



OF WESTMORELAND/FAYETTE, INC.

The Private Industry Council of Westmoreland/Fayette, Inc. will accept proposals for four (4) copy machines as specified on the attached pages. Please review the conditions applicable to this quote to make sure that your company can comply with the conditions.

Dr. Gary Yarbrough
Chairman of the Board

Shujuane L. Martin, MBA
CEO / President

Offices:

Corporate/Greensburg

219 Donohoe Road
Greensburg, PA 15601
Phone: (724) 836-2600
Fax: (724) 836-4588

New Kensington

1150 Fifth Avenue, Suite 200
New Kensington, PA 15068
Phone: (724) 334-8600
Fax: (724) 334-8710

Uniontown

112 Commonwealth Drive
Lemont Furnace, PA 15456
Phone: (724) 430-4818
Phone: (724) 437-2590
Phone: (724) 434-5627
Fax: (724) 430-4827
TTY: (724) 434-5761

Monessen

412 Reed Avenue
Monessen, PA 15062
Phone: (724) 684-4370

Monaca

205 Beaver Valley Mall
Monaca, PA 15061
Phone: (724) 728-2110
Fax: (724) 728-2404

1. Quotes will be accepted until 12:00 p.m. Friday, November 13, 2026.
2. Quotes may be delivered or mailed to the Private Industry Council, Attention Holly Peton, 219 Donohoe Road, Greensburg, PA 15601, emailed to dcorradini@privateindustrycouncil.com, or faxed to (724) 836-4588.
3. Quotes must include a completed Copier Summary form for each copier proposed. You may submit any other related information including brochures, pamphlets, references, etc.
4. Companies may submit more than 1 quote, proposing different machines or alternatives, provided that the minimum specifications are met or exceeded.
5. Companies may choose to quote on all locations or individual locations.
6. The Private Industry Council reserves the right to award the bid in totality or by machine.
7. The specification requirements on the attached pages are the minimum that the Private Industry Council will accept. Companies may exceed some or all of these specifications.
8. The Private Industry Council is a non-profit (501(c)(3)) organization providing services in Westmoreland/Fayette counties through government funding. A "Municipal" type lease with funding out provisions is required by our funding sources.
9. Length of lease should be a minimum of 48 months.

d.b.a.
Education and Technology
Institute

Operator of
PA CareerLink

Grantee for
Head Start/Early Head Start
of Fayette County

d.b.a.
PIC Kidz Zone

Grantee for
Head Start/Early Head Start
of Beaver County

Private Industry Council is an equal opportunity provider and employer.

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (PDF), found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, DC 20250-9410 by fax (202) 690-7442 or email at program.intake@usda.gov.

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Copier Quote

10. Proposals will be reviewed and rated based on total fixed price for the duration of the 48-month lease, maintenance/ service responses, and, if applicable, past experiences with the copier manufacturer.
11. It is expected that the copier award will be approved by early December to replace four (4) machines between March 8, 2027, and March 19, 2027.
12. Copiers are to be new, not refurbished.
13. Quotes should include all costs including service and supplies (except copy paper and staples).
15. Any questions regarding this quote should be directed to Dana Corradini at (724) 836-2600, Ext. 2267.

