

2008/95

OFFICIAL FILE

Please return to:  
**DIS Technology Brokering Services**  
P.O. Box 42445, Olympia, WA 98504-2445  
FAX: (360) 753-1673



MICROSOFT® PRODUCTS PURCHASE AGREEMENT

This Agreement is entered into by and between the Department of Information Services ("DIS"), an agency of Washington State, and City of Kirkland ("Customer"), a Washington State agency or political subdivision or public benefit nonprofit corporation. "Customer" includes all its members, officers, agents, contractors, representatives or employees.

This Agreement is one of three agreements that set forth Customer's rights and obligations with respect to purchasing Microsoft products. The other two agreements are the Microsoft Select agreement ("Select") and the Enterprise agreement ("EA"), as amended, between the Microsoft Licensing, GP ("Microsoft" or "MS") and DIS. In addition, Microsoft's Product Use Rights ("PUR") document provides general use rights and restrictions for all MS products.

All Customers purchasing MS products will execute this Agreement, including the attached Agency Coordinator (required) and Authorized Purchaser (optional) forms. Customers purchasing any MS product under the Select agreement will also sign the Select Enrollment forms. Customers purchasing MS products under the Enterprise agreement will also sign the Enterprise Enrollment forms.

In consideration for the right to purchase MS products at deeply discounted prices negotiated by DIS, Customer agrees as follows:

1. Customer will submit all Select and EA Enrollment forms and all purchase orders for MS products directly to DIS.
2. Customer will comply with its obligations and the restrictions set forth in Customer's Enrollment Form(s).
3. Customer understands and acknowledges that Select and EA are not for personal/consulting services or any MS products with less than Level D pricing.
4. Upon DIS' request, Customer shall promptly submit all purchase orders required and, if applicable, EA True Up orders and Update Statements as required. Customer's failure to submit any such documents shall be grounds, at the option of DIS, for termination of this Agreement and/or Customer's rights to purchase MS products through DIS.
5. The purchase price is *nonrefundable*. Under Select, Customer pays for the product in full at time of purchase and has the option of paying for Software Assurance ("SA") in full at time of purchase or in three (3) annual payments. Under EA, Customer pays for products and SA in three (3) annual payments. DIS will invoice either the full payment or the first annual payment to Customer as of the Enrollment effective date or time of purchase. Second and third annual payments will be invoiced on the anniversary date of the underlying Microsoft agreement, not on the anniversary date of purchase. Customer is responsible for providing properly executed orders for annual payments when requested by DIS. Under EA, the True-Up price listed per Qualified Desktop is a *one-time-only* payment.
6. Customer agrees to pay DIS in a timely fashion the agreed-upon price for all products and services received by Customer. Customer's failure to pay any such amount promptly when due shall be

grounds, at the option of DIS, for termination of this Agreement and/or Customer's rights to purchase MS products through DIS.

The undersigned certifies that s/he has read, understands and agrees to the provisions herein and has the authority to bind Customer to a legal contract.

**Approved**

State of Washington  
Department of Information Services



Signature

Todd Hattori

Print or Type Name

TAS Manager

Title

04 June 2008

Date

**Approved**

Customer



Signature

Donna Gaw

Print or Type Name

Network Operations Mgr.

Title

5/21/08

Date

**THIS DOCUMENT APPROVED AS TO FORM BY THE ATTORNEY GENERAL'S OFFICE -  
SIGNATURE ON FILE 2/13/2008**

AGENCY COORDINATOR (required)

The individual(s) listed below has read and understands the obligations set forth in the attached Microsoft Products Purchase Agreement, and will be responsible for coordinating all activity for Microsoft ("MS") products between Customer and DIS. The MS Agency Coordinator(s) is responsible for the accurate accounting of all of Customer's MS products purchased from DIS.

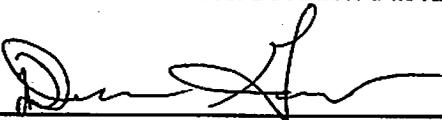
This form, once properly completed and returned to DIS, will enable the MS Agency Coordinator(s) to purchase MS products by any means authorized by Customer. An MS Agency Coordinator may authorize other personnel within Customer's organization to purchase MS products from DIS by means of a properly executed Microsoft Products Authorized Purchaser form. However, the purchase of MS products by personnel other than an MS Agency Coordinator in no way relieves an MS Agency Coordinator of his/her responsibility to accurately account for all MS products purchased from DIS.

