State Term Contract
Permission Request

Date: 09-09-2024 State Contract No/URL: 0A1252-01 Contract Type: Competitive Over $50,000 _X_ Under $50,000 ____

Requesting Agency: Franklin County Municipal Contact Name: Microsoft Select Email: goodrichc@fcmcclerk

TO BE COMPLETED BY AGENCY:

Describe how use of this contract provides the most cost effective method to purchase goods and /or services.
(For new requests, attach three (3) or more quotations received from contract vendors, if the contract was not bid.)

In using this state term contract for Microsoft Office 365 plus teams phone licenses it ensures The Clerks Office is getting the best pricing because this contract has already been competitively bid out by the State of Ohio and are offered for use by any agency. This helps aid the Franklin County Municipal Court, Clerk of Court in its duty to spend funds responsibly.

Note if this purchase is the continuation of an existing project.
(Please attach three (3) or more quotations originally received. If three quotes were not solicited for the original purchase, three are required now.)

Contract 0A1252-01 was competitively bid by the State of Ohio and is in place for agencies to use. This contract is considered a competitive selection process contract there for only one quote is required. Please see attached quote.

If three quotes were not received, attach any documentation supporting using the STS as the most cost effective method. This includes price research, efficiencies realized, or any other evidence of cost effectiveness. Requests over $50,000 will require a bid waiver from City Council.

TO BE COMPLETED BY PROCUREMENT MANAGER: Chris Long, Deputy Director

Approved_____Y_____

Dell Software - Customer Confidential

Quotation

Matt Lauer
Software TSR
matthew_lauer@dell.com

Quote Number: **MXL24090602**
Quote Expires: **budgetary only**

Customer: Franklin County Municipal Courts - Clerk of the Court
Contact: Colton Goodrich
Customer #:
Phone:
Fax:
Email: GoodrichC@fcmcclerk.com
Date of Issue: September 6, 2024

Remit To: Dell Marketing LP
One Dell Way
Round Rock TX 78680

Federal ID: 74-2616805

Product Description	Notes	Part Number	Quantity	Unit Price	Ext. Price
AzureprepaymentG ShrdSvr ALNG SubsVL MVL Commit Provision		J5U-00004	1	$ -	$ -
Exchange Server Standard ALng SA		312-02257	1	$ 124.11	$ 124.11
O365 G3 GCC Sub Per User		AAA-11894	200	$ 239.70	$ 47,940.00
Teams Phone Standard GCC Sub Per User		LK9-00003	200	$ 70.82	$ 14,164.00
Teams AC with Dial Out US/CA GCC Sub Add-on		NYH-00001	200	$ -	$ -

Notes: EA renewal 1 of 3, enrollment# 8750551. Pricing quoted via contract# 0A1252. **This quote and pricing, and Dell's subsequent fulfillment, is subject to the terms of the Ohio Microsoft Large Account Reseller(s) Agreement 0A1252 between Dell and the State of Ohio dated 3/26/2019 ("Current Ohio State Contract"). Any terms in this Quote or on a resulting Purchase Order to Dell shall not be applicable. The software and/or services quoted herein are subject to the publisher's applicable license and support terms. This Quote is only valid for the duration of the Current Ohio State Contract. Dell does not have the ability to process Purchase Orders under the Current State Contract after its expiration. Therefore, prices quoted herein are not valid for subsequent Enrollment years and will be determined on the Enrollment anniversary date pursuant to the applicable contract vehicle and pricing in place at that time.**

		$ 62,228.11
Product Subtotal		
Tax	0.00%	$0.00
Grand Total		**$ 62,228.11**

Quote Prepared By: Matt Lauer

Rev. 5/2011

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 10/25/2024

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).

PRODUCER
MARSH RISK & INSURANCE SERVICES
FOUR EMBARCADERO CENTER, SUITE 1100
CALIFORNIA LICENSE NO. 0437153
SAN FRANCISCO, CA 94111
Attn: SanFrancisco.Certs@marsh.com / FAX 212-948-0398
CN101640193-STND-GAWUE-24-

CONTACT NAME:
PHONE (A/C, No, Ext): **FAX (A/C, No):**
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Zurich American Insurance Company	16535
INSURER B : American Guarantee and Liability Insurance Company	26247
INSURER C : American Zurich Insurance Company	40142
INSURER D : Syndicate 2623/623 at Lloyd's	
INSURER E :	
INSURER F :	

INSURED
Dell Technologies Inc.
and all Subsidiaries
One Dell Way - RR1-50
Round Rock, TX 78682

COVERAGES **CERTIFICATE NUMBER:** SEA-004052351-02 **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	X **COMMERCIAL GENERAL LIABILITY** [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY [ ] PRO-JECT [ ] LOC OTHER:			GLO699017800	03/01/2024	03/01/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 5,000,000 $ 5,000,000 $ 10,000 $ 5,000,000 $ 10,000,000 $ 10,000,000
A	**AUTOMOBILE LIABILITY** X ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS X HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			BAP699017700	03/01/2024	03/01/2025	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 5,000,000 $ $ $
B	X **UMBRELLA LIAB** [X] OCCUR **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			AUC640818902	03/01/2024	03/01/2025	EACH OCCURRENCE AGGREGATE	$ 15,000,000 $ 15,000,000
C A	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [N] **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		WC699017500 (AOS) WC699017600 (MA, NE, WI)	03/01/2024 03/01/2024	03/01/2025 03/01/2025	X PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
D	Professional E&O/ Technology Errors & Omissions			B0509FINPT2450322	06/01/2024	06/01/2025	Each Claim/Aggregate (Claims Made)	15,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Franklin County Municipal Court, Clerk of Court is included as additional insured where required by written contract with respect to General Liability and Auto Liability.

CERTIFICATE HOLDER

Franklin County Municipal Court,
Clerk of Court
375 South High Street, 4th Floor
Columbus, OH 43215

CANCELLATION

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

Marsh Risk & Insurance Services

AGENCY CUSTOMER ID: CN101640193

LOC #: San Francisco

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH RISK & INSURANCE SERVICES	Dell Technologies Inc. and all Subsidiaries One Dell Way - RR1-50 Round Rock, TX 78682
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

The professional policies evidenced are subject to self-insured retentions for various perils covered. If you would like additional information regarding these self-insured retentions, please contact the Marsh servicing team (Kristin.Bojorquez@marsh.com).