

## INTERNAL CONTRACT REQUISITION FORM



CONTRACTOR/VENDOR NAME: Innovative Interfaces, Inc. VENDOR # 1000019704

CONTRACTOR NAME & E-MAIL (INDIVIDUAL E-SIGNING FOR THE CONTRACTOR):

Shawna Dean Shawna.deane@clarivate.com

Print Name E-Mail Address

TYPE OF CONTRACT: New ☐ Renewal ☐ Amendment ☐ Services ☒ Goods ☐ Consulting ☐ Construction ☐ Lease ☐ Other ☐

SCOPE OF WORK: Telephony implementation for Integrated Library System

CONTRACT AMT: \$1,600.00 CONTRACT TERM: Oct. 1 2022 - Mar. 31, 2023 RFP/IFB/RFQ#:

FUNDING SOURCE/TITLE: County ☐ State ☒ Federal ☐ Title/Name of Grant Funds

UNIFORM GUIDANCE (UG) PROCEDURES APPLICABLE? YES ☐ NO ☒

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				\$1,600.00		Implementation
2									
3									

RISK MANAGER Contract Requires Risk Management Review/Approval? YES ☐ NO ☐

Signature:  Date:

Contract Requires BOCC Approval? YES ☐ NO ☐ Date of BOCC Approval:

COUNTY ATTORNEY

Reviewing Attorney:  Date:

REQUISITIONER

DocuSign E-Signature:  Date:

Print Name/E-Mail:

PURCHASING MANAGER

Date:

DocuSign E-Signature

DEPARTMENT HEAD OR DESIGNEE

DocuSign E-Signature:  Date:

Print Name/Title:

E-Mail Address:

CHIEF FINANCIAL OFFICER

Date:

DocuSign E-Signature

COUNTY MANAGER

Date:

DocuSign E-Signature

CLERK TO THE BOARD

Date:

DocuSign E-Signature

FUNDS RESERVATION#

Purchasing Comments:

IS&T DEPT

Date:

DocuSign E-Signature



# CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 2

DATE (MM/DD/YYYY)

09/06/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Willis Towers Watson Insurance Services West, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	<b>CONTACT</b> NAME: Willis Towers Watson Certificate Center PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378 E-MAIL ADDRESS: certificates@willis.com																					
<b>INSURED</b> Innovative Interfaces, Inc. 3133 W Frye Road Suite 401 Chandler, AZ 85226	<table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A:</td><td>Federal Insurance Company</td><td>20281</td></tr><tr><td>INSURER B:</td><td>Great Northern Insurance Company</td><td>20303</td></tr><tr><td>INSURER C:</td><td>Pacific Indemnity Company</td><td>20346</td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Federal Insurance Company	20281	INSURER B:	Great Northern Insurance Company	20303	INSURER C:	Pacific Indemnity Company	20346	INSURER D:			INSURER E:			INSURER F:		
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**COVERAGES**

CERTIFICATE NUMBER: W25899517

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
							MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 1,000,000
	OTHER:						\$
B	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR						EACH OCCURRENCE \$ 25,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 25,000,000
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	No	N/A	(22) 7176-34-98	12/01/2021	12/01/2022	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

This Voids and Replaces Previously Issued Certificate Dated 09/02/2022 WITH ID: W25792751.

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

**CERTIFICATE HOLDER****CANCELLATION**

Durham County	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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ACORD 25 (2016/03)

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SR ID: 23025800

BATCH: 2657830

**ADDITIONAL REMARKS SCHEDULE**Page 2 of 2

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

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 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 Services 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 set of professional services:

#### 1) *Polaris Hardware Migration - Telephony*

- a) The Polaris Support Engineer ensures there is a successful full backup saved, then uploads the appropriate version of the Polaris ILS software and configures it per the client's requirements.
- b) Client has a period of time to access and test against the new environment to ensure all of the modules they use work as expected.
- c) The Polaris Support Engineer performs QA to ensure the system is functioning as expected and turns the system over to the client.
- d) The Polaris Support Engineer is available to resolve any post migration issues that may arise.
- e) Hardware migration is complete.

### C. Innovative Services Team

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

1. Polaris Support Engineer: The Polaris Support Engineer performs the staging, installation and migration of your system.

### D. Client Implementation Team

1. Technical Lead - Will be responsible for assisting with Client responsibilities related to server access as well as any other system level duties required by Client.

### E. Implementation Assumptions

1. Timeline for the completion of this project will be established, through joint planning conversations between the client and Innovative during the initial stage of the project.
2. Innovative needs 24x7 Internet access to the software only environment throughout the course of this project.



3. Internet bandwidth and connection stability, from the client site to the Internet, must be sufficient, in the consideration of Innovative, to support completion of the specified work in a timely manner.
4. 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 server access, collecting and providing any prerequisite information required to support installation and configuration of software, and other needs that may arise during the project.
5. Client will have adequate resources available to ensure timely completion of any library tasks outlined in the project schedule.

#### **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-INC15129 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:**

<b>Client</b>	<b>Innovative</b>
<b>Durham County Library</b>	<b>Innovative Interfaces Incorporated</b>
By:	By:
Name:	Name:
Title:	Title:
Date:	Date:



Part of **Clarivate**

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

## Pricing Exhibit

<b>Date</b>	6/30/2022
<b>Quote #</b>	EST-INC15129
<b>Payment Terms</b>	Net 30
<b>Sales Rep</b>	Carrie Pearson
<b>Technical Contact</b>	CU7154 Durham County Library : ...
<b>Site Code</b>	
<b>Expires</b>	9/28/2022

### 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

### Currency

US Dollar

Item	Item Category	Qty	Description	Options	Original Rate	Unit Price	Amount
Polaris Telephone Services Implementation	Services	1	Polaris Telephone Services Implementation		1,600	1,600.00	1,600.00

**Total Fees** US\$1,600.00