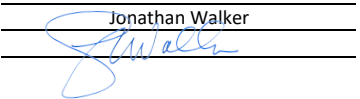
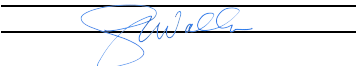


Attachment 1 Final

SECTION J - RATES AND FEES					
OPTION 1 IPTS REQUIRED FREE CALLS (FIXED COST)			OPTION 2 IPTS ALTERNATIVE FREE CALLS (LEASE)		
Category	Cost Per Minute	Avg Cost/Call: 15 Minutes	Category	Cost Per Minute	Avg Cost/Call: 15 Minutes
Rates to Incarcerated Persons or Called Party			Rates to Incarcerated Persons or Called Party		
All Domestic Calls	N/A	N/A	All Domestic Calls	N/A	N/A
International	N/A	N/A	International	N/A	N/A
In Option 1, Proposer shall: 1) Propose a fixed annual cost amount that shall be payable by City in equal monthly increments covering the scope of the RFP associated with the IPTS & optional VVS. All calls and video visits, including international calls, shall be processed as free through the IPTS or VVS scheduling program.			In Option 2, Proposer shall: 1) Propose a flat per-incarcerated person telephone & video station lease fee that shall be payable by City on a per station basis covering the scope of the RFP associated with the IPTS & optional VVS. The per-incarcerated person telephone & video station lease rate shall be applied to new incarcerated person telephone installations. All calls and video visits, including international calls, shall be processed as free through the IPTS or VVS scheduling program.		
IPTS/OPTIONAL VVS RATE PROPOSAL			IPTS/OPTIONAL VVS LEASE PROPOSAL Per Incarcerated Person Telephone & Optional Video Station		
Category	Amount	Interval	Category	Amount	Interval
Fixed cost for IPTS/optional VVS:	\$39,055	Month	Lease cost for IPTS/optional VVS (Per Telephone & Video Station):	\$89.78	Month
FAILURE TO SIGN BELOW WILL DISQUALIFY PROPOSER'S PROPOSAL					
To the best of my knowledge and belief, the information presented in this proposal is true and complete. I further acknowledge a continuing obligation to update the proposal if material discrepancies are discovered. Failure to do so may result in this proposal being disqualified from further consideration.					
Proposer Name: _____ Global Tel*Link Authorized Representative: _____ Jonathan Walker Signature: _____  _____ Date: _____ 1/31/2020					
CERTIFICATION OF COMPANY HEADQUARTERS ADDRESS					
" I certify that my company is headquartered at the following address: 3120 Fairview Park Drive, Suite 300 Falls Church, VA 22042-4570 _____ (Address, City, State, and Zip)					
I will notify the County and City of San Francisco and the San Francisco Customer if my company's headquarters moves"					
Proposer Name: _____ Global Tel*Link Authorized Representative: _____ Jonathan Walker Signature: _____  _____ Date: _____ 1/31/2020					