

RECEIVED
 OCT 08 2024
 BY: *Purchasing*



**Board of Commissioners
 Agenda Item Transmittal Form
 Procurement/Contract Transmittal Form**

Type of contract: 1 year Multi-year Single Event CC Use Only
 Contract #:

<input type="checkbox"/> Submission Information	<input type="checkbox"/> Vendor Information
Contact Name: Margaret Moore-Jackson Department: Technology Services Project Title: Wheeler Park ENS Circuit Fiber Service Funding Account Number: 327-6137-541205-61 SPLOST 100-6137-523200.61 Contract amount: \$430.92/month for 60 months (5-Years) Total funds \$25,855.20 Contract Type: Goods () Services (X) Labor () Contract Action: New (X) Renewal () Change Order () Original Contract Number:	Vendor Name: Comcast Enterprise Service Address: PO Box 37601 Philadelphia, PA 19101-0601 Address: Email: alexander_chesley@comcast.com Phone #: 678-628-1729 Contact: Alex Chesley Term of contract: 60 months (5 Years)

Finance Director Signature	Procurement Officer Signature
I have reviewed the attached contract, and the amount is approved for processing. <i>Michelle Hyatt</i> Signature: <i>Michelle Hyatt</i> Date: 10/30/2024	I have reviewed the attached contract, and it is in compliance with Purchasing Policies of Rockdale County. Signature: <i>Jana Malone</i> Date: 10/9/24

Summary: This document outlines the service order agreement for a new monthly ENS circuit charge Wheeler Park South Service Order Agreement, located at 1400 Parker Road SE, Conyers, 30012.

Department Head/Elected Official Signature:

Margaret Moore-Jackson

Date:

10/8/24

2024-551

MSA ID#: GA-319481-jcald

SO ID#: GA-319481-jcald-26400643

Account Name: Rockdale County Government

CUSTOMER INFORMATION (For notices)

Primary Contact: <u>Gerald Mayo</u> Title: <u>Deputy Director IT</u> Address 1: <u>1329 Portman Drive</u> Address 2: _____ City: <u>Conyers</u> State: <u>GA</u> Zip: <u>30094</u> Phone: <u>470-554-0439</u> Cell: _____ Fax: _____ Email: <u>gerald.mayo@rockdalecountyga.gov</u>	Billing Account Name: <u>Rockdale County Government</u> Billing Name: _____ (Did Party Accounts) Billing Contact: <u>Gerald Mayo</u> Title: <u>Deputy Director IT</u> Phone: <u>470-554-0439</u> Cell: _____ Fax: _____ Email: <u>gerald.mayo@rockdalecountyga.gov</u>	INVOICE ADDRESS Address 1: <u>1329 Portman Drive</u> Address 2: _____ City: <u>Conyers</u> State: <u>GA</u> Zip Code: <u>30094</u> Tax Exempt: <u>Yes</u> *If Yes, please provide and attach all applicable tax exemption certificates
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SUMMARY OF CHARGES (Details on following pages)

Service Term (Months): <u>60</u>	
SUMMARY OF SERVICE CHARGES*	
Current Monthly Recurring Charges:	\$0.00
Current Trunk Services Monthly Recurring Charges:	\$0.00
Total Current Monthly Recurring Charges (all Services):	\$0.00
Change Monthly Recurring Charges:	\$430.92
Change Trunk Services Monthly Recurring Charges:	\$0.00
Change Monthly Recurring Charges (all Services):	\$430.92
Total Monthly Recurring Charges:	\$430.92
Total Trunk Services Monthly Recurring Charges:	\$0.00
Total Monthly Recurring Charges (all Services):	\$430.92
SUMMARY OF STANDARD INSTALLATION FEES*	
Total Standard Installation Fees:	\$0.00
Total Trunk Services Standard Installation Fees:	\$0.00
Total Standard Installation Fees (all Services):	\$0.00
SUMMARY OF CUSTOM INSTALLATION FEES*	
Total Custom Installation Fee:	\$0.00
SUMMARY OF MONTHLY EQUIPMENT FEES*	
Current Services Equipment Fee Monthly Recurring Charges:	\$0.00
Current Trunk Services Equipment Fee Monthly Recurring Charges:	\$0.00
Current Equipment Fee Monthly Recurring Charges (All Services):	\$0.00
Change Services Equipment Fee Monthly Recurring Charges:	\$0.00
Change Trunk Services Equipment Fee Monthly Recurring Charges:	\$0.00
Change Equipment Fee Monthly Recurring Charges (All Services):	\$0.00
Total Service Equipment Fee Monthly Recurring Charges:	\$0.00
Total Trunk Service Equipment Fee Monthly Recurring Charges:	\$0.00
Total Equipment Fee Monthly Recurring Charges (All Services):	\$0.00