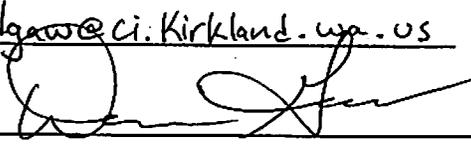
Customer is responsible for maintaining the accuracy of the MS Agency Coordinators' contact information provided to DIS. Updated contact information can be emailed or faxed to DIS by the person who has executed the Microsoft Products Purchase Agreement.

CUSTOMER NAME: City of Kirkland

DIS Customer Agency/ Sub-Agency Number: E03 (required)

Signature of the person who executed the "Microsoft Products Purchase Agreement" on behalf of Customer:

 (required)

| (Required) MICROSOFT AGENCY COORDINATOR   |
|---|
| Name: <u>Donna Gaw</u>  |
| Telephone Number: <u>425-587-3080</u>   |
| Mailing Address: <u>123 5<sup>th</sup> Avenue</u>   |
| Street Address: <u>123 5<sup>th</sup> Avenue</u>  |
| City/Zip: <u>Kirkland 98033</u>   |
| Mail Stop: _____  |
| Fax Number: <u>425-587-3055</u>   |
| Email: <u>dgaw@ci.kirkland.wa.us</u>  |
| Signature: <u></u> |

| (Optional) BACKUP MICROSOFT AGENCY COORDINATOR   |
|--|
| Name: <u>Paul Mantey</u>   |
| Telephone Number: <u>425-587-3052</u>  |
| Mailing Address: <u>123 5<sup>th</sup> Avenue</u>  |
| Street Address: <u>123 5<sup>th</sup> Avenue</u>   |
| City/Zip: <u>Kirkland 98033</u>  |
| Mail Stop: _____   |
| Fax Number: <u>425-587-3055</u>  |
| Email: <u>pmantey@ci.kirkland.wa.us</u>  |
| Signature: <u></u> |

**AUTHORIZED PURCHASER (optional)**

This form is optional and is to be completed only after Customer has appointed an Agency Coordinator for purchasing Microsoft Products.

Having provided the signature of the MS Agency Coordinator in the space provided, the individual listed below will be authorized to purchase MS software products from DIS by any means authorized by Customer. As a MS Products Authorized Purchaser ("MS Authorized Purchaser"), it is the responsibility of the individual identified below to report all new purchases of MS software products to the MS Agency Coordinator to ensure that an accurate count of all products purchased can be maintained by Customer.

CUSTOMER NAME: (please print) City of Kirkland

DIS Customer Agency/ Sub-Agency Number: E03 (required)

Name of Microsoft Agency Coordinator: (please print) Donya Gaw

Signature of Microsoft Agency Coordinator: [Signature] (required)

| MICROSOFT<br>AUTHORIZED PURCHASER |                                    |
|-----------------------------------|------------------------------------|
| Name:                             | <u>Sheila Sigmond</u>              |
| Telephone Number:                 | <u>425-587-3121</u>                |
| Mailing Address:                  | <u>123 5<sup>th</sup> Avenue</u>   |
| Street Address:                   | <u>123 5<sup>th</sup> Avenue</u>   |
| City/Zip:                         | <u>Kirkland 98033</u>              |
| Mail Stop:                        | <u></u>                            |
| Fax Number:                       | <u>425-587-3110</u>                |
| Email:                            | <u>ssigmonda.ci.kirkland.wa.us</u> |
| Signature:                        | <u>Sheila Sigmond</u>              |

Select Signature Form

State and Local

Master Agreement number or Enrollment number\*

|          |
|----------|
| 0156L255 |
| 6868730  |

Agreement Public Customer Number\*

|      |  |
|------|--|
| SGN- |  |
|------|--|

*Microsoft to complete if applicable*

**\*Note:** Enter the applicable active numbers associated with the below documents. Microsoft requires the associated active number be indicated here, or listed below as new.

