

CONTRACT CONTROL NUMBER (CCN): 2014-0002

5302

COUNTY OF BERNALILLO
PURCHASING DEPARTMENT
CONTRACT CONTROL FORM ONLY

THIS SECTION TO BE COMPLETED BY THE REQUESTING DEPARTMENT
(SIGNATURE FROM ELECTED OFFICIAL OR DEPARTMENT DIRECTOR REQUIRED)

1. GENERAL INFORMATION:

Elected Official / Dept. Direc. [Signature] Dept/Div: Information Technology
Contact Person: Lisa LeMar Phone No: (505) 468-1670
Type of Goods or Services Hardware maintenance and support

2. ACCOUNT ASSIGNMENT(S)/BALANCE/FEDERAL GRANT (FILL IN APPLICABLE INFORMATION):

Asset # (if applicable) _____ Cost Center # 240101 Order # _____
WBS Element # _____ Grant # _____ G/L Account# 521050
Account Balance _____ Will a Federal Grant be used for funding? No Yes

(If Yes, special procurement requirements and County contact for Federal Grant questions must be attached)

3. VENDOR INFORMATION:

Name: Advanced Network Management
Contract Period: 3/13/14 - 3/12/16 Indefinite: Yes _____ No
Contract Amount: \$ _____ Tax: \$ _____ Total Amount: \$ _____
Federal Tax No. _____ W-9 Form Attached _____ W-9 On File _____
State Tax No. _____

4. PROCUREMENT TYPE:

Written Quote (Attached) RFB# _____ RFP# 26-12-NL Other (Attached)

THIS SECTION TO BE COMPLETED BY THE PURCHASING DEPARTMENT

5. CONTRACT INFORMATION:

Date Entered _____ By: _____ Shopping Cart # _____
Type Of Agreement: Amendment Original CCN# 2012-0145 Amendment #: 1
If funded by a Federal Grant, is vendor debarred and/or suspended? (EPLS) _____ No _____ Yes

6. INSURANCE INFORMATION/REQUIREMENTS (check applicable):

Professional Liability _____ Commercial General Liability Auto Workers Comp. Other

FINAL REVIEW (TO BE ROUTED BY PURCHASING DEPARTMENT IN THE ORDER SHOWN BELOW)

7. REVIEW APPROVALS REQUIRED (Note: *Grants Coord. Budget and Risk approval not required, if previously approved RFB/RFP)

	Date Delivered	Approved By	Approval Date
Purchasing Department		<u>NX</u>	<u>1-2-14</u>
*Acct'g Grants Coordinator (req'd if funding is grant related)		<u>N.A.</u>	
*Finance/Budget Department		<u>[Signature]</u>	<u>01/02/14</u>
*Risk Management Department		<u>[Signature]</u>	<u>1/3/14</u>
Legal Department		<u>[Signature]</u>	<u>1/6/14</u>
Deputy County Manager		<u>CM SERVES AS DCM</u>	
County Manager or Designee		<u>[Signature]</u>	<u>1/7/14</u>

Attachment: "Final" Contract

**1st AMENDMENT
TO PRICE AGREEMENT**

THIS AMENDMENT made and entered into this 7TH day of JANUARY 2014 by and between the County of Bernalillo, New Mexico, a political subdivision in the State of New Mexico ("County"), and Advanced Network Management, Inc. (hereinafter referred to as the "Contractor").

WITNESSED:

WHEREAS, the County and the Contractor entered into a Price Agreement dated 13 March 2012, hereinafter referred to as the "Original Agreement", CCN 2012-0145, whereby the Contractor agreed to provide Cisco Networking / Voice-Over-IP (VOIP) products and services to Bernalillo County as the Primary Contractor.

WHEREAS, the County wishes to engage Contractor to continue to provide Cisco Networking / Voice-Over-IP products and services,

NOW, THEREFORE, in consideration of the premises and mutual obligations, the parties hereto do mutually agree as follows:

1 **Paragraph 5 (Term)** is hereby amended as follows:

Pursuant to the Original Agreement, the County and the Contractor, have mutually agreed to exercise the option to renew the term of the Original Agreement for an additional two (2) years, beginning March 13, 2014 and will continue through March 12, 2016 unless terminated by either party pursuant to the termination provision contained in the Original Agreement

2. **Approval Required**

This 1st Amendment shall not become effective or binding until approved by the Bernalillo County Manager.

3. **Terms and Conditions**

Except as herein expressly amended, the terms and conditions of the Original Agreement shall remain unchanged and shall continue in full force and effect unless there is a conflict between the terms and conditions of the Original Agreement and the 1st Amendment, in which event, the terms and conditions of this 1st Amendment shall control.

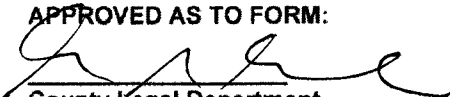
4. **Facsimile / Electronic Signature**

A signature sent via facsimile or electronically shall have the same legal effect as if the Original has been signed in person.

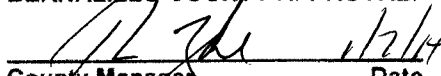
IN WITNESS WHEREOF, the County and the Contractor have signed this 1st Amendment as of the date first above written.

IN WITNESS WHEREOF, the County and the Contractor have executed this Agreement as of the date first above written:


APPROVED AS TO FORM:


County Legal Department

BERNALILLO COUNTY APPROVAL:


County Manager Date

CONTRACTOR APPROVAL:


Authorized Representative Date

02-261777-009
New Mexico Tax ID No.

85-0427142
Federal Tax ID No.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/23/2013

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 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 Western Assurance Corp. 3701 Paseo Del Norte NE PO Box 94600 Albuquerque NM 87199-4600	CONTACT NAME: Alicia Valencia
	PHONE (A/C, No. Ext): (505) 265-8481 FAX (A/C, No.): (505) 266-3500
	E-MAIL ADDRESS: avalencia@westernassurance.com
	INSURER(S) AFFORDING COVERAGE NAIC #
	INSURER A: National Fire Ins. of Hartford 20478
	INSURER B: Sentinel Insurance
	INSURER C: Transportation Insurance 20494
	INSURER D: Continental Casualty Company 20443
	INSURER E:
	INSURER F:

COVERAGES CERTIFICATE NUMBER: 13/14 MASTER 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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	1076724812	3/1/2013	3/1/2014	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000					
						MED EXP (Any one person) \$ 10,000
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COM/POP AGG \$ 2,000,000
						\$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS HIRED AUTOS		34UECNJ5982	3/1/2013	3/1/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS					BODILY INJURY (Per person) \$
						BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
						Medical payments \$ 5,000
C	<input checked="" type="checkbox"/> UMBRELLA LIAB EXCESS LIAB		2097230113	3/1/2013	3/1/2014	EACH OCCURRENCE \$ 1,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000					AGGREGATE \$ 1,000,000
						\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	176724809	3/1/2013	3/1/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
						E.L. EACH ACCIDENT \$ 500,000
						E.L. DISEASE - EA EMPLOYEE \$ 500,000
						E.L. DISEASE - POLICY LIMIT \$ 500,000
D	Professional Liability		425209836	3/1/2013	3/1/2014	LIMIT \$1,000,000 AGGREGATE \$2,000,000

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

CERTIFICATE HOLDER Bernalillo County Purchasing Department One Civic Plaza NW Room 10010 Albuquerque, NM 87102	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 A Valencia/ALICIA <i>Alicia M. Valencia</i>