AGENDA ITEM or FINAL CONTRACT REVIEW SUBMITTAL FORM

Gunnison County Legal Instrument # _____

Date of Request: 3/15/2013 **Contractual Deadline:** **Received in Administration:** 3/18/13

Desired Agenda Date: **Amount of Discussion Time Desired:**

Action Requested: approve and sign

Parties to the Agreement: Microsoft and BOCC of Gunnison County, Insight Direct USA, Inc as Reseller

Term Begins: 1/1/2013 **Term Ends:** When cancelle **Grant Contract #:** N/A

Summary: Agreement to purchase Microsoft products under the State of Colorado purchasing agreement.

Recommendation: Approval

Fiscal Impact: Only SA and licensing appoved within the budget will be ordered

Submitted by: Mike Lee **Return To:** Mike Lee

Finance Department Review: ( ) ( ) Not Required

Comments:

Mike will spend only amt in budget for 2013 for these items

Signature 3/19/13 Discharge Date

County Attorney Review: ( ) Required ( ) Not Required

RECEIVED MAR 19 2013 10:09 am COUNTY ATTORNEY

Comments:

Approved.

Certificate of Insurance Required

Yes ____ No ✓ Initials

Signature Discharge Date 3/19/2013

Returned to Administration: 3/19/2013 **Original Returned:**

County Manager Approval:

Signature 4/2/13 Date 3-19-13

(X) Consent Agenda ( ) Regular Agenda Time Allotted: _____

2

Revised January 2011

Bobbie Lucero

From: Williams, Jinny [Jinny.Williams@insight.com]
Sent: Friday, March 15, 2013 11:49 AM
To: Mike Lee
Cc: ST of Colorado Team
Subject: RE: Microsoft Select Contract, Gunnison County

Hi Mike, sorry, should have included the master for review!
Microsoft has advertised the Select Plus as "evergreen" so hopefully this will be the last time we need to endure the re-enrollment trauma. L&SA and SA renewals will still be available in 3 year increments. The Master is attached, hopefully will help with some questions. Thanks Mike!

From: Mike Lee [mailto:MLee@gunnisoncounty.org]
Sent: Friday, March 15, 2013 8:42 AM
To: Williams, Jinny
Cc: ST of Colorado Team
Subject: RE: Microsoft Select Contract, Gunnison County

I am not seeing in these documents what the term is (contract end)?

Am I correct in summarizing these as allowing us to purchase Microsoft products under the State of Colorado MSelect agreement? If so is that agreement referenced in the agreements?

Thanks,
Mike

From: Williams, Jinny [mailto:Jinny.Williams@insight.com]
Sent: Tuesday, March 12, 2013 4:36 PM
To: Mike Lee
Cc: ST of Colorado Team
Subject: RE: Microsoft Select Contract, Gunnison County

Hi Mike, attached please find the enrollment paperwork and below are instructions from our Contract Administrator. Please let us know if questions or anything we can do to help. SA Renewal PO's need to be processed prior to end of March. Thanks!!!

Please take some time and carefully review the attached.

All of the necessary paperwork is in the attached for the creation of this agreement.

The following areas are places where you will need to sign or provide information, if applicable:
Signature Page - your company name has already been filled in to match the rest of the documents. Please sign and date. (Microsoft requires an actual signature; a stamp will not be acceptable.)

- Option 1: Softcopy (Preferred, and much faster)
  - Please keep in mind that the final executed document will have an original Microsoft signature, but a non-original signature for your company. Microsoft will sign the soft copy you submit through Insight, and they will send that back to you. If the soft copy process is used, no original documents will be accepted at Microsoft, so you would keep your originals and send soft-copies to Insight.

- With this process, you can either fax the signed paperwork to 480-760-6125 or scan them and send via email to Colorado@insight.com - If complete paper originals are needed, you would select option 2 and have hard copies with your original signature shipped to Insight.

- Option 2: Hardcopy mailed to Insight
- If you require original signatures (both yours and Microsoft) to be sent back to you once the contract is activated, you will need to send your completed originals to the address below.

Insight Direct USA, Inc.
Microsoft Contracts Team
22721 E Mission
Liberty Lake, WA 99019

Please let me know if you have any questions about this.

From: Mike Lee [mailto:MLee@gunnisoncounty.org]
Sent: Monday, February 11, 2013 12:31 PM
To: Williams, Jinny
Cc: ST of Colorado Team
Subject: RE: Microsoft Select Contract

Returning enrollment request info.

