



STATE OF DELAWARE
EXECUTIVE DEPARTMENT
OFFICE OF MANAGEMENT AND BUDGET

CRMP Agency Guide

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GOVERNMENT SUPPORT SERVICES – CRMP

600 A SOUTH BAY ROAD – DOVER, DE 19901

PHONE: (302) 857-4550 – EM: CRMP@DELAWARE.GOV – GSS.OMB.DELAWARE.GOV

PURPOSE

The Copier Resource Management Program (CRMP) simplifies the copier acquisition process for its customers, maximizing benefits of multi-function equipment while reducing fax machines, and desktop and stand-alone printers in the workplace. As liaison between our customers and vendors, we ensure contract users receive the best value service and the appropriate equipment.

All state agencies within the executive branch of state government and all state agencies that are located in facilities that are managed by the Office of Management and Budget must have a written recommendation from CRMP before they acquire a copier. CRMP will also provide consultation to any other entity that is eligible to use a state contract for copiers.

CRMP PROGRAM BENEFITS

- No marketing calls or service agreements to filter through.
- New device every three years.
- On-site training available, within three (3) days of installation.
- On-site response time of four (4) working hours or less from service call by the agency.
- OEM recommended preventative maintenance schedule.
- Supplies - toner, staples, replacement drums, rollers and waste toner bottles are included.
- No click charges

RECOMMENDATION REQUESTS

Whether you have a new need or are looking to replace a multi-function device that has is coming up on lease expiration, you want to start the process by completing and submitting the CRMP Recommendation Form.

Feature Options (not all features are available on all models):

- Recommended in support of Markell EO 18.
 - Duplexing Document Feeder
 - Network Print Board
 - Scan Board
- Options where justification is necessary
 - Second output destination tray
 - Envelope feeder attachment
- Other options
 - Fax board (see Enterprise Fax Services for an alternative cost saving option)
 - Finisher w/stapling capabilities
 - Extra paper trays

ENTERPRISE FAX SERVICE (EFS)

The Enterprise Fax Service (EFS) is an electronic fax solution called AccuRoute that delivers inbound faxes to a user or shared Exchange mailbox. Users can send outbound faxes directly from Outlook, the AccuRoute Desktop Client, or the AccuRoute Web Interface.

EFS can help increase workflow efficiency by making it easier and less expensive to transfer and distribute electronic files without first having to convert to hard copy. The service reduces the need for legacy phone lines and standalone fax machines as well as removes the need for consumable expenses such as paper and toner.

- Service Features and Benefits
 - Inbound Faxes
 - No additional charge for inbound faxes
 - Faxes routed to individual user or shared Exchange mailboxes
 - Faxes are accessed via Microsoft Outlook with no additional required software
 - Outbound Faxes
 - Can be sent using Microsoft Outlook with no additional required software
 - Can be sent using the AccuRoute web interface using any supported web browser
 - Can be sent using the AccuRoute Desktop software
 - Agencies are charged monthly per outbound fax
 - Porting of Physical Fax Machine Numbers
 - Physical fax machine numbers can be ported to Enterprise Fax Service
 - Eliminates legacy phone lines and fax machine consumables
 - Increased security as there are no faxes sitting on a machine
 - Up to 2-week Verizon processing timeframe
 - Personalized Cover Sheets
 - Fax Consolidation
 - Multiple faxes related to a specific topic or recipient can be combined into a single document
 - Storage
 - Each fax is logged and stored for 90 days
 - Application Integration
 - Integration with desktop applications enables the ability to fax documents from any Microsoft Office application using AccuRoute Desktop
 - Web Interface
 - AccuRoute Web is a convenient browser method to send faxes
- DTI Responsibilities
 - Support Contract
 - DTI will manage and renew the Enterprise support contract with the vendor and reseller
 - Service Management
 - DTI will provide service support, monitoring and maintenance
 - Reporting/Chargeback
 - DTI will provide agency billing for monthly outbound faxes
- Agency Responsibilities
 - Funding
 - Agencies must secure funding for all billing associated with the service

EQUIPMENT ORDERING & PICKUP

Covered Agencies must have a formal recommendation from CRMP accompanying their Purchase Order for vendor processing.

1. Once your recommendation request has been reviewed a formal recommendation will be provided for ordering purposes.
2. Prepare a purchase order, based on the formal recommendation.
3. Submit purchase order, along with formal recommendation, to the vendor for processing.
4. Once you have a firm delivery date,
 - a. Send End of Lease Equipment Return Form, to the vendor whom you are leasing the expiring device from. (if recommendation is for a “replacement” device)
 - b. Notify your agency’s IT personnel of the delivery date, for coordination of network access, hook-up, and functionality.
5. Notify CRMP of delivery, using the Delivery Acknowledgement Form.
6. Notify CRMP of pickup, using the Pickup Form.