MINIMUM SPECIFICATIONS

	Westmoreland CareerLink Copier 1 (Replace 3/2027)	Beaver County Head Start Copier 2 (Replace 3/2027)	PIC Lemont Furnace Office Copier 3 (Replace 3/2027)	PIC Lemont Furnace Office Copier 4 (Replace 3/2027)
Machine	1 New	1 New	1 New	1 New
Copies Per Minute	65	65	65	65
Copy Size	Up to 11 x 17	Up to 11 x 17	Up to 11 x 17	Up to 11 x 17
Copies Sheets/Books	Yes	Yes	Yes	Yes
Multiple Copying	999 or above	999 or above	999 or above	999 or above
Auto Duplex	Yes	Yes	Yes	Yes
Total Paper Capacity	5,000	5,000	5,000	5,000
Zoom Range	In 1% Steps	In 1% Steps	In 1% Steps	In 1% Steps
Copy Paper Weight	NCR Paper	NCR Paper	NCR Paper	NCR Paper
Document Feeder	Yes	Yes	Yes	Yes
Finisher	Unlimited	Unlimited	Unlimited	Unlimited
Stapler	Yes	Yes	Yes	Yes
Scanning Capability	Yes	Yes	Yes	Yes
Fax Capability	Yes	Yes	Yes	Yes
Network Interface				
Ethernet Card	Yes	Yes	Yes	Yes
CPU – 266 mhz				
Memory Capacity	Min. 32 mb	Min. 32 mb	Min. 32 mb	Min. 32 mb
Windows XP				
Electronic Auditron with Report Capability	100 Accounts	100 Accounts	100 Accounts	100 Accounts
Copies per year included in lease	660,000 * Preference given to quotes with unlimited copies	660,000 * Preference given to quotes with unlimited copies	660,000 * Preference given to quotes with unlimited copies	660,000 * Preference given to quotes with unlimited copies
Length of Lease	48 months	48 months	48 months	48 months

COPIER SUMMARY FORM
FOR WESTMORELAND CAREERLINK – YOUNGWOOD, PA
COPIER 1 (65 CPM)
(Replace 3/2027)

Company Name: _____

Contact Person: _____

Company Address: _____

Phone Number: _____

Email address: _____

Fax Number: _____

Copier Proposed: _____

Model No.: _____

Continuous Copies per minute: _____

Power Requirements: _____

Warm-Up Time: _____

Machine Dimensions: _____

Copy Paper Size: 5.5" x 8.5" _____ Yes _____ No
8.5" x 11" _____ Yes _____ No

8.5" x 14" _____ Yes _____ No
11" x 17" _____ Yes _____ No

Document Feeder: _____ Yes _____ No

Auto Duplex: _____ Yes _____ No (Note any limitation) _____

Multiple Copying Number: _____

Stapler: _____ Yes _____ No

Paper Capacity: _____

Note No. of Trays: _____

Output Tray Capacity: _____

Zoom Range: _____

Increment Steps: _____

Enlargement: _____

Reduction: _____

Copy Paper Weight: _____

Auditron: _____ Yes _____ No

Number of Account Codes: _____

Scanning Capability: _____ Yes _____ No

Fax Capability: _____ Yes _____ No

Ethernet Network Interface Card: _____

- CPU Specifications: _____
- Memory Capacity: _____
- Printer Hard Disk Drive: _____
- Print Resolution: _____
- Windows XP: _____
- Number of computers that can be networked to copier: _____

Machine/Service:

Number of Service Technicians: _____

Dispatched From: _____

Average Response Time: _____

Training:

Type of Training to be provided: _____

Length of Lease: _____

Municipal Type Lease: _____ Yes _____ No

Is lease with company/manufacture or a third party lease? _____

Is the proposed Copier on the State contract list? _____ Yes _____ No

Total Monthly Lease Cost: _____

Cost Includes:

Unlimited copies: _____ Yes _____ No

No. of Copies per month/year _____ Yes _____ No List number of copies: _____ Unlimited
Number

Service Calls _____ Yes _____ No If no, list cost: _____

Toner, Drums, Machine Parts _____ Yes _____ No If no, list cost: _____

Overage Cost per Copy (if applicable): _____

Are there any extra costs for delivery and installation? _____ Yes _____ No

If yes, note the costs: _____

List any promotions or discounts outside of proposed monthly lease cost: _____

Attach a minimum of 3 references, preferably using the same copier as being proposed.