Mike

From: Williams, Jinny [mailto:Jinny.Williams@insight.com]
Sent: Sunday, February 10, 2013 12:16 AM
To: Mike Lee
Cc: ST of Colorado Team
Subject: RE: Microsoft Select Contract

Hi Mike, per Microsoft, Insight will receive the new Select Master Agreement on Monday – YAY! We expect processing to take a couple days and when we do receive notice that the agreement is complete we'll send you the new enrollment paperwork.
Please fill in the attached form and return to us, this will be used to set up your enrollment so we want to be sure to have current and accurate information. Please let us know if questions and thanks for all your help!!!

From: Kelley, Eileen [mailto:EKelley@springsgov.com]
Sent: Thursday, January 10, 2013 8:30 AM
To: Williams, Jinny
Cc: Braun, LuAnn
Subject: Contract and Quote

Jinny, we understand from Tone that we are at a halt buying Microsoft products for now (unless I misunderstood him which is very possible). We need to know when do you think we will be able to purchase both Adobe and Microsoft products?

Second, Lisa needs a firm quote for our True Up Prices. The quote she has is only an estimate.

Please include me in all licensing correspondence with Lisa since that is my main focus at work.

Thank you,

Eileen C. Kelley
Certified HDI Support Center Analyst
(719) 385-7225 (Office)
(719) 385-5737 (Fax)
Mail Code: 1511
ekelley@springsgov.com

Microsoft Volume Licensing

Program Signature Form

MBA/MBSA number	
Agreement number	6370469

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
<Choose Agreement>	
<Choose Agreement>	
<Choose Agreement>	
<Choose Agreement>	
<Choose Agreement>	
Select Plus Affiliate Registration Form	X20-04921
<Choose Enrollment/Registration>	
<Choose Enrollment/Registration>	
<Choose Enrollment/Registration>	
<Choose Enrollment/Registration>	

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
Name of Entity (must be legal entity name)* Board of County Commissioners of the County of Gunnison, Colorado **Signature*** _____ **Printed First and Last Name*** **Printed Title*** **Signature Date***
Tax ID

** indicates required field*

Microsoft Affiliate
Microsoft Licensing, GP
Signature _____ **Printed First and Last Name** **Printed Title** **Signature Date** (date Microsoft Affiliate countersigns)
Effective Date (may be different than Microsoft's signature date)

Optional 2nd Customer signature or Outsourcer signature (if applicable)

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

** indicates required field*

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

** indicates required field*

If Customer requires physical media, 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 Licensing, GP
Dept. 551, Volume Licensing
6100 Neil Road, Suite 210
Reno, Nevada 89511-1137
USA

Prepared By: Cindy Krogh
ckrogh@insight.com

Microsoft Volume Licensing

Select Plus Affiliate Registration Form State and Local

Registration Type *Reseller to complete*	Lead Affiliate ☐ Additional Affiliate ☒	Lead Affiliate Public Customer Number (PCN) *Reseller to complete*	83F6C03F
Agreement Number Microsoft or Reseller to complete	6370469	Additional Affiliate Public Customer Number (PCN) *Reseller to complete*	
Qualifying Contract *Reseller to complete*		Change Affiliate Anniversary Month *Reseller to complete*	January

By registering, Registered Affiliate accepts and agrees to be bound by the terms of the agreement and any applicable attachments (the "agreement"), and will be allowed to acquire Products in accordance with the Agreement.

If Registered Affiliate registers as an Additional Affiliate, Registered Affiliate represents that the Additional Affiliate is an eligible entity of the Lead Affiliate identified above.

This registration is valid when accepted by Microsoft and until it is terminated. Registered Affiliate will receive an acceptance notification confirming the effective date of this registration. Microsoft may refuse to accept a registration if there is a business reason for doing so. Either party may terminate this registration for any reason with 60 days advance written notice. Terminating this registration will terminate the Registered Affiliate's ability to place Orders under the agreement.

Each Registered Affiliate may qualify for and receive additional benefits by electing Software Assurance membership. By electing Software Assurance membership, the Registered Affiliate is committing to include Software Assurance with every eligible Order. To make this election, complete and submit the Select Plus Software Assurance Membership Election Form.

Qualifying systems Licenses. The operating system Licenses granted under this program are upgrade Licenses only. *Full operating system Licenses are not available under this program.* If Customer selects the Windows Desktop Operating System Upgrade, all qualified desktops on which the Customer runs the Windows Desktop Operating System Upgrade must be licensed to run one of the qualifying operating systems identified in the Product List at http://www.microsoft.com/licensing/contracts. Exclusions are subject to change when new versions of Windows are released.

