



Department of Administration
 Purchasing Division
 2619 Washington Street East
 Post Office Box 50130
 Charleston, WV 25305-0130

State of West Virginia
Master Agreement

Order Date: 2018-05-31

CORRECT ORDER NUMBER
 MUST APPEAR ON ALL PACKAGES,
 INVOICES, AND SHIPPING PAPERS.
 QUESTIONS CONCERNING THIS
 ORDER SHOULD BE DIRECTED TO
 THE DEPARTMENT CONTACT.

Order Number: CMA 0212 0212 VOIP13E	Procurement Folder: 385125
Document Name: VoIP13E C/O#1 - Emergency Purchase of Hosted VoIP Services	Reason for Modification:
Document Description: VoIP13E C/O#1 - Emergency Purchase of Hosted VoIP Services	Change Order #1 to reduce rates for the Virtual Contact Center services.
Procurement Type: Central Master Agreement	
Buyer Name: Jessica S Chambers	
Telephone: (304) 558-0246	
Email: jessica.s.chambers@wv.gov	
Shipping Method: Best Way	Effective Start Date: 2017-10-21
Free on Board: FOB Dest, Freight Prepaid	Effective End Date: 2018-10-20

VENDOR	DEPARTMENT CONTACT
Vendor Customer Code: 000000190764 VERIZON BUSINESS 4700 MACCORKLE AVE SE CHARLESTON WV 25304 US Vendor Contact Phone: (999) 999-9999 Extension: Discount Percentage: 0.0000 Discount Days: 0	Requestor Name: Andrew Lore Requestor Phone: (304) 957-8267 Requestor Email: andrew.c.lore@wv.gov

INVOICE TO	SHIP TO
VARIOUS AGENCY LOCATIONS AS INDICATED BY ORDER No City WV 99999 US	STATE OF WEST VIRGINIA VARIOUS LOCATIONS AS INDICATED BY ORDER No City WV 99999 US

AGENCY COPY

Total Order Amount Open End

JSC 6/7/18

PURCHASING DIVISION AUTHORIZATION SIGNED BY: <i>[Signature]</i> DATE: <i>6/09/2018</i> ELECTRONIC SIGNATURE ON FILE	ATTORNEY GENERAL APPROVAL AS TO FORM SIGNED BY: <i>[Signature]</i> DATE: <i>6/13/18</i> ELECTRONIC SIGNATURE ON FILE	ENCUMBRANCE CERTIFICATION SIGNED BY: <i>[Signature]</i> DATE: <i>JUN 14 2018</i> ELECTRONIC SIGNATURE ON FILE
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Extended Description:

Change Order #1

Change Order 1 is issued to reduce the rates for Virtual Contact Center services, as defined by the attached documentation.

All provisions of the Original Contract and subsequent Change Orders not modified herein shall remain in full force and effect.

No further changes

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	81161700			EA	\$0.000000
	Service From	Service To			

Commodity Line Description: Hosted Voice over Internet Protocol (VoIP) Services

Extended Description:

Hosted Voice over Internet Protocol (VoIP) Services



STATE OF WEST VIRGINIA
DEPARTMENT OF ADMINISTRATION
OFFICE OF TECHNOLOGY

State Capitol

Charleston, West Virginia 25305

John A. Myers
Cabinet Secretary

John D. Dunlap
Chief Technology Officer

TO: Jessica Chambers
Senior Buyer, Purchasing Division

FROM: Melanie Lopez *Melanie Lopez*
Procurements Manager, West Virginia Office of Technology

CC: Justin McAllister
CFO, West Virginia Office of Technology

SUBJECT: Statewide Contract VoIP13E Change Order #1 – Rate Reductions

DATE: May 30, 2018

The West Virginia Office of Technology formally requests a Change Order to the Statewide Contract for Hosted Voice Services, VoIP13E. This Change Order is necessary to reflect updated pricing offered by the Vendor. No pricing increases result from these changes, only pricing reductions. Below is a list of changes requested:

Non-Recurring Costs (NRCs) – One-time charges

Service	Previous Rate	New Rate
Dialer Enablement	\$4,000.00	\$3,825.00
Advanced Quality Management	\$40,400.00	\$25,500.00
Advanced Workforce Management	\$58,100.00	\$54,900.00

Monthly Recurring Costs (MRCs)

