



In RCW 43.19.720, Department of Enterprise Services (DES) has a responsibility to "...review current and prospective needs of state agencies for any equipment to process mail throughout state government."

Mail Equipment/Services Review Notification Form

Please provide all documents that support your request for mail equipment. Your data and rationale will help us make the most informed recommendation to suit your needs. Upon submittal of the form and supporting documents you will receive a confirmation notice including expected turnaround time. Your agency may be contacted for additional information.

Send completed forms to Consolidated Mail Services (CMS): cmsmail@des.wa.gov

If you have any questions, please contact CMS at (360)664-9506.

[Click here](#) for FAQs about the review process.

AGENCY	DATE	
CONTACT	EMAIL	PHONE #
SUBMITTED BY	EMAIL	PHONE #
MAILING ADDRESS	EQUIPMENT ADDRESS	
1. REASON FOR REQUEST / INTENDED USE FOR EQUIPMENT – Please explain the purpose for this request, indicating factors such as lease expiration, changes in functional requirements, office relocation, or operational consolidation. Provide a summary of activities this machine will fulfill.		
2. CURRENT EQUIPMENT (MANUFACTURER / MODEL #) If equipment is new and not a replacement, go to section 4.		
3. CURRENT PAYMENT (if leased):		LEASE END DATE:
4. PROPOSED EQUIPMENT (MANUFACTURER / MODEL #) Include optional components being considered. Please attach all vendor proposal documentation.		
REQUESTED LEASE TERM:		

Mail Equipment/Services Costs

Please detail monthly costs associated with the activities for which the requested equipment will be used. Not all categories may be applicable to your operation. If so, please note N/A. These lists, as well as the additional notations, are intended to ensure the full scope of expenses are being considered and captured by both your agency and DES. If this is a new equipment purchase, please consider any accompanying costs outside the vendor's proposal (such as those listed in the "Notes" column below). If this is an upgrade or replacement of existing equipment, please include the costs associated with the activity related to this particular equipment going forward.

Cost Category	Monthly costs	Notes
<p style="text-align: center;"><u>FTEs</u></p> <p>Hrs/day _____ Salary Range/step _____</p>	<p>\$ _____</p> <p>\$ _____</p>	Use employee salary and benefits average that best represents staff completing work associated with this equipment. Include actual time spent, considering administrative time processing invoices, ordering and managing supplies, etc.
FTE Total	\$ _____	
<p style="text-align: center;"><u>Vehicle/Courier</u></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>\$ _____</p>	Will a vehicle be used to transport material to or from the equipment? If yes, please include costs such as vehicle lease, fuel, or overall courier charges.
Vehicle Total	\$ _____	
<u>Mail Processing Equipment</u>		Much of this information should be obtainable through your vendor proposal(s)
Machine	\$ _____	Specify monthly purchase or lease costs
Maintenance	\$ _____	If not included in the lease amount
Supplies	\$ _____	Ink, sealant, meter tape, etc.
Other	\$ _____	Support or peripheral equipment not included in proposal. (e.g. label printers)
Equipment Total	\$ _____	
<p style="text-align: center;"><u>Facility and/or Other Operating Expenses</u></p> <p>Will the equipment affect your space cost? <input type="checkbox"/> Yes <input type="checkbox"/> No (continue below)</p> <p>If yes, provide sq. ft. _____</p>		Footprint for operations and supplies. Use current agency rate, if known, or \$1.87 per sq. ft. monthly rate (corresponds to \$22.42 DES annual rate).
<p>Additional Operating Expenses <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
Facility Total	\$ _____	Include additional considerations separate from above sq. ft. rate; estimate costs such as remodeling, addition of data or phone lines, etc.; refer to Whitestone Building Operations Cost Reference .
Total Agency Monthly Expense	\$ _____	

IF THE PROPOSED EQUIPMENT IS FOR METERING MAIL PLEASE ANSWER THE FOLLOWING QUESTIONS

1. Does DES's Consolidated Mail Services currently service the location for campus/interagency mail?

☐ Yes What is the mailstop? _____
☐ No

2. How was this particular equipment model chosen?

☐ Recommended by vendor
☐ Vendor recommended replacing like for like equipment, or;
☐ Vendor evaluated volume and type of mail processed and asked about expected future work.
☐ The work was evaluated by the agency and the machine was matched to the volume and type of mail being processed.

3. Is prepared mail picked up by the US Postal Service at the location or is it delivered to a USPS location by an employee?

☐ Picked up Pick up time: _____
☐ Delivered Time: _____

4. If Certified Mail is prepared, does the office use hard copy Return Receipt (PS Form 3811) or Electronic Return Receipt (ERR) with Certified Mail?

☐ Hard copy (PS form 3811)
☐ Electronic
☐ Neither

5. Are there any statutory requirements related to mailing dates? If so, please cite them.

Current Mail Equipment/Services Usage* Metering/Mail Systems							
Mail type	Average volume per mailing	Annual volume	Frequency	Timelines (Same/next day/other)	Time of day product is available	Postage	Notes (Special requirements, handwritten addresses, etc.)
123 SAMPLE JOB	48	12,000	daily	next day ok	11:00 a.m.	full rate	
Letters – 1 ounce							
Letters – 2 ounce							
Letters – 3 ounce							
Flats							
Priority							
Parcels							
Certified w/Electronic Return Receipt (ERR)							
Certified w/regular Return Receipt (RR)							
Certified w/o RR							
Other (please specify)							

*The equipment vendor may be able to provide a usage history from current equipment.

Current Mail Equipment/Services Usage	
Inserters	
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**In some situations, DES may request samples of mail material.*

Current Mail Equipment/Services Usage	
Single Function/Purpose Devices (e.g. Folders, Tabbers, Envelope Addressing Systems)	
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