
| Solicito el despacho de los artículos o servicios indicados y certifico que esta orden ha sido emitida de acuerdo con las leyes y reglamentos aplicables. |      |                                       |      |                             |       |                             |                | Certifico que existen los fondos para el pago de la Orden de Compra solicitada.                                                                                                                                                     |                  |                                  |          | Aprobado por:                                         |              |                    |                | Para uso del Departamento de Hacienda o ASG                                                                                                                                                                                            |  |  |  |  |  |  |  |
| NOV. 10-2015<br>Fecha                                                                                                                                     |      |                                       |      |                             |       |                             |                | IRIS N. QUIÑONES MEJIAS<br>Delegado Comprador u Oficial Cert.                                                                                                                                                                       |                  |                                  |          | 759-7676<br>Teléfono                                  |              |                    |                | Firma                                                                                                                                                                                                                                  |  |  |  |  |  |  |  |
| Conservación: Seis años o una intervención del Contralor, lo que ocurra primero.                                                                          |      |                                       |      |                             |       |                             |                | NOVIEMBRE-10-2015<br>Fecha                                                                                                                                                                                                          |                  |                                  |          | EVELYN MELIA MUÑOZ<br>Firma                           |              |                    |                | ADMINISTRADORA AUX ÁREA DE ADQUISICIONES<br>Título                                                                                                                                                                                     |  |  |  |  |  |  |  |
|                                                                                                                                                           |      |                                       |      |                             |       |                             |                |                                                                                                                                                                                                                                     |                  |                                  |          | 759-7676<br>Teléfono                                  |              |                    |                | Firma                                                                                                                                                                                                                                  |  |  |  |  |  |  |  |
|                                                                                                                                                           |      |                                       |      |                             |       |                             |                |                                                                                                                                                                                                                                     |                  |                                  |          |                                                       |              |                    |                | Título                                                                                                                                                                                                                                 |  |  |  |  |  |  |  |
|                                                                                                                                                           |      |                                       |      |                             |       |                             |                |                                                                                                                                                                                                                                     |                  |                                  |          |                                                       |              |                    |                | Fecha                                                                                                                                                                                                                                  |  |  |  |  |  |  |  |
|                                                                                                                                                           |      |                                       |      |                             |       |                             |                |                                                                                                                                                                                                                                     |                  |                                  |          |                                                       |              |                    |                | Teléfono                                                                                                                                                                                                                               |  |  |  |  |  |  |  |

