BEFORE THE BOARD OF COMMISSIONERS
PACIFIC COUNTY, WASHINGTON
1216 W. Robert Bush Drive
South Bend, Washington

Tuesday, December 11, 2018

ADDITIONAL AGENDA
Additional Agenda items will be acted upon following the Commissioners’ regular agenda

ITEMS REGARDING DEPARTMENT OF PUBLIC WORKS
  1) Consider approval of Microsoft Select Signature – State and Local form pertaining to the Microsoft Select Agreement; authorize Chair to sign

ITEMS REGARDING SHERIFF’S OFFICE
  2) Consider approval of request to purchase equipment for jail security repairs and maintenance
  3) Consider approval of request to purchase Dell Latitude computer workstation and accessories

ITEMS REGARDING GENERAL BUSINESS
  4) Confirm Lewis County Commissioners’ reappointment of Hal Blanton to the Timberland Regional Library Board
  5) Consider approval of Vendor Claims, Warrants Numbered 144619 thru 144733 in the amount of $323,308.63

The Board may add and take action on other items not listed on this agenda and order of action is subject to change.

The hearing facility is “barrier free” and accessible by those with physical disabilities. Aids will be provided upon request for those with language/speaking or hearing impediments, but requests need to be received at least five (5) business days prior to this hearing. Such requests may be filed in person at the Commissioners’ Office at the address noted above or at 360/875-9337.

Pacific County is an Equal Opportunity Provider, and Employer
Approve the Microsoft Select Signature – State and Local form and supporting documents pertaining to the Microsoft Select Agreement and authorize Chair to sign.
MEMORANDUM

December 6, 2018

TO: THE BOARD OF PACIFIC COUNTY COMMISSIONERS
FROM: Andrew B. Seaman, Computer Services Supervisor
RE: Microsoft Select Agreement

Attached for your signature is the "Microsoft Select Signature – State and Local" form and supporting documents. This document will provide an amendment to our sublicense from the Washington State Department of Information Systems for purchase of Microsoft products. We are adding an additional vendor for Microsoft products "SHI International."

The Microsoft Select licensing program is a corporate program set up for volume purchasing of Microsoft products. In this case DIS is acting as the "corporation" holding the master license agreement. They are allowing the Pacific County to benefit under a sublicense. Our contract provides the County deep discount pricing on Microsoft products. This is an amendment of an existing agreement. There is no cost involved.

I will be happy to provide any additional information upon request. Please contact me if you have any questions at 875-9300 ext. 2271.

C: Mike Collins, Director/County Engineer
   Andree Harland, Accounting Manager
Program Signature Form

MBA/MBSA number

Agreement number 6013310

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

For the purposes of this form, “Customer” can mean the signing entity, Enrolled Affiliate, Government Partner, Institution, or other party entering into a volume licensing program agreement.

This signature form and all contract documents identified in the table below are entered into between the Customer and the Microsoft Affiliate signing, as of the effective date identified below.

<table>
<thead>
<tr>
<th>Contract Document</th>
<th>Number or Code</th>
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<tbody>
<tr>
<td>&lt;Choose Agreement&gt;</td>
<td>Document Number or Code</td>
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<td>&lt;Choose Enrollment/Registration&gt;</td>
<td>Document Number or Code</td>
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<tr>
<td>Select Plus Affiliate Registration Form</td>
<td>X20-11591</td>
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<td>Document Description</td>
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By signing below, Customer and the Microsoft Affiliate agree that both parties (1) have received, read and understand the above contract documents, including any websites or documents incorporated by reference and any amendments and (2) agree to be bound by the terms of all such documents.

Customer

Name of Entity (must be legal entity name)* County of Pacific

Signature*

Printed First and Last Name* Lisa Olsen

Printed Title Chair - Pacific County Board of County Commissioners

Signature Date*

Tax ID

* Indicates required field
**Microsoft Affiliate**

Microsoft Corporation

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
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<tbody>
<tr>
<td>Signature</td>
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<tr>
<td>Printed First and Last Name</td>
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<td>Printed Title</td>
<td></td>
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<tr>
<td>Signature Date (date Microsoft Affiliate countersigns)</td>
<td></td>
</tr>
<tr>
<td>Agreement Effective Date (may be different than Microsoft’s signature date)</td>
<td></td>
</tr>
</tbody>
</table>

Optional 2nd Customer signature or Outsourcer signature (if applicable)

**Customer**

<table>
<thead>
<tr>
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<tbody>
<tr>
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<tr>
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<td>Printed Title</td>
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<td>Signature Date*</td>
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* indicates required field

**Outsourcer**

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<td>Signature*</td>
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<td>Printed First and Last Name*</td>
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<td>Printed Title</td>
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<tr>
<td>Signature Date*</td>
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</tr>
</tbody>
</table>

* Indicates required field

If Customer requires physical media, additional contacts, or is reporting multiple previous Enrollments, include the appropriate form(s) with this signature form.

