

CONTRACT ROUTING SHEET

Date Prepared: April 24, 2012

Need Date: _____

PROCESSING DEPARTMENT:

Department: Information Technology
Dept. Contact: David Russell
Phone #: 5575
Department
Head Signature: Kellee Webb

CONTRACTOR:

Name: AT&T / SBC Global Services
Address: 3675 T Street, Room 121
Sacramento, CA 95816
Phone: _____

CONTRACTING DEPARTMENT: Information Technology

Service Requested: Upgrade to Network infrastructure OPT-E-MAN circuits
Contract Term: 24 Months Contract Value: \$2,251.88 per mo
Compliance with Human Resources requirements? Yes: _____ No: _____
Compliance verified by: _____


COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: Approved Disapproved: _____ Date: 5/8/12 By: 
Approved: Cond't Disapproved: _____ Date: 4/26/12 By: _____

Please include revisions in Exhibit A-2, particularly because of Article XVI, Section 6 of the California Constitution which prohibits the gift of public funds where a benefit is not received (i.e. early termination penalty). Please ask AT&T to provide proof of insurance.

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

Approved: Disapproved: Date: 4-21-12 By: 
Approved: Disapproved: 5-10-12 Date: 5-10-12 By: _____

RISK MANAGER
EL DORADO COUNTY

All insurance documents attached

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract)

Departments: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY IT DEPARTMENT M E M O R A N D U M

FROM: David Russell
x5575

DATE: April 24, 2012

RE: OPT-E-MAN Circuits

Exhibit A-2 is an extension to the current master agreement (see attached) established between El Dorado County and AT&T/SBC Global services. Exhibit A-2 will increase network efficiency and stability for the below mentioned locations. This enhancement to our network will reduce network complexity, relieving IT staff of maintaining outdated equipment. If you have any questions feel free to contact me.

Opt-E-MAN Circuits

Location:

**SLT Government Center
1360 Johnson Blvd, South Lake Tahoe, CA**

Current:

45Mbps ATM / \$3,300.00 per month

Proposed:

100Mbps Opt-E-MAN / \$963.11 per month (CALNET2 Contract 24-month Term)

Location:

**SLT El Dorado Center
33698 Lake Tahoe Blvd. South Lake Tahoe, CA**

Current:

6 Mbps 4xT1 Point to Point / \$752.00 per month

Proposed:

10 Mbps Opt-E-MAN / \$644.38 per month (CALNET2 Contract 24-Month Term)

Location:

**SLT DOT / Animal Control
Shakori Dr., Meyers, CA**

Current:

1.5 Mbps 1-T1 Point to Point / \$188.00 per month

Proposed:

10 Mbps Opt-E-MAN / \$644.38 per month (CALNET2 Contract 24-Month Term)

Totals Costs:

Currently Monthly Bill: \$4,240.00

Proposed Monthly Bill: \$2,251.88



David Russell <david.russell@edcgov.us>

Re: Opt-e-man Study

WITTENBERG, DIETER R <dw4212@att.com>

Tue, May 8, 2012 at 4:06 PM

To: David Russell <david.russell@edcgov.us>, Todd Truka <todd.truka@edcgov.us>

Cc: "DONDERO, THERESA L" <TD2969@att.com>

David,

Our counsel has reviewed the request and has denied the changes. Please realize that these cannot be changed as thousands of other Calnet 2 customers have agreed to these terms including El Dorado County.

I would like to point out that sections 5 and 13 are items that protect the County from Early Termination Fees and should not be modified.

You will find the Certificate of Insurance attached.

Additionally our Counsel is willing to have a call to discuss this further if needed.

Thanks!

Dieter Wittenberg
Universal Account Manager
Government and Education Markets
916-972-3914 Office
707-427-7635 fax
916-799-2270 cell
Dieter.Wittenberg@att.com

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 **C2-CertificateOfInsurance2011.pdf**
105K



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/01/2011

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 Marsh USA Inc. 701 Market Street, Suite 1100 St. Louis, MO 63101 Attn: ATT.CertRequest@marsh.com | | CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL: ADDRESS: PRODUCER CUSTOMER ID #: | | FAX (A/C, No): |
| 018566-GAW-CRT-11-12 | X | INSURER(S) AFFORDING COVERAGE | | NAIC # |
| INSURED Subsidiaries of AT&T Inc. One AT&T Plaza 208 South Akard Street Dallas, TX 75202 | | INSURER A : Old Republic Insurance Co | | 24147 |
| | | INSURER B : | | |
| | | INSURER C : | | |
| | | INSURER D : | | |
| | | INSURER E : | | |
| | | INSURER F : | | |

COVERAGES **CERTIFICATE NUMBER:** CHI-002939573-07 **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 INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|---|---------------|
| A | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <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 | | | MWZY 59229 | 06/01/2011 | 06/01/2012 | EACH OCCURRENCE | \$ 1,000,000 |
| | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1,000,000 |
| | | | | | | | MED EXP (Any one person) | \$ 10,000 |
| | | | | | | | PERSONAL & ADV INJURY | \$ 1,000,000 |
| | | | | | | | GENERAL AGGREGATE | \$ 10,000,000 |
| | | | | | | | PRODUCTS - COMP/OP AGG | \$ 1,000,000 |
| | | | | | | | | \$ |
| A | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | MWTB 21261 | 06/01/2011 | 06/01/2012 | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 |
| | | | | | | | BODILY INJURY (Per person) | \$ |
| | | | | | | | BODILY INJURY (Per accident) | \$ |
| | | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | | \$ |
| | | | | | | | | \$ |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$ | | | | | | EACH OCCURRENCE | \$ |
| | | | | | | | AGGREGATE | \$ |
| | | | | | | | | \$ |
| | | | | | | | | \$ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | N/A | MWC 117072 00 | 06/01/2011 | 06/01/2012 | <input checked="" type="checkbox"/> WC STATUTORY LIMITS | OTH-ER |
| | | | | | | | E.L. EACH ACCIDENT | \$ 1,000,000 |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ 1,000,000 |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ 1,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Re: SBC Global Services, Inc., d/b/a AT&T Global Services RFP Response

| | |
|---|---|
| CERTIFICATE HOLDER State of California, DTS Procurement Division Attn: John Marengo 707 3rd Street Sacramento, CA 95605 | 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 of Marsh USA Inc. Katey E. Jones |
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