*Note: Charges identified in the Sales Order are exclusive of maintenance and repair charges, and applicable federal, state, and local taxes, fees, surcharges and repossessions (however designated). Please refer to your Comcast Enterprise Services Master Services Agreement (MSA) for specific detail regarding such charges. Customer shall pay Comcast one hundred percent (100%) of the non-amortized Custom Installation Fees prior to the installation of Service. The existence of Hazardous Materials at the Service Location or a change in installation due to an Engineering Review may result in changes to the Custom and/or Standard Installation Fees payable by Customer.

GENERAL COMMENTS

AGREEMENT

This Comcast Enterprise Services Sales Order Form ("Sales Order") shall be effective upon acceptance by Comcast. This Sales Order is made a part of the Comcast Enterprise Services Master Services Agreement, entered between Comcast and the undersigned and is subject to the Product Specific Attachment for the Service(s) ordered herein, located at <http://business.comcast.com/terms-conditions-ent>, (the "Agreement"). Unless otherwise indicated herein, capitalized words shall have the same meaning as in the Agreement.

By purchasing Comcast voice services, you are giving Comcast Business permission to request a copy of the Customer Service Record(s) from your existing carrier(s). Customer Service Records include the telephone numbers listed on the account(s) and may also include information related to services provided by such carrier(s).

COMPANY ACKNOWLEDGES RECEIPT AND UNDERSTANDING OF THIS 911 NOTICE:

Your Comcast Business Voice Services set forth in this Sales Order (the "Voice Services") have the following 911 limitations:

- In order for 911 calls to be properly directed to emergency services using the Voice Services, Customer must provide and maintain the correct service address information ("Registered Service Location") for each telephone number and extension used by Customer. The Registered Service Location should also include information such as floor and office number as appropriate.
- If the Voice Services are moved to, or used in, a different location without Customer providing an updated Registered Service Location, 911 calls may be directed to the wrong emergency authority, may transmit the wrong address, and/or the Voice Services (including 911) may fall altogether. Customer's use of a telephone number not associated with its geographic location, or a failure to allot sufficient time for a Registered Service Location change to be processed, may increase these risks.
- Customer is solely responsible for programming its telephone system to map each telephone number and extension to the correct location, and for updating the telephone system as necessary to reflect moves or additions of stations.
- Customer 911 calls may be sent to an emergency call center where an agent will ask for the caller's name, telephone number, and location, and then will contact the local emergency authority.
- The Voice Services use electrical power in the Customer's premises. If there is an electrical power outage, 911 calling may be interrupted if back-up power is not installed, fails, or is exhausted. Voice Services that rely on a broadband connection may also be interrupted if the broadband service fails.
- Calls using the Voice Services, including calls to 911, may not be completed if there is a problem with network facilities, including network congestion, network equipment and/or power failure, a broadband connection failure, or another technical problem.
- Failure by Customer to make updates to the Registered Service Location, including updates to restore service address to the original Registered Service Location, or failure to allot sufficient time for the Service Location update provisioning to complete may result in emergency services being dispatched to the incorrect Service Location.
- Customers should call Comcast at 800-741-4141 if they have any questions or need to update the Registered Service Location in the E911 system.

BY SIGNING BELOW, CUSTOMER ACKNOWLEDGES THAT IT HAS READ AND UNDERSTANDS THE FOREGOING 911 NOTICE AND THE 911 LIMITATIONS OF THE VOICE SERVICES.

By signing below, Customer acknowledges, agrees to and accepts the terms and conditions of this Sales Order.

CUSTOMER USE ONLY (By a qualified representative)		COMCAST USE ONLY (By authorized Comcast agent)	
Signature: <u>X</u>	Signature: _____	Sales Rep: <u>Alex Chesley</u>	
Name: <u>Osborn Nesbitt, Jr.</u>	Name: _____	Sales Rep E-Mail: <u>alexander_chesley@comcast.com</u>	
Title: <u>Chairman</u>	Title: _____	Region: <u>Big South</u>	
Date: _____	Date: _____	Division: <u>Central</u>	

Signatures Continue On Next Page

COMCAST
BUSINESS

COMCAST ENTERPRISE SERVICES SALES ORDER FORM
SERVICES AND PRICING

Account Name: Rockdale County Government Date: 9/27/2024
 MSA ID#: GA-318481-jcauld SO ID#: GA-318481-jcauld-20480643

