



Office of Purchasing and Supply Service

Facilities Administration Building (FAB)
13300 Old Marlboro Pike, Room 20
Upper Marlboro, MD 20772
Phone: 301-952-6560 F a x : 301-952-6605

July 8, 2019

**NOTICE OF CONTRACT AWARD
Extension Request No. 1**

Data Networks
216 Schilling Circle, Suite 104
Hunt Valley, MD 21031
Ph: (410) 823-3000
Fax: (410) 823-0132
Email: abateman@datanetworks.com

Subject: Notice of Extension RFP 053-13 Data Center Maintenance IT Support Services

Attention: Amy Bateman

This contract is effective through **November 30, 2019**.


The Board of Education of Prince George’s County is exercising its option to **Extend** the current contract **6 (six) months** on the above-mentioned RFP. This signed agreement is your consummation of the contract extension. The terms and conditions set forth in the contract award remain the same. The contract will be on an “as needed” basis.

The intent of the contract and extension is to provide the Board with an expedited means of procuring supplies and /or services at the lowest cost. This contract is for the convenience of the Board and is considered by the Purchasing Department to be a “Non-Exclusive” use contract. The Board does not guarantee any usage. The Board will not be held to purchase any particular brand, in any groups, prices or discount ranges, but reserves the right to purchase any item/items listed in the price schedule submitted

In the event that a new solicitation is issued for these same services this contract extension will be automatically terminated.

OLD ESTIMATED TOTAL VALUE OF THIS CONTRACT	2,400,000.00
NEW ESTIMATED TOTAL VALUE OF THIS CONTRACT	2,400,000.00

FOR THE BOARD OF EDUCATION OF PRINCE GEORGE’S COUNTY, UPPER MARLBORO, MARYLAND 20772-9983



 SIGNATURE

 Johnna Smarr

 NAME

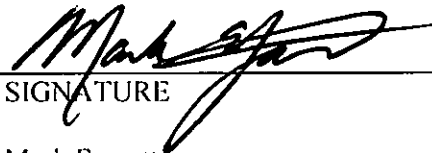
Acting Director of Purchasing and Supply Services

 TITLE

 7/10/19

 DATE

NOTICE OF CONTRACT AWARD
Extension Request No. 1

 7.15.19
SIGNATURE DATE

Mark Fossett
NAME:

Associate Superintendent for Supporting Services
TITLE

 7/15/19
SIGNATURE DATE

Barry Stanton
NAME:

Chief Operating Officer
TITLE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/31/2019

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 HMS Insurance Associates, Inc. 20 Wight Ave Suite 300 Hunt Valley MD 21030	CONTACT NAME: Brittany Nelson PHONE (A/C No. Ext): 443-632-3389 E-MAIL ADDRESS: bnelson@hmsia.com	FAX (A/C No.): 443-632-3493													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Sentinel Insurance Company LTD</td> <td>11000</td> </tr> <tr> <td>INSURER B : Hartford Accident & Indemnity</td> <td>22357</td> </tr> <tr> <td>INSURER C : Continental Insurance Company</td> <td>35289</td> </tr> <tr> <td>INSURER D : Transportation Insurance Co</td> <td>20494</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Sentinel Insurance Company LTD	11000	INSURER B : Hartford Accident & Indemnity	22357	INSURER C : Continental Insurance Company	35289	INSURER D : Transportation Insurance Co	20494	INSURER E :		INSURER F :
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INSURED Data Networks of America Inc 216 Schilling Circle, Suite 104 Hunt Valley MD 21031	DATANET-01
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COVERAGES **CERTIFICATE NUMBER:** 1264366096 **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	ADDITIONAL SUBROGATION WAIVED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
D	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:		4016458968	6/1/2019	6/1/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		30UECAT3708	6/1/2019	6/1/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		4016458940	6/1/2019	6/1/2020	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
B	<input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> N / N/A	30WBCCQ0646	6/1/2019	6/1/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
D	Employee Dishonesty Forgery & Alteration		4016458968	6/1/2019	6/1/2020	Ded/\$1000 200,000 Ded/\$1000 25,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 General Liability: Additional insured and Waiver of Subrogation, via forms G144294-C99 and G56015-B(11/91), if required by written contract or written agreement with the named insured.
 Automobile: Additional Insured and Waiver of Subrogation via form HA99160312, if required by written contract or written agreement with the named insured.
 Umbrella Liability: Excess over the GL, Auto and Work Comp policies. Additional Insured/Primary & Non-Contributory/Waiver of Subrogation via form CNA75504XX 03-2015
 Workers' Compensation: Waiver of Subrogation, via form WC990320D, if required by written contract or written agreement with the named insured.
 Prince George's County Public Schools is named as additional insured, if required by written contract or agreement with the named insured.

CERTIFICATE HOLDER Prince George's County Public Schools 13300 Old Marlboro Pike, Room 20 Upper Marlboro MD 20772	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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