# **INTERNAL CONTRACT REQUISITION FORM**

CONTE	ACTOR/VEND	OR NAME:Inno	ovative Interfaces	s, Inc.	VEN	DOR #	9704		
CONTR	ACTOR NAME	& E-MAIL (INDIV	VIDUAL E-SIGNING	G FOR THE CONTRACT	<i>OR</i> ):				
Shawna		,	hawna.deane@clariva		,				1881 **
Print Na	me	E-	-Mail Address						1001
ТҮРЕ С	<b>OF CONTRACT:</b>	New Renewal	Amendment Ser	rvices X_ Goods Const	ulting Construction	Lease Oth	ner		
SCOPE	OF WORK: Dat	ta migration services	for Integrated Library	System implementation					
CONTR	RACT AMT: <sup>\$8,9</sup>	900.00	CONTRACT	ГЕRM: <u>Oct</u> . 1 2022 - Ма	r. 31, 2023 <b>RFP</b>	/IFB/RFQ#:			
				al Title/Name of					
UNIFO	RM GUIDANCE	<mark>. (UG) PROCEDUR</mark>	<b>RES APPLICABLE?</b>	YES NO X					
ITEM LINE#	FUND	COST CENTER	G/L ACCOUNT	WBS ELEMENT (Grants/Projects Only)	GRANT NUMBER	MATERIAL GROUP#	TOTAL	I/D	ADDITIONAL INFO
1	1001010000	6110251500	5200160100				\$8,900.00		One-time data migration
2									
	ANAGER Contrac	ct Requires Risk Managen	nent Review/Approval?	YES NO	COUNTY ATTO	DRNEY			<u> </u> ]
Signature:			Date:		000111110				
-			e of BOCC Approval:		Reviewing Attorney:			Date:	
	SITIONER				PURCHASING				
<b>DocuSig</b>	n E-Signature:		D	ate:				Date:	
					Docusign E-Signati	<mark>ire</mark>			
	TMENT HEAD				CHIEF FINANC	CIAL OFFICE	R		
				Date:				Date:_	
					Docusign E-Signati	ire			
E-Mail A	Address:			-	COUNTY MAN	ACED			
						AUER		Date:	
Additio	nal Comments/Inst	tructions by Departmen	nt:		Docusign E-Signati	ire		Dute	
					CLERK TO TH	E BOARD			
								Date:_	
					Docusign E-Signati	ire			
FUND	S RESERVAT	FION#							
					IS&T DEPT				
Purchas	ing Comments:							Date:_	
					Docusign E-Signatı	<u>ire</u>			

DURHAM



## **CERTIFICATE OF LIABILITY INSURANCE**

Page 1 of 2

DATE (MM/DD/YY	YY)
09/06/202	2

LTR     IMPE OF INSURANCE     INSD     WVD     POLICY NUMBER     (MM/DD/YYYY)     (MM/DD/YYYY)     LIMITS       X     COMMERCIAL GENERAL LIABILITY     Imperation     Imperation <td< th=""><th>1</th><th></th><th></th><th></th><th></th><th>ובוט</th><th></th><th></th><th></th><th>09/</th><th>06/2022</th></td<>	1					ובוט				09/	06/2022
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PRODUCT PROVIDES PRO	IN If	PORTANT: If the certificate holder i SUBROGATION IS WAIVED, subject	s an to th	ADD	ITIONAL INSURED, the p rms and conditions of th	e polic	y, certain po	olicies may r			
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B       ANY AUTO       SCHEDULED       Y       7359-54-50       12/01/2021       12/01/2021       12/01/2022       12/01/20									COMBINED SINGLE LIMIT		1 000 000
B       AUTOS ONLY       AUTOS ONLY       X AUTOS ONLY </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>(Ea accident)</td> <td></td> <td>1,000,000</td>									(Ea accident)		1,000,000
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AGENCY CUSTOMER ID:

LOC #:



## **ADDITIONAL REMARKS SCHEDULE**

Page 2 of 2

AGENCY Willis Towers Watson Insurance Services West, Inc. POLICY NUMBER See Page 1		NAMED INSURED Innovative Interfaces, Inc. 3133 W Frye Road Suite 401 Chandler, AZ 85226			
CARRIER	NAIC CODE				
See Page 1	See Page 1	EFFECTIVE DATE: See Page 1			

#### ADDITIONAL REMARKS

#### THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: \_\_\_\_\_\_ FORM TITLE: Certificate of Liability Insurance

Certificate Holder is included as additional insured with regard to Auto Liability where required by written contract. Waiver of Subrogation applies with regard to Auto Liability where required by written contract. Primary and non-contributory is provided with regard to Auto Liability where required by written contract.