This signature form sets out the documents entered into under this signature form and together along with the terms and conditions contained therein are part of the contract(s) identified above. This program signature form and all attachments identified are entered into between the Customer and Microsoft Affiliate signing, as of the effective date identified below.

| Document Description | Document Number or Code |
|----------------------|-------------------------|
| Select Enrollment    | X20 - 00331             |
|                      |                         |
|                      |                         |
|                      |                         |
|                      |                         |
|                      |                         |
|                      |                         |
|                      |                         |
|                      |                         |

**Representations and warranties.** By signing below, Customer attests they have received copies of the contract document(s) listed above, and the parties agree to be bound by the terms of the contract(s) and document(s) identified above, and Customer represents and warrants that (1) Customer has read and understands the terms therein, including all documents it incorporates by reference and any amendments to those document(s) and (2) agrees to be bound by those terms.

| Customer   | Contracting Microsoft Affiliate   |
|--|---|
| Name of Entity * <u>City of Kirkland</u>   | Microsoft Licensing, GP   |
| Signature * <u></u> | Signature <u></u> |
| Printed Name * <u>Donna Gaw</u>  | Printed Name <b>Kris Barats</b>   |
| Printed Title * <u>Network &amp; Operations Mgr</u>  | Printed Title <b>Contract Administrator</b>   |
| Signature Date * <u>5/21/08</u>  | Signature Date <b>JUN 13 2008</b><br><small>(date Microsoft Affiliate countersigns)</small>           |

|            |   |
|------------|---|
| Tax ID N/A | Effective Date<br>(may be different than Microsoft's signature date) 6/1/2008 |
|------------|---|

\* indicates required field

**Optional 2<sup>nd</sup> Customer signature or Outsourcer Signature (if applicable)**

| <b>Customer</b>  | <b>Outsourcer</b> |
|------------------|-------------------|
| Name of Entity * | Name of Entity *  |
| Signature *      | Signature *       |
| Printed Name *   | Printed Name *    |
| Printed Title *  | Printed Title *   |
| Signature Date * | Signature Date *  |

If Customer requires physical media, additional contacts, or is reporting multiple previous Enrollments, include the appropriate form(s) with this signature form. If no media form is included, no physical media will be sent.

After this signature form is signed by the Customer, send it, along with completed documents, to Customer's channel partner or Microsoft account manager who must submit them to the following address. When the signature form is fully executed by Microsoft, Customer will receive a confirmation copy.

**Microsoft Licensing, GP**  
 Dept. 551, Volume Licensing  
 6100 Neil Road, Suite 210  
 Reno, Nevada USA 89511-1137

|              |
|--------------|
| Prepared By: |
|--------------|

Select Enrollment  
Local

State and

|   |         |  |           |
|---|---------|--|-----------|
| Enrollment number<br><i>(Microsoft Affiliate to complete)</i>   | 6868730 | Proposal ID<br><i>(Reseller to complete)</i>                                       |           |
| Previous Enrollment, agreement<br>or auth number<br><i>(if renewing Software Assurance)(Reseller to complete)</i> | 5044307 | Earliest expiring previous<br>Enrollment end date<br><i>(Reseller to complete)</i> | 5/31/2008 |

**This Enrollment must be attached to a signature form to be valid.**

This Microsoft Select Enrollment is entered into between the entities, as of the effective date identified on the signature form.

This Enrollment consists of (1) This Enrollment, (2) the terms of the Select Agreement identified on the signature form and all attachments identified therein.

Enrolled Affiliate agrees to purchase Licenses equal to at least 750 points during the initial term of this Enrollment.

All terms used but not defined are located at <http://microsoft.com/licensing/contracts>.

**Effective date.** If Enrolled Affiliate is renewing Software Assurance coverage from one or more previous Microsoft agreements, then the effective date of this Enrollment will be the day after the earliest expiration of such coverage. Otherwise the effective date will be the date this Enrollment is processed by Microsoft.

**Term.** This Enrollment will expire on the date the Microsoft Select Agreement identified on the signature form expires.

**Qualifying systems Licenses.** The operating system Licenses granted under this program are upgrade Licenses only. **Full operating system Licenses are not available under this program.**

**1. Contact Information.**

Each party will notify the other in writing if any of the information in the following contact information page(s) changes. The asterisks (\*) indicate required fields. By providing contact information, Enrolled Affiliate consents to its use for purposes of administering this Enrollment by Microsoft, its Affiliates, and other parties that help administer this Enrollment. The personal information provided in connection with this Enrollment will be used and protected in accordance with the privacy statement available at <http://licensing.microsoft.com>.