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|-------------------------------|------|---------------------------|------|-------|------|-----------|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------|-----------|-------------------|--------------|-----------|---------------|---------------------|
| Agen                          |      | Número de Orden de Compra |      |       |      |           | Fecha             |                                                                                                                                                                                                                                                                                                                                                                     |                  |                  |           |                   |              |           |               |                     |
| 049                           |      |                           |      |       |      |           | NOVIEMBRE-10-2015 |                                                                                                                                                                                                                                                                                                                                                                     |                  |                  |           |                   |              |           |               |                     |
| LN                            | Cta. | Fondo                     | Org. | Prog. | Asig | Año Pres. | Aport. Federal    | Descripción                                                                                                                                                                                                                                                                                                                                                         | Núm. de Catálogo | Núm. de Contrato | Unidades  | Precio por Unidad | Precio Total | Propiedad |               | Cantidad Despachada |
|                               |      |                           |      |       |      |           |                   |                                                                                                                                                                                                                                                                                                                                                                     |                  |                  |           |                   |              | Clase     | Núm de Unidad |                     |
| 5                             |      |                           |      |       |      |           |                   | E-TICKET POLICE SYSTEM CLIENT ACCESS LICENSE FOR HAND HELD USER. (CAL ETPS HH) GARANTÍA UN (1) AÑO                                                                                                                                                                                                                                                                  |                  |                  | 7         | \$750.00          | \$5,250.00   |           |               |                     |
| 6                             |      |                           |      |       |      |           |                   | E-TICKET POLICE SYSTEM CLIENT ACCESS LICENSE FOR ADMINISTRATORS. (CAL ETPS ADMIN) GARANTÍA UN (1) AÑO                                                                                                                                                                                                                                                               |                  |                  | 2         | \$950.00          | \$1,900.00   |           |               |                     |
| 7                             |      |                           |      |       |      |           |                   | MOBILE DEVICES INSTALLATION. (INSTALLATION / 16 HORAS)                                                                                                                                                                                                                                                                                                              |                  |                  | 16 HORAS  | \$95.00           | \$1,520.00   |           |               |                     |
| 8                             |      |                           |      |       |      |           |                   | TRAINING FOR USERS AND ADMINISTRATORS (TRAINING) (24 HORAS)                                                                                                                                                                                                                                                                                                         |                  |                  | 24 HORAS  | \$95.00           | \$2,280.00   |           |               |                     |
| 9                             |      |                           |      |       |      |           |                   | PROJECT MANAGEMENT (PM) (30 HORAS)                                                                                                                                                                                                                                                                                                                                  |                  |                  | 30 HORAS  | \$95.00           | \$2,850.00   |           |               |                     |
|                               |      |                           |      |       |      |           |                   | POST LIVE SUPPORT FOR E-TICKET SYSTEMS;<br>MAINTENANCE INCLUDED:<br>MAINTENANCE: REGULAR E-TICKET USER AND ADMINISTRATIVE USERS.<br>CONFIGURATIONS: PREVENTION/ MAINTENANCE/ SYNCHRONIZATION / CONNECTION AND PARAMETRIZATION FOR THE HANDHELDS AND PRINTERS.<br>MAINTENANCE FOR REPORTING: ADDITIONS AND CHANGES FOR THE SYSTEM REPORTS.<br>TECHNICAL MAINTENANCE. |                  |                  | 300 HORAS | \$95.00           | \$28,500.00  |           |               |                     |
|                               |      |                           |      |       |      |           |                   |                                                                                                                                                                                                                                                                                                                                                                     |                  |                  |           |                   | \$42,300.00  |           |               |                     |

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OBLIGACION Y ORDEN DE COMPRA

| IDENTIFICACION DEL DOCUMENTO: |      |                           |      |       |      |                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |                  |          |                   |              |           |               |            |
|-------------------------------|------|---------------------------|------|-------|------|-------------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------|----------|-------------------|--------------|-----------|---------------|------------|
| Agen.                         |      | Número de Orden de Compra |      |       |      | Fecha             |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |                  |          |                   |              |           |               |            |
| 049                           |      | 1630440270                |      |       |      | NOVIEMBRE-10-2015 |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |                  |          |                   |              |           |               |            |
| LN                            | Cta. | Fondo                     | Org. | Prog. | Asig | Año Pres.         | Aport. Federal | Descripción                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Núm. de Catálogo | Núm. de Contrato | Unidades | Precio por Unidad | Precio Total | Propiedad |               | Cantidad   |
|                               |      |                           |      |       |      |                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |                  |          |                   |              | Clase     | Núm de Unidad | Despachada |
|                               |      |                           |      |       |      |                   |                | UPDATEDINSTALLATIONS: LAW CHANGES<br>NEW LAWS, SOFTWARE UPDATES, ETC.<br>(POST LIVE SUPPORT / MAINTENANCE)<br>300 HORAS<br>LA UTILIZACIÓN DE LAS 300 HORAS<br>ES HASTA QUE SE AGOTEN.<br><br>NOTA : SE INCLUYE COMO ANEJO<br>COPIA DE LA PROPUESTA PRESENTADA<br>A LA ASG , POR LA COMPAÑIA<br>ELISCO SOFTWARE CONSULTANTS<br>SOBRE LA PROPUESTA PARA LA<br>IMPLANTACIÓN DE MULTAS<br>ELECTRÓNICAS PARA DTOP.<br><br>DISTRIBUCIÓN DE LINEAS Y CUENTAS:<br><br>LINEAS 1 Y 2 :<br>E5090-253-0490000-0000-081-2015<br><br>LINEAS 3, 4 Y 5 :<br>E5092-253-0490000-0000-081-2015<br><br>LINEAS 6,7,8 Y 9 :<br>E2980-253-0490000-0000-081-2015 |                  |                  |          |                   |              |           |               |            |
| Subtotal                      |      |                           |      |       |      |                   |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |                  |          |                   |              |           |               |            |