

**STATEMENT OF WORK #6212**

<b>Client:</b> City of Columbus	<b>Contact:</b> Rick Wagner	<b>Telephone:</b> 614.645.2816	<b>Date:</b> September 19, 2019
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This Statement of Work ("SOW") is effective as of the date last signed below ("SOW Effective Date") and is subject to the State of Ohio Contract #534242 dated February 10, 2010 between Insight Public Sector, Inc. and State of Ohio (the "Agreement"). This SOW, including the Agreement and all documents either attached or incorporated by reference, forms the entire agreement with respect to the subject matter in this SOW. Terms not defined in this SOW have the meaning attributed to them in the Agreement unless otherwise specified in this SOW.

**Description:**

Insight will provide a qualified consultant to assist City of Columbus with Active Directory Upgrades and best practices. The Insight resource will work at the direction of City of Columbus stakeholders to work on the highest priority items first.

**Assumptions:**

1. Deliverables, timeline, and scope will be determined by City of Columbus project manager and agreed upon by all parties.
2. Proper access to systems will be provided to the Insight resource upon starting the engagement.
3. Work will be provided onsite.
4. Insight resource will have a full-time allocation of 40 hours/week, with the exception of scheduled time-off and/or other commitments which will be communicated in advance to Client.
5. Hours will be consumed by June 30, 2020.

**Terms:**

**1. Resources: Labor Category Q – Architect I, STS #534242**

This engagement will be billed on a time and materials basis. Costs incurred by Client will be based on the daily minimum listed in the Pricing Notes below or actual time worked, whichever is greater. Client will reimburse Insight for travel expenses, if any are required. Travel expenses will not exceed GSA rates. Client will reimburse Insight for any taxes incurred. If Client believes they are tax-exempt and/or the services provided are not subject to any taxes, Client will provide Insight with the proper documentation required by the taxing jurisdiction where the services are performed.

Resource Type	Tier/Labor Category	Insight List Price (Hourly Rate)	Minimum Contract Discount	Maximum Contract Price (Hourly Rate)	Actual Price (Hourly Rate)	Estimated Hours	Extended Price
Specialty DI Architect I	Tier 1 – Labor Category Q	\$370.50	15%	\$314.93	\$150.00	1,560	\$234,000.00
<b>Total Estimated Amounts</b>						<b>1,560</b>	<b>\$234,000.00</b>

**2. Invoice frequency:**

Insight will invoice Client on a monthly basis for the minimum hours worked or actual hours worked, whichever is greater, plus any travel-related expenses and taxes incurred (if applicable).

**3. Payment Terms:**  
Net 30 Days

**The following section must be completed before this SOW can be processed:  
Invoicing Procedures:**

**1. Method (Client to select one option below):**

**Mail Invoice** - Hard copy invoice will be mailed to:  
 Company Full Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Attention: Accounts Payable or: \_\_\_\_\_  
 Accounts Payable Contact: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**Email Invoice** - Invoice copy will be sent electronically via e-mail to:  
 \_\_\_\_\_

**2. PO Process (Client to select one option below):**

Client issues system-generated POs or internal reference numbers for service engagements.  
 Please fill in the PO Number below and attach a hard copy of the PO to this signed SOW.  
 Note: Services cannot be performed until a hard copy of the PO is received, or Billing Reference is provided.

**PO Number:** \_\_\_\_\_

**PO Release Number (if applicable):** \_\_\_\_\_

**Internal Billing Reference Number/Name:** \_\_\_\_\_

Client does NOT issue system-generated PO for service engagements.

Accordingly, performance of and payment for any Services under this SOW do not require, and are not contingent upon, the issuance of any PO or other similar document. By signing below, the undersigned agree they are bound by the terms of this SOW and the Agreement.

**INSIGHT PUBLIC SECTOR, INC.**

**CLIENT**

By: \_\_\_\_\_  
*Authorized Representative*

By: \_\_\_\_\_  
*Authorized Representative*

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

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

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