FORMS

- Copier Recommendation Request
- End of Lease Equipment Return
- Delivery Acknowledgement
- Pickup Acknowledgement
- Corrective Action Request
- Surplus Property Declaration

Copier Recommendation Request



STATE OF DELAWARE
EXECUTIVE DEPARTMENT
OFFICE OF MANAGEMENT AND BUDGET

CRMP Recommendation Request Form

Printers/Copiers/Fax/Scanning Requests should be sent to CRMP@delaware.gov

In order to properly assist you, please fill in all information below. Once the form and supporting documents are received, we will review the request and make a recommendation to fulfill your needs.

Location
Details

Requestor Name:
Agency:
Address/Location:
City:
Phone:
Email:
Contact (if not Requestor):

Need

Replacement Device*
Model:
Serial #:
Prior Recommendation #:
Add-ons:
Change in Need?
Notes:

New Device
Need:
Justification:

**Include a copy of the device meter reading with the request form.*

For CRMP Use Only

Expiration Date:
Current Vendor:
Utilization Analysis:
Recommendation #:
Vendor:
Model:
Add-ons:
Cost:
Realized Savings:



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800 A SOUTH BAY ROAD – DOVER, DE 19901

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End of Lease Equipment Return

State of Delaware Contract #GSS13091B-COPIER V01
End of Lease Equipment Return Form Canon

Please Fax/Email This Form 30 Days Prior to Lease Term Expiration to Canon (Dave Hess): 302-793-4012 or email to dhess@solutions.canon.com. If you have any questions or concerns please contact Dave Hess. at 302-793-4036 or via email.

Please note, it is possible that the equipment on this contract may be picked up before the agreement has terminated. The State of Delaware remains responsible for any pending payments to the term of the contract regardless of the location of the equipment. No additional payments or charges beyond the contract term will be incurred provided that all invoices are paid on time and in full.

Date of Request: _____ Requestor Name: _____

Contact Information	
Name _____	Title _____
Email _____	Phone Number _____
Fax Number _____	Authorized Signature _____
Equipment Location Address: _____	
Building Name, Room/Suite Number _____	
City, State & Zip Code _____	
Instructions: _____	

Equipment Information	
Copier Model & Serial Number _____	Accessories _____
Meter Read _____	Date Form Faxed _____
Lease End Date _____	_____
_____	_____

Return Date Requested

Date: _____

Canon Acknowledgement

Date: Funding Notified _____ Shipping Instructions Sent _____

Shipping Instructions Rec'd _____

Lease No. _____



State of Delaware Contract GSS1309B-Copier_Pri

End of Lease Equipment Return Form Hilyard's Business Solutions

Please Fax/Email This Form 30 Days Prior to Lease Term Expiration to Michael Hilyard 302-995-2277 or email to mhilyard@hilyards.com. If you have any questions or concerns please contact Michael Hilyard by email or by phone 302-995-2201.

Please note, it is possible that the equipment on this contract may be picked up before the agreement has terminated. The State of Delaware remains responsible for any pending payments to the term of the contract regardless of the location of the equipment. No additional payments or charges beyond the contract term will be incurred provided that all invoices are paid on time and in full.

Date of Request: _____ Requestor Name: _____

Contact Information

Name _____ Title _____

Email _____ Phone Number _____

Fax Number (____) _____ **Authorized Signature** _____

Equipment Location Address: _____

Building Name, Room/Suite Number _____

City, State & Zip Code _____

Instructions: _____

Equipment Information

Copier Model & Serial Number _____ Hilyard's Machine ID # _____

Meter Read _____ Date Form Faxed _____

Lease End Date _____

Accessories _____

Return Date Requested

Date: _____

Data security/hard drive wipe will be done by Hilyard's upon pick up of the machine and a certificate presented to an authorized witness.

State of Delaware Contract GSS13091B

Xerox End of Term Lease Notification

Equipment Return Request

(Please e-Mail This Form 30 Days Prior to Lease Term Expiration to Xerox)

Email: Robert.White3@xerox.com

Date of Request: _____ Customer Name: _____

End of Term Options

Return Equipment

Contact Information

Name _____ Title _____

Email _____ Phone Number _____

Fax Number _____ Authorized Signature _____

Equipment Location Address: _____

Building Name, Room/Suite Number _____

City, State & Zip Code _____

Instructions: _____

Equipment Information

Copier Model & Serial Number _____ Accessories _____

Meter Read _____ Date Form Faxed _____

Return Date Requested

Date: _____

Data Security/Hard Drive Wipe Processing

If the State would like the overwrite completed, a service call would need to be initiated before the removal of the machine 1-800-822-2979.