- a. **Primary contact information:** The Enrolled Affiliate of this Enrollment must identify an individual from inside its organization to serve as the primary contact. This contact is the default online administrator for this Enrollment and receives all notices unless Microsoft is provided written notice of a change. The online administrator may appoint other administrators and grant others access to online information.

Name of entity: (must be legal entity name)\*: City of Kirkland  
 Contact name \* First: Donna, Last: Gaw  
 Contact email \* dgaw@ci.kirkland.wa.us  
 Street address \* 123 5<sup>th</sup> Ave  
 City \* Kirkland, State/Province \* WA Postal code \* 98033  
 Country \* USA

Phone \* 425-587-3080 Fax 425-587-3055  
Tax ID N/A

- b. Notices and online access contact information:** This will designate a notices and online access contact different than the primary contact. This contact will replace the default administrator (primary contact) for this Enrollment and receive all notices. This contact may appoint other administrators and grant others access to online information.

*Same as primary contact*

Name of entity (must be legal entity name): \*

Contact name \* First: , Last:

Contact email \*

Street address \*

City \* , State/Province \* Postal code \*

Country \*

Phone \* Fax

- c. Language preference:** Select the language for notices. English

- d. Microsoft account manager:** Provide the Microsoft account manager contact for this Enrolled Affiliate.

Microsoft account manager name:

Microsoft account manager email address:

- e.** If Enrolled Affiliate requires a separate contact for any of the following, attach the Supplemental Contact Information form. Otherwise, the notices contact remains the default.

- Duplicate electronic contractual notices contact
- Software Assurance benefits contact
- MSDN contact
- Online Services administrator

- f.** This Enrollment is financed through MS financing  Yes,  No.

**g. Reseller information**

Reseller company name: \* ASAP Software

Street address (PO boxes will not be accepted) \*850 Asbury Drive

City and State / Province and postal code \* Buffalo Grove, IL 60089

Country \* USA

Contact name \* Alice Straetz

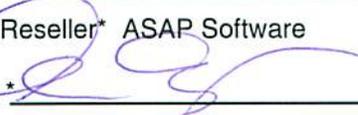
Phone \* 847-465-3700

Fax 847-465-3277

Email address \* select@asap.com

The undersigned confirms that the information is correct.

Name of Reseller\* ASAP Software

Signature \* 

Printed name \* Alice Straetz

Printed title \* Planner Buyer Advisor

Date \* 6-12-08

**Changing a Reseller.** If Microsoft or the Reseller chooses to discontinue doing business with one another, Enrolled Affiliate must choose a replacement. If Enrolled Affiliate intends to

change the Reseller, it must notify Microsoft and the former Reseller, in writing on a form provided at least 30 days prior to the date on which the change is to take effect. The change will take effect 30 days from the date of Enrolled Affiliate's signature.

**2. Software Assurance Membership election.**

To become a Software Assurance Member, Enrolled Affiliate must agree to purchase and maintain Software Assurance for all copies of all Products licensed under this Enrollment from at least one Product pool. For a description of benefits resulting from choosing one or more Product pools below and additional details regarding the Software Assurance Membership program, please consult with the Reseller or Microsoft account manager.

For each Product pool, mark "yes" or "no" to indicate whether Enrolled Affiliate is committing to purchase and maintain Software Assurance for all copies of all Products licensed from that pool under this Enrollment.

| <i>Product pools</i> | Yes                      | No                                  |
|----------------------|--------------------------|-------------------------------------|
| <b>Applications</b>  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>Systems</b>       | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>Servers</b>       | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

**Note:** If "Yes" is marked, all orders for Licenses must have Software Assurance.

**3. Renewing Software Assurance.**

If Enrolled Affiliate is renewing Software Assurance from multiple Select programs or consolidating other previous Enrollments or agreements (including Open authorizations) into this Enrollment please complete the multiple previous Enrollment form and attach it to this Enrollment. The earliest expiring previous Enrollment/agreement which contains Software Assurance is to be inserted on the signature form. If only one previous Enrollment/agreement is renewing, please insert that previous number on the signature form.