

# CONTRACT REQUISITION FORM

CONTRACTOR/VENDOR NAME: MICROSOFT CORPORATION

VENDOR # 1000007259

ADDRESS/CITY/ST/ZIP: ONE MICROSOFT WAY REDMOND, WA 98052



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

DESCRIPTION/SCOPE OF WORK: MICROSOFT SUPPORT SERVICES AND PROACTIVE CREDITS AMENDMENT

CONTRACT AMT: \$155,053.00(orig.) +\$19,500.00(increase)=\$174,553.00(total) CONTRACT PERIOD: 11/01/2019-10/31/2020 RFP/HFB/RRO#: N/A

FUNDING SOURCE: General ☒ State ☐ Federal ☐ Grant ☐ Other ☐

ITEM LINE#	FUND	COST CENTER	G/L ACCOUNT	WBS ELEMENT (Grants/Projects Only)	GRANT NUMBER	TOTAL	I/D	ADDITIONAL INFO
1	1001010000	4200191000	52001601000			\$ 19,500.00	I	
2								
3								

## COUNTY ATTORNEY

Contract requires Risk Management approval. YES ☒ NO ☐ X

RISK MANAGER Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contract requires BOCC approval? YES ☐ NO ☒ X Date of BOCC Approval: \_\_\_\_\_

## COMMENTS:

Reviewing Attorney: \_\_\_\_\_ Date: \_\_\_\_\_

## INITIATING DEPARTMENT

By: Jim Cook Date: 4/15/20

## BUDGET (Required only for Business Area 9800)

By: \_\_\_\_\_ Date: \_\_\_\_\_

## COUNTY MANAGER

By: \_\_\_\_\_ Date: \_\_\_\_\_

## CHIEF FINANCIAL OFFICER

Pre-audit Certification Completed: Yes ☐ No ☐

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CLERK TO THE BOARD

By: \_\_\_\_\_ Date: \_\_\_\_\_

## PURCHASING

By: \_\_\_\_\_ Date: \_\_\_\_\_

## IT DEPT (IT Related Contracts)

By: \_\_\_\_\_ Date: \_\_\_\_\_

## Purchasing Comments:

FUNDS RES DOC ID# \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
09/05/2019

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> Aon Risk Services Central, Inc. Chicago IL Office 200 East Randolph Chicago IL 60601 USA	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C. No. Ext):</b> (866) 283-7122	<b>FAX (A/C. No.):</b> (800) 363-0105
<b>INSURED</b> Microsoft Corporation Attn: Risk Management One Microsoft Way Redmond WA 98052-6399 USA	<b>E-MAIL ADDRESS:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>NAIC #</b>	
	<b>INSURER A:</b> New Hampshire Insurance Company	23841
	<b>INSURER B:</b> National Union Fire Ins Co of Pittsburgh	19445
	<b>INSURER C:</b> American Home Assurance Co.	19380
<b>INSURER D:</b>		
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**COVERAGES****CERTIFICATE NUMBER:** 570078154973**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.

Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		Y	GL6938912	07/01/2019	07/01/2020	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$2,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY Excluded GENERAL AGGREGATE \$5,000,000 PRODUCTS - COMP/OP AGG Excluded
B	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY		Y	CA 2867394 AOS CA 7742333 VA	07/01/2019	07/01/2020	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION						EACH OCCURRENCE AGGREGATE
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WC018177157 AOS WC018177154 CA	07/01/2019	07/01/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$2,000,000 E.L. DISEASE-EA EMPLOYEE \$2,000,000 E.L. DISEASE-POLICY LIMIT \$2,000,000
C							

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

Evidence of Insurance only, this certificate may not be altered in any way.

A waiver of Subrogation is granted in favor of Durham County in accordance with the policy provisions of the General Liability and Automobile Liability policies.