Waiver of Subrogation applies with regard to Workers Compensation where required by written contract, as permitted by law.



### Statement of Work

This Statement of Work (the "SOW") dated October 1, 2022 is entered into pursuant to the Service Contract Agreement between Durham County Library ("Client") and Innovative Interfaces Incorporated ("Innovative") effective as of July 1, 2022 (the "Agreement"). Innovative and Client may each be referred to as "Party" from time to time or collectively as "Parties".

### A. Purpose of this Statement of Work

The SOW provides an overview of the scope of the project and fees to complete the engagement based on Innovative's prior experience with similar projects and preliminary discussions with Client. The Client hereby acknowledges that the SOW is not meant to capture all detailed requirements but documents the high level requirements and implementation approach discussed and that additional detailed requirements discussions will be required to outline the full scope of work between the Parties.

### B. Project Scope of Services

The Scope of the project includes the following professional services:

### 1. Third Party Data Extraction

Phoenix10 Technologies will perform the extraction of data from the legacy system.

### C. Innovative Services Team

The Services Team will have the following resources available for this project:

1. Data Analyst: All Data Analysts have extensive Innovative database and application skills as well as in-depth knowledge of the MARC standard.

#### D. Client Implementation Team

- 1. Librarian Lead Works closely with Consultant to ensure requirements are complete and representative of the needs of the Library. The Librarian Lead will coordinate with key members of the team as required.
- 2. Technical Lead Will be responsible for assisting with Client responsibilities related to system level duties required by Client.

#### E. Implementation Assumptions

- 1. Client will provide a technical point of contact who is able to provide, or coordinate access to, necessary information and library resources. This includes information related to collecting and providing any prerequisite information required to support configuration of software, and other needs that may arise during the project.
- 2. Client will have adequate resources available to ensure timely completion of any library tasks outlined in the project schedule.
- 3. Client must provide remote access to a workstation, sufficient to allow Phoenix10 Technologies to perform data extraction services.



#### F. Fees and Payment Terms

Fees for Services delivered under this SOW will be charged on a fixed price basis as set forth in the Innovative Pricing Exhibit EST-INC15126 attached herewith and are made in good faith based on the activities, approach, and assumptions contained within the SOW. Payment terms for this SOW are as set forth in the Professional Services Agreement. Any additional Change Requests will be performed at a blended rate of \$200 per hour for all resources. Additionally, Client is responsible for all reasonable out-of-pocket costs and expenses incurred during this SOW. Pricing assumes that deliverables in this Statement of Work are completed within six months or additional Services fees will apply.

IN WITNESS WHEREOF each party has caused this SOW to be executed by its duly authorized representatives.

## AGREED:

Client	Innovative				
Durham County Library	Innovative Interfaces Incorporated				
By:	By:				
Name:	Name:				
Title:	Title:				
Date:	Date:				



# Part of Clarivate

Innovative Interfaces Incorporated 1900 Powell St. Suite 400 Emeryville CA 94608 United States

#### **Bill To**

Durham County Library PO Box 3809 300 North Roxboro St Durham NC 27702-3809 United States

#### Ship To Durham County Library PO Box 3809 300 North Roxboro St Durham NC 27702-3809 United States

# **Pricing Exhibit**

Date Quote #

Payment Terms Sales Rep Technical Contact Site Code Expires 6/30/2022 EST-INC15126

> Net 30 Carrie Pearson CU7154 Durham County Library : ...

9/28/2022

Currency

#### US Dollar

Item	Item Category	Qty	Description	Options	Original Rate	Unit Price	Amount
Polaris 3rd Party Data Extraction	Services	1	Polaris 3rd Party Data Extraction		8,900	8,900.00	8,900.00

Total Fees US\$8,900.00