Service	Previous Rate	New Rate
Agent Fee	\$126.00	\$109.20
Supervisor Fee	\$135.00	\$109.20
Port Fee	\$64.80	\$64.74
Voice Recording	\$11.70	\$10.14
Storage	\$16.20	\$1.01
Advanced Workforce Management	\$44.00	\$42.90
Automated Speech	\$0.09/minute	\$0.08/minute



4700 MacCorkle Ave. S.E.
 Charleston, WV 25304
 304-356-3395

May 30, 2018

State of West Virginia
 Attn: Melanie Lopez
 1900 Kanawha Blvd E
 Charleston, WV 25305

RE: VOIP13E/Virtual Contact Center Rate Reduction

Dear Mrs. Lopez:

Verizon would like to provide a rate reduction for Virtual Contact Center services on VoIP13E contract as follows:

Non-Recurring Costs (NRCs) – One-time charges

Service	Previous Rate	New Rate
Dialer Enablement	\$4,000.00	\$3,825.00
Advanced Quality Management	\$40,400.00	\$25,500.00
Advanced Workforce Management	\$58,100.00	\$54,900.00

Monthly Recurring Costs (MRCs)

Service	Previous Rate	New Rate
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Storage	\$16.20	\$1.01
Advanced Workforce Management	\$44.00	\$42.90
Automated Speech	\$0.09/minute	\$0.08/minute

Verizon commits to provide the best services at the lowest rates possible. I look forward to continuing our business relationship and building an even stronger partnership with the State of West Virginia

Sincerely,

Sandra Hawkins
 Senior Account Manager
 Authorized Contact
 Verizon
 304-356-3395
sandra.k.hawkins@verizon.com



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
10/23/2017

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 have ADDITIONAL INSURED provisions or 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 Aon Risk Services Northeast, Inc. New York NY Office 199 Water Street New York NY 10038-3551 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105		
	E-MAIL ADDRESS:		
INSURED Verizon Business 1095 Avenue of the Americas New York NY 10036 USA	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: National Union Fire Ins Co of Pittsburgh		19445
	INSURER B: New Hampshire Insurance Company		23841
	INSURER C: American Home Assurance Co.		19380
	INSURER D: Illinois National Insurance Co		23817
	INSURER E:		

Holder Identifier:

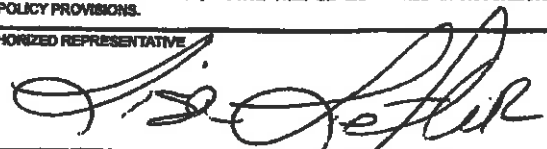
Certificate No : 570069009955

COVERAGES **CERTIFICATE NUMBER: 570069009955** **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. Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADD'L INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> XCU Included GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			GL5196564	06/30/2017	06/30/2018	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 \$1,000,000 PRODUCTS - COMP/OP AGG \$1,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> XCU Included			CA 286-73-91 AOS CA 286-73-92 MA CA 286-73-93 VA	06/30/2017	06/30/2018	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 DED RETENTION						EACH OCCURRENCE AGGREGATE
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WC063724385 AOS WC063724388 MN	06/30/2017	06/30/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER EL EACH ACCIDENT \$1,000,000 EL DISEASE-EA EMPLOYEE \$1,000,000 EL DISEASE-POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 RE: VOIP 13 Contract. State of WV is included as Additional Insured with respect to the General Liability policy.

CERTIFICATE HOLDER State of WV Attn: Stephanie Gale 2019 Washington Street, East Charleston WV 25305 USA	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 
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ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Services Northeast, Inc.		NAMED INSURED Verizon Business	
POLICY NUMBER See Certificate Number: 570069009955		EFFECTIVE DATE:	
CARRIER See Certificate Number: 570069009955	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

ADDITIONAL POLICIES If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
	WORKERS COMPENSATION						
C		N/A		WC063724384 CA	06/30/2017	06/30/2018	
D		N/A		WC063724386 FL	06/30/2017	06/30/2018	
B		N/A		WC063724387 ME	06/30/2017	06/30/2018	
B		N/A		WC063724383 NJ, NY, TX, VA	06/30/2017	06/30/2018	
B		N/A		WC063724389 MA, ND, OH, WA, WI, WY	06/30/2017	06/30/2018	