**CERTIFICATE HOLDER****CANCELLATION**

Durham County 200 East Main Street, 5th Floor Durham NC 27701 USA	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  <i>Aon Risk Services Central, Inc.</i>

Holder Identifier :

Certificate No : 570078154973



**ADDITIONAL REMARKS SCHEDULE**

Page \_ of \_

AGENCY Aon Risk Services Central, Inc.		NAMED INSURED Microsoft Corporation	
POLICY NUMBER See Certificate Number: 570078154973			
CARRIER See Certificate Number: 570078154973	NAIC CODE	EFFECTIVE DATE:	

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER:** ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

**ADDITIONAL POLICIES**

If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
	WORKERS COMPENSATION						
B		N/A		WC018177153 FL	07/01/2019	07/01/2020	
A		N/A		WC018177155 MA ND OH WI WY	07/01/2019	07/01/2020	
A		N/A		WC018177156 ME	07/01/2018	07/01/2019	
A		N/A		WC018177158 AK AZ IL KY NC NH NJ PA	07/01/2019	07/01/2020	

**Amendment: Microsoft Enterprise Services Work Order**

Enterprise Services Work Order	<b>DORV1911-252950-298840</b>
Amendment number	<b>1</b>

This amends the Enterprise Services Work Order noted above, between **County of Durham** and **Microsoft Corporation** and is effective as of the date that Microsoft signs this Amendment.

**1. Amendment**

**Section, 1.1 Term** of the Enterprise Services Work Order is hereby amended by adding 4/11/2020 (the "Schedule Start Date") and will expire on 10/31/2020 (the "Schedule Expiration Date").

**Section, 1.2 Description of the Services** of the Enterprise Services Work Order is hereby amended by adding

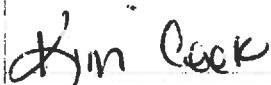
<b>United States</b>	<b>ADD contract # 141940381</b>
Up to 18 hours of Support Account Management	
Up to 150 hours of Proactive Credits	

**Section, 1.3 Support Services Fees** of the Enterprise Services Work Order is hereby amended by adding

<b>Services Summary</b>	<b>Billing Date</b>	<b>Fees (USD)</b>
United States	4/11/2020	\$19,500
<b>Total Fees (excluding taxes)</b>		<b>\$ 19,500</b>

**2. Effect of Amendment**

Except as specifically amended by this amendment, all other provisions of the Agreement shall remain unchanged, and in full force and effect.

<b>Customer</b>	<b>Microsoft Affiliate</b>
Name of Customer (please print) <b>County of Durham</b>	Name <b>Microsoft Corporation</b>
Signature 	Signature
Name of person signing (please print) <b>Kim Cook</b>	Name of person signing (please print)
Title of person signing (please print) <b>Senior Business Manager</b>	Title of person signing (please print)
Signature date <b>4/15/20</b>	Signature date (effective date)

## Enterprise Update Statement

**Enterprise Agreement Number** 01E73421

**Enrollment Number** 8975395

**Company Name** Durham County

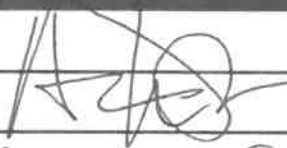
In accordance with the terms of entity's Enterprise Agreement and Enrollment, a true-up order must be submitted for each Enrollment's anniversary (including at Enrollment expiration and prior to any renewal) to account for License quantity increases for:

- a. Qualified Desktops/Devices or Qualified Users
- b. Online Services (where permitted)
- c. Previously ordered Additional Products
- d. Products included in the Server and Cloud Enrollment or Enrollment for Core Infrastructure
- e. Products included in the Enrollment for Application Platform. Products selected with the three year true-up option must place the true-up order only upon enrollment expiration and prior to renewal.

If entity has ordered any additional quantities since its last Enrollment anniversary, this annual true-up order is still required. Entity must submit an Enterprise Update Statement for each anniversary when there has been no increase in required License quantities as described above.

- ☒ In checking this box, entity confirms that under the above referenced Enrollment, there has been no increase in the number of required Licenses not already ordered in a prior placed True Up Orders. Entity understands that it is the responsibility of the entity to ensure that all licenses installed are used according to the Enterprise Agreement and Enrollment referenced above.

Select applicable year for this Update statement: 2

Customer/Government Partner (as applicable)	
<b>Name of Entity*</b>	Durham County
<b>Signature*</b>	
<b>Printed Name*</b>	AARON W Stone
<b>Printed Title*</b>	Asst. Dir. of IT
<b>Signature Date*</b>	11/19/14

\* indicates required fields

# Program Signature Form

MBA/MBSA number

01E73421

5-0000004590541

Agreement number

01E73421

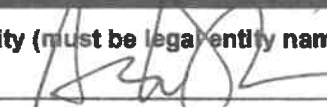
**Note:** Enter the applicable active numbers associated with the documents below. Microsoft requires the associated active number be indicated here, or listed below as new.