Short Description of Service: New ERS Circuits for Rockdale County Government Wheeler Park

Service Term: 60 MONTHS

PAGE 2 of 7

Line#	Request	Action	Service(s)	Description	Bayview Location A*	Service Location 2*	Tax Jurisdiction	Qty	Referral Charges	
									Monthly	One-Time
001	New	Add	Ethernet Network Interface - Qty E	Port	Rockdale County Government / 140		Interstate	1	\$103.90	\$0.00
002	New	Add	ERS - Basic Network Bandwidth	1000 Mbps	Rockdale County Government / 140		Interstate	1	\$326.82	\$0.00
003	-	-	-	-	-	-	-	-	\$0.00	\$0.00
004	-	-	-	-	-	-	-	-	\$0.00	\$0.00
005	-	-	-	-	-	-	-	-	\$0.00	\$0.00
006	-	-	-	-	-	-	-	-	\$0.00	\$0.00
007	-	-	-	-	-	-	-	-	\$0.00	\$0.00
008	-	-	-	-	-	-	-	-	\$0.00	\$0.00
009	-	-	-	-	-	-	-	-	\$0.00	\$0.00
010	-	-	-	-	-	-	-	-	\$0.00	\$0.00
011	-	-	-	-	-	-	-	-	\$0.00	\$0.00
012	-	-	-	-	-	-	-	-	\$0.00	\$0.00
013	-	-	-	-	-	-	-	-	\$0.00	\$0.00
014	-	-	-	-	-	-	-	-	\$0.00	\$0.00
015	-	-	-	-	-	-	-	-	\$0.00	\$0.00
016	-	-	-	-	-	-	-	-	\$0.00	\$0.00
017	-	-	-	-	-	-	-	-	\$0.00	\$0.00
018	-	-	-	-	-	-	-	-	\$0.00	\$0.00
019	-	-	-	-	-	-	-	-	\$0.00	\$0.00
020	-	-	-	-	-	-	-	-	\$0.00	\$0.00
021	-	-	-	-	-	-	-	-	\$0.00	\$0.00
022	-	-	-	-	-	-	-	-	\$0.00	\$0.00
023	-	-	-	-	-	-	-	-	\$0.00	\$0.00
024	-	-	-	-	-	-	-	-	\$0.00	\$0.00
025	-	-	-	-	-	-	-	-	\$0.00	\$0.00
026	-	-	-	-	-	-	-	-	\$0.00	\$0.00
027	-	-	-	-	-	-	-	-	\$0.00	\$0.00
028	-	-	-	-	-	-	-	-	\$0.00	\$0.00
029	-	-	-	-	-	-	-	-	\$0.00	\$0.00
030	-	-	-	-	-	-	-	-	\$0.00	\$0.00
031	-	-	-	-	-	-	-	-	\$0.00	\$0.00
032	-	-	-	-	-	-	-	-	\$0.00	\$0.00
033	-	-	-	-	-	-	-	-	\$0.00	\$0.00
034	-	-	-	-	-	-	-	-	\$0.00	\$0.00
035	-	-	-	-	-	-	-	-	\$0.00	\$0.00
036	-	-	-	-	-	-	-	-	\$0.00	\$0.00
037	-	-	-	-	-	-	-	-	\$0.00	\$0.00
038	-	-	-	-	-	-	-	-	\$0.00	\$0.00
039	-	-	-	-	-	-	-	-	\$0.00	\$0.00
040	-	-	-	-	-	-	-	-	\$0.00	\$0.00
041	-	-	-	-	-	-	-	-	\$0.00	\$0.00
042	-	-	-	-	-	-	-	-	\$0.00	\$0.00
043	-	-	-	-	-	-	-	-	\$0.00	\$0.00
044	-	-	-	-	-	-	-	-	\$0.00	\$0.00
045	-	-	-	-	-	-	-	-	\$0.00	\$0.00
046	-	-	-	-	-	-	-	-	\$0.00	\$0.00
047	-	-	-	-	-	-	-	-	\$0.00	\$0.00
048	-	-	-	-	-	-	-	-	\$0.00	\$0.00
049	-	-	-	-	-	-	-	-	\$0.00	\$0.00
050	-	-	-	-	-	-	-	-	\$0.00	\$0.00