Delivery Acknowledgement



STATE OF DELAWARE
EXECUTIVE DEPARTMENT
OFFICE OF MANAGEMENT AND BUDGET

CRMP Delivery Acknowledgement

Location Details
Contact Name:
Agency:
Address/Location:
City:
Phone:
Email:

Copier Details
Model:
Serial #:
Initial Meter Reading:
Date of Delivery:
Agency Signature:

For CRMP Use Only
Expiration Date:
Vendor:
Log updated:

Once completed and signed, email copy of the form to CRMP@delaware.gov.



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Pickup Acknowledgement



STATE OF DELAWARE
EXECUTIVE DEPARTMENT
OFFICE OF MANAGEMENT AND BUDGET

CRMP Pick Up Form

Location Details
Contact Name:
Agency:
Address/Location:
City:
Phone:
Email:

Copier Details
Model:
Serial #:
Final Meter Reading:
Date of Pick-up:
Agency Signature:

For CRMP Use Only
Expiration Date:
Vendor:
Log updated:

Once completed and signed, email copy of the form to CRMP@delaware.gov.



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Corrective Action Request

CORRECTIVE ACTION REQUEST

Complete this form to report concerns with vendors or commodities. Be sure to furnish as much detail as possible.

Agency Name: _____	Agency Contact: _____	Today's Date: _____
Address/Location: _____		
Phone Number: _____	Date you first became aware of the problem: _____	
Contract Number: _____		
Vendor Name: _____	Contract Officer: _____	

.....

NATURE OF CONCERN

(check all appropriate areas)

- | <u>DELIVERY</u> | <u>QUALITY</u> | <u>OTHER</u> |
|--|--|---|
| <input type="checkbox"/> Late date or hour | <input type="checkbox"/> Inferior | <input type="checkbox"/> Price Incorrect |
| <input type="checkbox"/> Method | <input type="checkbox"/> Not As Specified | <input type="checkbox"/> Quantity In Excess |
| <input type="checkbox"/> Wrong Destination | <input type="checkbox"/> Workmanship/Installation | <input type="checkbox"/> Quantity Short |
| <input type="checkbox"/> Unauthorized | <input type="checkbox"/> Unauthorized Substitution | <input type="checkbox"/> Incorrect Packaging |
| <input type="checkbox"/> Damaged Condition | <input type="checkbox"/> Timelines not met | <input type="checkbox"/> Please explain below |

DETAILS

Give detailed explanation of your concern; be specific; list item number as it appears on order and on the contract, if applicable; attach all copies of appropriate documents; indicate how you suggest the concern be corrected; please state the steps you have taken to attempt resolution of this issue with the vendor. (See GSS processes on our website at <http://www.state.de.us/dss/contracting/index.shtml>)

Please verify all information to ensure accuracy. *Corrective Action reports become a permanent record of the commodity or vendor file.

Return Form to the Contract Officer handling the contract via email attachment, fax or mail.



OFFICE OF
**management
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GOVERNMENT SUPPORT SERVICES – CONTRACTING
600 A SOUTH BAY ROAD – DOVER, DE 19901
PHONE (302) 857-4550 – FAX (302) 739-3779 – GSS.OMB.DELAWARE.GOV – SLC: D100

Surplus Property Declaration

Delaware Surplus Services Excess Property Declaration Form

Office of Management and Budget
 Government Support Services
 5408 DuPont Parkway, Smyrna, DE 19977
 SLC: D165
 Phone: (302) 836-7640 Fax: (302) 836-7298
 Email: omb_surplusproperty@delaware.gov

Department: _____ Date: _____
 Address: _____
 Phone: _____ Fax: _____ Email: _____
 Location: _____
 Contact: _____ Authorized Signature and Title: _____

	Description	Manufacturer	Model	Serial No.	Quantity	Original Cost	Condition Code
1.	_____	_____	_____	_____	_____	_____	Select One ▼
2.	_____	_____	_____	_____	_____	_____	Select One ▼
3.	_____	_____	_____	_____	_____	_____	Select One ▼
4.	_____	_____	_____	_____	_____	_____	Select One ▼
5.	_____	_____	_____	_____	_____	_____	Select One ▼
6.	_____	_____	_____	_____	_____	_____	Select One ▼
7.	_____	_____	_____	_____	_____	_____	Select One ▼

OFFICE USE ONLY

Indicate Item #s: _____ Response Date: _____ Response Time: _____ Initials: _____
 _____ Transfer Pickup/Turn In Scrap
 _____ Rec'g Agency: _____ Date of Pickup/Turn In: _____ Agency Removal? Y N
 _____ Date of Transfer: _____ Time In: _____ Time Out: _____ Date of Pickup: _____
 _____ Time In: _____ Time Out: _____
 Date Received by Warehouse Personnel: _____ Agency Signature for Pickup and/or Scrap: _____