For the purposes of this form, "Customer" can mean the signing entity, Enrolled Affiliate, Government Partner, Institution, or other party entering into a volume licensing program agreement.

This signature form and all contract documents identified in the table below are entered into between the Customer and the Microsoft Affiliate signing, as of the effective date identified below.

Contract Document	Number or Code
Enterprise Enrollment (Indirect)	X20-10635
Product Selection Form	0899294.004 PSF
Enterprise Amendment	M97 (NEW)

By signing below, Customer and the Microsoft Affiliate agree that both parties (1) have received, read and understand the above contract documents, including any websites or documents incorporated by reference and any amendments and (2) agree to be bound by the terms of all such documents.

Customer
<b>Name of Entity (must be legal entity name)*</b> Durham County
<b>Signature*</b> 
<b>Printed First and Last Name*</b> Aaron W. Stone
<b>Printed Title</b> Asst. IT Dir.
<b>Signature Date*</b> 12/17/2019
<b>Tax ID</b>

\* indicates required field

Microsoft Affiliate
<b>Microsoft Corporation</b>
<b>Signature</b> _____
<b>Printed First and Last Name</b>
<b>Printed Title</b>
<b>Signature Date</b> <small>(date Microsoft Affiliate countersigns)</small>
<b>Agreement Effective Date</b> <small>(may be different than Microsoft's signature date)</small>

**Optional 2<sup>nd</sup> Customer signature or Outsourcer signature (if applicable)**

Customer
<b>Name of Entity (must be legal entity name)*</b>
<b>Signature*</b> _____
<b>Printed First and Last Name*</b>
<b>Printed Title</b>
<b>Signature Date*</b>

*\* indicates required field*

Outsourcer
<b>Name of Entity (must be legal entity name)*</b>
<b>Signature*</b> _____
<b>Printed First and Last Name*</b>
<b>Printed Title</b>
<b>Signature Date*</b>

*\* indicates required field*

If Customer requires additional contacts or is reporting multiple previous Enrollments, include the appropriate form(s) with this signature form.

After this signature form is signed by the Customer, send it and the Contract Documents to Customer's channel partner or Microsoft account manager, who must submit them to the following address. When the signature form is fully executed by Microsoft, Customer will receive a confirmation copy.

**Microsoft Corporation**  
Dept. 551, Volume Licensing  
6100 Neil Road, Suite 210  
Reno, Nevada 89511-1137  
USA



### MWBE UTILIZATION FORM

This MWBE Utilization Form is an integral part of the Work Order DORV1911-252950-298840 between the County of Durham and MICROSOFT CORPORATION (Contractor). The purpose of this form is to assist in identifying minority participation associated with County contracts.

**Note: If Purchasing has already performed MWBE pre-award compliance during a bid process and/or BOCC contract approval, please attach the pre-award compliance form to this form and submit with the contract. Completing the remainder of this form will not be required.**

Description of Services/Goods: Microsoft Support Services/Proactive Credits Work Order Amendment

Contract Amt: \$155,053.00(orig.) + \$19,500.00 = \$174,553.00(total) Contract Term: 11/1/19- 10/31/2020

Please check one:

☒ Contractor will provide 100% of the services/goods for this contract.

☐ Contractor will **subcontract** a percentage of the services/goods for this contract to a non-minority business enterprise or a non-profit.

☐ Contractor will **subcontract** a percentage of the services/goods for this contract to the minority-owned business enterprise(s) identified below.

Minority Business Enterprise Name, Address & E-Mail	Minority Category*	Description of Work	Percentage %	Dollar Value

\*Minority Categories: Black/African American (B), Female (F), Hispanic (H), Asian American (A), American Indian (I)

#### Durham County Goals for M/WBE Participation in the Procurement of Goods, Services and Construction

Categories	Construction	Architect/ Engineer	Services	Goods	MWBE % Availability (Median Availability)
Black American	14.6	9.8	10.9	2.8	10.4%
Asian American	1.3	3.0	1.1	.43	1.3%
Hispanic American	4.2	1.8	1.1	.43	1.5%
American Indian	.65	.75	1.0	.5	.70%
White Female	13.8	11.0	9.5	7.1	10.3%
Overall MWBE Participation Goal					25.0%

*This form shall accompany all contracts submitted to Purchasing.*