COMCAST
BUSINESS

COMCAST ENTERPRISE SERVICES SALES ORDER FORM

SERVICES AND PRICING

Account Name: Rockdale County Government
MRA ID#: GA-318461-rcald

Date: 0/27/2024
SO ID#: GA-318461-rcald-28400643

PAGE 3 of 7

Line	Request	Action	Service(s)	Description	Service Location A*	Service Location Z*	Tax Jurisdiction	Qty	Solution Charges	
									Monthly	One-time
061									\$0.00	\$0.00
062									\$0.00	\$0.00
063									\$0.00	\$0.00
064									\$0.00	\$0.00
065									\$0.00	\$0.00
066									\$0.00	\$0.00
067									\$0.00	\$0.00
068									\$0.00	\$0.00
069									\$0.00	\$0.00
070									\$0.00	\$0.00
071									\$0.00	\$0.00
072									\$0.00	\$0.00
073									\$0.00	\$0.00
074									\$0.00	\$0.00
075									\$0.00	\$0.00
076									\$0.00	\$0.00
077									\$0.00	\$0.00
078									\$0.00	\$0.00
079									\$0.00	\$0.00
080									\$0.00	\$0.00
081									\$0.00	\$0.00
082									\$0.00	\$0.00
083									\$0.00	\$0.00
084									\$0.00	\$0.00
085									\$0.00	\$0.00
086									\$0.00	\$0.00
087									\$0.00	\$0.00
088									\$0.00	\$0.00
089									\$0.00	\$0.00
090									\$0.00	\$0.00
091									\$0.00	\$0.00
092									\$0.00	\$0.00
093									\$0.00	\$0.00
094									\$0.00	\$0.00
095									\$0.00	\$0.00
096									\$0.00	\$0.00
097									\$0.00	\$0.00
098									\$0.00	\$0.00
099									\$0.00	\$0.00
100									\$0.00	\$0.00
101									\$0.00	\$0.00
102									\$0.00	\$0.00

* Service Location Details attached

Charges are Exclusive of Equipment Fees

PAGE 3 SUBTOTAL:

\$0.00 \$0.00

COMCAST
BUSINESS

COMCAST ENTERPRISE SERVICES SALES ORDER FORM
SERVICES AND PRICING

Account Name: Rockdale County Government
MSA ID#: GA-319491-jankl

Date: 9/27/2024
SO ID#: GA-319491-jankl-28400643

Line	Request	Action	Service(s)	Description	Service Location A*	Service Location Z*	Tax Jurisdiction	Qty	Solution Charges	
									Monthly	One-Time
103									\$0.00	\$0.00
104									\$0.00	\$0.00
105									\$0.00	\$0.00
106									\$0.00	\$0.00
107									\$0.00	\$0.00
108									\$0.00	\$0.00
109									\$0.00	\$0.00
110									\$0.00	\$0.00
111									\$0.00	\$0.00
112									\$0.00	\$0.00
113									\$0.00	\$0.00
114									\$0.00	\$0.00
115									\$0.00	\$0.00
116									\$0.00	\$0.00
117									\$0.00	\$0.00
118									\$0.00	\$0.00
119									\$0.00	\$0.00
120									\$0.00	\$0.00
121									\$0.00	\$0.00
122									\$0.00	\$0.00
123									\$0.00	\$0.00
124									\$0.00	\$0.00
125									\$0.00	\$0.00
126									\$0.00	\$0.00
127									\$0.00	\$0.00
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129									\$0.00	\$0.00
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131									\$0.00	\$0.00
132									\$0.00	\$0.00
133									\$0.00	\$0.00
134									\$0.00	\$0.00
135									\$0.00	\$0.00
136									\$0.00	\$0.00
137									\$0.00	\$0.00
138									\$0.00	\$0.00
139									\$0.00	\$0.00
140									\$0.00	\$0.00
141									\$0.00	\$0.00
142									\$0.00	\$0.00
143									\$0.00	\$0.00
144									\$0.00	\$0.00
145									\$0.00	\$0.00
146									\$0.00	\$0.00
147									\$0.00	\$0.00
148									\$0.00	\$0.00
149									\$0.00	\$0.00
150									\$0.00	\$0.00
151									\$0.00	\$0.00
152									\$0.00	\$0.00
153									\$0.00	\$0.00

* Service Location Details attached

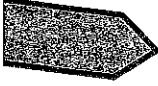
Charges are Exclusive of Equipment Fees

PAGE 4 SUBTOTAL:

\$0.00 \$0.00

~SIGNATURE SECTION CONTINUED FROM PREVIOUS PAGE~

ATTEST:



Jennifer Rutledge, Executive Director/County Clerk

APPROVED AS TO FORM:

M. Qader A. Baig, County Attorney