SIGNATURE

DATE

COPIER SUMMARY FORM
FOR BEAVER COUNTY HEAD START – MONACA, PA
COPIER 2 (65 CPM)
(Replace 3/2027)

Company Name: _____

Contact Person: _____

Company Address: _____

Phone Number: _____

Email address: _____

Fax Number: _____

Copier Proposed: _____

Model No.: _____

Continuous Copies per minute: _____

Power Requirements: _____

Warm-Up Time: _____

Machine Dimensions: _____

Copy Paper Size: 5.5" x 8.5" _____ Yes _____ No
8.5" x 11" _____ Yes _____ No

8.5" x 14" _____ Yes _____ No
11" x 17" _____ Yes _____ No

NCR Paper: 2 part _____ Yes _____ No
3 part _____ Yes _____ No

4 part _____ Yes _____ No

Document Feeder: _____ Yes _____ No

Auto Duplex: _____ Yes _____ No (Note any limitation) _____

Multiple Copying Number: _____

Stapler: _____ Yes _____ No

Paper Capacity: _____

Note No. of Trays: _____

Output Tray Capacity: _____

Zoom Range: _____

Increment Steps: _____

Enlargement: _____

Reduction: _____

Copy Paper Weight: _____

Auditron: _____ Yes _____ No

Number of Account Codes: _____

Scanning Capability: _____ Yes _____ No

Fax Capability: _____ Yes _____ No

Ethernet Network Interface Card: _____

- CPU Specifications: _____
- Memory Capacity: _____
- Printer Hard Disk Drive: _____
- Print Resolution: _____
- Windows XP: _____
- Number of computers that can be networked to copier: _____

Machine/Service:

Number of Service Technicians: _____

Dispatched From: _____

Average Response Time: _____

Training:

Type of Training to be provided: _____

Length of Lease: _____

Municipal Type Lease: _____ Yes _____ No

Is lease with company/manufacture or a third party lease? _____

Is the proposed Copier on the State contract list? _____ Yes _____ No

Total Monthly Lease Cost: _____

Cost Includes:

Unlimited copies: _____ Yes _____ No

No. of Copies per month/year _____ Yes _____ No List number of copies: _____ Unlimited
Number

Service Calls _____ Yes _____ No If no, list cost: _____

Toner, Drums, Machine Parts _____ Yes _____ No If no, list cost: _____

Overage Cost per Copy (if applicable): _____

Are there any extra costs for delivery and installation? _____ Yes _____ No

If yes, note the costs: _____

List any promotions or discounts outside of proposed monthly lease cost: _____

Attach a minimum of 3 references, preferably using the same copier as being proposed.

SIGNATURE

DATE

COPIER SUMMARY FORM
FOR PIC LEMONT FURNACE – LEMONT FURNACE, PA
COPIER 3 (65 CPM)
(Replace 3/2027)

Company Name: _____

Contact Person: _____

Company Address: _____

Phone Number: _____

Email address: _____

Fax Number: _____

Copier Proposed: _____

Model No.: _____

Continuous Copies per minute: _____

Power Requirements: _____

Warm-Up Time: _____

Machine Dimensions: _____

Copy Paper Size: 5.5" x 8.5" _____ Yes _____ No
8.5" x 11" _____ Yes _____ No

8.5" x 14" _____ Yes _____ No
11" x 17" _____ Yes _____ No

NCR Paper: 2 part _____ Yes _____ No
3 part _____ Yes _____ No

4 part _____ Yes _____ No

Document Feeder: _____ Yes _____ No

Auto Duplex: _____ Yes _____ No (Note any limitation) _____

Multiple Copying Number: _____

Stapler: _____ Yes _____ No

Paper Capacity: _____

Note No. of Trays: _____

Output Tray Capacity: _____

Zoom Range: _____

Increment Steps: _____

Enlargement: _____

Reduction: _____

Copy Paper Weight: _____

Auditron: _____ Yes _____ No

Number of Account Codes: _____

Scanning Capability: _____ Yes _____ No

Fax Capability: _____ Yes _____ No

Ethernet Network Interface Card: _____

- CPU Specifications: _____
- Memory Capacity: _____
- Printer Hard Disk Drive: _____
- Print Resolution: _____
- Windows XP: _____
- Number of computers that can be networked to copier: _____