In order to use a third party to reimage the Windows Operating System Upgrade, Registered Affiliate must certify that it has acquired qualifying operating system licenses. See the Product List for details.

1. *Primary Contact Information.*

Registered Affiliate must identify an individual from inside its organization to serve as the primary contact. This contact is also an Online Administrator for the Volume Licensing Service Center and may grant online access to others.

Name of entity* Board of County Commissioners of the County of Gunnison, Colorado
Contact name*: First Mike **Last** Lee
Contact email address* mlee@gunnisoncounty.org
Street address* 200 East Virginia Ave
City* Gunnison
State* CO
Postal code* 81230
Country* US
Phone* 970-641-1410

Tax ID
** indicates required fields*

2. Notices and online administrator.

This individual receives contractual notices. They are also the online Administrator for the Volume Licensing Service Center and may grant online access to others.

☒ Same as primary contact
Name of entity*
Contact name*: First **Last**
Contact email address*
Street address*
City*
State*
Postal code*
Country*
Phone*
☐ This contact is a third party (not the Registered Affiliate). Warning: This contact receives personally identifiable information of the Registered Affiliate.
** indicates required fields*

3. Language preference.

Select the language for notices. English

5. Reseller information.

Reseller company name* Insight Direct USA, Inc (61548062)
Street address (PO boxes will not be accepted)* 6820 S Harl Ave
City* Tempe
State* AZ
Postal code* 85283
Country* US
Contact name* Software Contract Support
Phone* 866-466-8990
Contact email address* contractsupport@insight.com
** indicates required fields*

The undersigned confirms that the information is correct.

Name of Reseller* Insight Direct USA, Inc (61548062)

Signature*_____

Printed name* Kevin Osterman
Printed title* Director - Sale Operations
Date*

** indicates required fields*

Changing a Reseller. If Microsoft or Reseller chooses to discontinue doing business with one another, Registered Affiliate must choose a replacement Reseller. If Registered Affiliate or Resellers intends to terminate their relationship, the initiating party it must notify Microsoft and the other party, using a form provided by Microsoft at least 90 days prior to the date on which the change is to take effect.

6. *Supplemental Contacts.*

Customer's Notices Contact identified above is the default contact for administrative and other communications. However, Customer may designate additional contacts using the Supplemental Contact Information form.

7. *Software Assurance Membership Election.*

Each Registered Affiliate may qualify for and receive additional benefits with Software Assurance membership. By electing Software Assurance membership below, Registered Affiliate is committing for a minimum period of one year to include Software Assurance with every eligible Order, and to maintain Software Assurance for all copies of Products licensed under this program for at least one Product pool.

Product pools	Yes	No
Applications	☐	☒
Systems	☐	☒
Servers	☐	☒

Note: If "Yes" is marked, orders for Licenses without Software Assurance will not be accepted.

Only valid if attached to a signature form.

Microsoft | Volume Licensing

Previous Enrollment(s)/Agreement(s) Form

Entity Name: Board of County Commissioners of the County of Gunnison, Colorado
Contract that this form is attached to: Select Plus Affiliate Registation

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

Please provide a description of the previous Enrollment(s), Agreement(s) and/or Affiliate Registration(s) being renewed or consolidated into the new contract identified above.

a. Entity may select below any previous contract(s) from which to transfer MSDN subscribers to this new contract. Entity shall ensure that each MSDN subscriber transferred is either properly licensed under the new contract or is removed.

b. Entity may select below only one previous contract from which to transfer the Software Assurance (SA) Benefit details, i.e., benefits contact (*not* the SA manager) and the program codes, to this new contract.

c. An Open License cannot be used to transfer either the SA Benefit details or MSDN subscribers.

d. The date of the earliest expiring Enrollment/Agreement that contains SA or Online Services will be the effective date of the new contract (or SA coverage period for Select Plus).

e. Please insert the number and expiration date of the earliest expiring Enrollment/Agreement with SA or Online Services in the appropriate fields of the new contract.

Enrollment/Agreement /Affiliate Registration Description	Enrollment/ Agreement/Affiliate Registration Public Customer Number	Expiration Date (not applicable for Affiliate Registration)	Transfer SA Benefit Details	Transfer MSDN Subscribers
Select Enrollment	7291355	12/31/2012	☒	☒
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