

CONTRACT ROUTING SHEET

Date Prepared: 7/23/2014

Need Date: 8/7/2014

PROCESSING DEPARTMENT:

Department: Library
Dept. Contact: Jeanne Amos
Phone #: X5546
Department
Head Signature: Jeanne Amos

CONTRACTOR:

Name: SirsiDynix
Address: 3300 N. Ashton Blvd. - Ste. 500
Lehi, UT 84043
Phone: 801-223-5467

CONTRACTING DEPARTMENT: Library

Service Requested: Masker Agreement
Contract Term: 5 yr Amendment: \$3,100 plus
Contract Value: Cost \$850.00 (setup fee)
Compliance with Human Resources requirements? Yes No
Compliance verified by: _____

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

Approved: as to form Disapproved: _____ Date: 8/16/14 By: Judith Kern
Approved: _____ Disapproved: 5/2/14 Date: _____ By: _____

** Need county contract administrator
Amendment Cost = \$3,100 (software) plus \$ 850.00 setup fee
Software paid with credit card
Pg 3) Vendor reserves right to adjust initial term pricing
Third Party Integrated products/services - does this apply to Mobile Circ Subscription? If so inform Board
Pg 7) County indemnifies vendor defends settles any claims
Pg 9) Payment terms
Contract term is 5 yrs with automatic 5 year renewal periods (Suggest you clarify that terms of master agreement apply)
Maintenance & subscription fees will be subject to annual increases after first year. See section 9.2 of master agreement re. term and renewal periods.*

COLORADO COUNTY COUNSEL
2014 JUL 23 PM 1:15

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: X Disapproved: _____ Date: 8/11/14 By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____

3/10 TC w J Amos - she will include statement that there are no maintenance and other subscription fees and that master agreement (see section 9.2) will control payment and renewal terms since addendum appears to conflict with terms in Master Agreement. Co Contract Administrator will also be identified if not located in Master Agreement.

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

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

*approved conditionally -
1) need additional insured endorsement
2) evidence of primary & non-contributory*

RECEIVED
HUMAN RESOURCES DEPT.
AUG - PM 1:26