Machine/Service:

Number of Service Technicians: _____

Dispatched From: _____

Average Response Time: _____

Training:

Type of Training to be provided: _____

Length of Lease: _____

Municipal Type Lease: _____ Yes _____ No

Is lease with company/manufacture or a third party lease? _____

Is the proposed Copier on the State contract list? _____ Yes _____ No

Total Monthly Lease Cost: _____

Cost Includes:

Unlimited copies: _____ Yes _____ No

No. of Copies per month/year _____ Yes _____ No List number of copies: _____ Unlimited
_____ Number

Service Calls _____ Yes _____ No If no, list cost: _____

Toner, Drums, Machine Parts _____ Yes _____ No If no, list cost: _____

Overage Cost per Copy (if applicable): _____

Are there any extra costs for delivery and installation? _____ Yes _____ No

If yes, note the costs: _____

List any promotions or discounts outside of proposed monthly lease cost: _____

Attach a minimum of 3 references, preferably using the same copier as being proposed.

SIGNATURE

DATE

COPIER SUMMARY FORM
FOR PIC LEMONT FURNACE – LEMONT FURNACE, PA
COPIER 4 (65 CPM)
(Replace 3/2027)

Company Name: _____

Contact Person: _____

Company Address: _____

Phone Number: _____

Email address: _____

Fax Number: _____

Copier Proposed: _____

Model No.: _____

Continuous Copies per minute: _____

Power Requirements: _____

Warm-Up Time: _____

Machine Dimensions: _____

Copy Paper Size: 5.5" x 8.5" _____ Yes _____ No
8.5" x 11" _____ Yes _____ No

8.5" x 14" _____ Yes _____ No
11" x 17" _____ Yes _____ No

NCR Paper: 2 part _____ Yes _____ No
3 part _____ Yes _____ No

4 part _____ Yes _____ No

Document Feeder: _____ Yes _____ No

Auto Duplex: _____ Yes _____ No (Note any limitation) _____

Multiple Copying Number: _____

Stapler: _____ Yes _____ No

Paper Capacity: _____

Note No. of Trays: _____

Output Tray Capacity: _____

Zoom Range: _____

Increment Steps: _____

Enlargement: _____

Reduction: _____

Copy Paper Weight: _____

Auditron: _____ Yes _____ No

Number of Account Codes: _____

Scanning Capability: _____ Yes _____ No

Fax Capability: _____ Yes _____ No

Ethernet Network Interface Card: _____

- CPU Specifications: _____
- Memory Capacity: _____
- Printer Hard Disk Drive: _____
- Print Resolution: _____
- Windows XP: _____
- Number of computers that can be networked to copier: _____

Machine/Service:

Number of Service Technicians: _____

Dispatched From: _____

Average Response Time: _____

Training:

Type of Training to be provided: _____

Length of Lease: _____

Municipal Type Lease: _____ Yes _____ No

Is lease with company/manufacture or a third party lease? _____

Is the proposed Copier on the State contract list? _____ Yes _____ No

Total Monthly Lease Cost: _____

Cost Includes:

Unlimited copies: _____ Yes _____ No

No. of Copies per month/year _____ Yes _____ No List number of copies: _____ Unlimited
Number

Service Calls _____ Yes _____ No If no, list cost: _____

Toner, Drums, Machine Parts _____ Yes _____ No If no, list cost: _____

Overage Cost per Copy (if applicable): _____

Are there any extra costs for delivery and installation? _____ Yes _____ No

If yes, note the costs: _____

List any promotions or discounts outside of proposed monthly lease cost: _____

Attach a minimum of 3 references, preferably using the same copier as being proposed.

SIGNATURE

DATE