After this signature form is signed by the Customer, send it and the Contract 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 Corporation**

Dept. 551, Volume Licensing
6100 Neil Road, Suite 210
Reno, Nevada 89511-1137
USA
By registering, Registered Affiliate accepts and agrees to be bound by the terms of the agreement and any applicable attachments (the “Agreement”), and will be allowed to acquire Products in accordance with the Agreement.

If Registered Affiliate registers as an Additional Affiliate, Registered Affiliate represents that the Additional Affiliate is an eligible entity of the Lead Affiliate identified above.

This registration is valid when accepted by Microsoft and until it is terminated. Registered Affiliate will receive an acceptance notification confirming the effective date of this registration. Microsoft may refuse to accept a registration if there is a business reason for doing so. Either party may terminate this registration for any reason with 60 days advance written notice. Terminating this registration will terminate the Registered Affiliate’s ability to place Orders under the Agreement.

Each Registered Affiliate may qualify for and receive additional benefits by electing Software Assurance membership. By electing Software Assurance membership, the Registered Affiliate is committing to include Software Assurance with every eligible Order. To make this election, complete and submit the Select Plus Software Assurance Membership Election Form.

In order to use a third party to reimage the Windows Operating System Upgrade, Registered Affiliate must certify that it has acquired qualifying operating system licenses. See the Product List for details.

1. **Primary Contact Information.**

Registered Affiliate must identify an individual from inside its organization to serve as the primary contact. This contact is also an Online Administrator for the Volume Licensing Service Center and may grant online access to others.

- **Name of entity**: County of Pacific
- **Contact name**: First Andrew Last Seaman
- **Contact email address**: aseaman@co.pacific.wa.us
- **Street address**: 300 Memorial Drive
- **City**: South Bend
- **State**: WA
- **Postal code**: 98586
- **Country**: US
- **Phone**: 360-875-9388
- **Tax ID**

*Indicates required fields*

2. **Notices contact and online administrator.**

This individual receives contractual notices. They are also the online Administrator for the Volume Licensing Service Center and may grant online access to others.

- Same as primary contact
- **Name of entity**
- **Contact name**: First Last
Contact email address*  
Street address*  
City*  
State*  
Postal code*  
Country*  
Phone*  
☐ This contact is a third party (not the Registered Affiliate). Warning: This contact receives personally identifiable information of the Registered Affiliate.  
* indicates required fields

3. **Language preference.**

Select the language for notices. English

4. **Reseller information.**

Reseller company name* SHI International Corp  
Street address (PO boxes will not be accepted)* 290 Davidson Ave  
City* Somerset  
State* NJ  
Postal code* 08873  
Country* US  
Contact name* Amanda Bongiovi  
Phone* 888-764-8888  
Contact email address* msteam.com  
* indicates required fields

The undersigned confirms that the information is correct.

<table>
<thead>
<tr>
<th>Name of Reseller*</th>
<th>SHI International Corp</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature*</td>
<td></td>
</tr>
<tr>
<td>Printed name*</td>
<td></td>
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<tr>
<td>Printed title*</td>
<td></td>
</tr>
<tr>
<td>Date*</td>
<td></td>
</tr>
</tbody>
</table>

* indicates required fields

**Changing a Reseller.** If Microsoft or Reseller chooses to discontinue doing business with one another, Registered Affiliate must choose a replacement Reseller. If Registered Affiliate or Resellers intends to terminate their relationship, the initiating party must notify Microsoft and the other party, using a form provided by Microsoft at least 90 days prior to the date on which the change is to take effect.

5. **Supplemental Contacts.**

Customer's Notices Contact identified above is the default contact for administrative and other communications. However, Customer may designate additional contacts using the Supplemental Contact Information form.

6. **Software Assurance Membership Election.**

Each Registered Affiliate may qualify for and receive additional benefits with Software Assurance membership. By electing Software Assurance membership below, Registered Affiliate is committing for a minimum period of one year to include Software Assurance with every eligible Order, and to maintain Software Assurance for all copies of Products licensed under this program for at least one Product pool.

<table>
<thead>
<tr>
<th>Product pools</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applications</td>
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<tr>
<td>Systems</td>
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<td>☑</td>
</tr>
<tr>
<td>Servers</td>
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<td>☑</td>
</tr>
</tbody>
</table>

Only valid if attached to a signature form.
Supplemental Contact Information Form

This form can be used in combination with MBSA, Agreement, and Enrollment/Registration. However, a separate form must be submitted for each enrollment/registration, when more than one is submitted on a signature form. For the purposes of this form, "entity" can mean the signing entity, Customer, Enrolled Affiliate, Government Partner, Institution, or other party entering into a volume licensing program agreement. Primary and Notices contacts in this form will not apply to enrollments or registrations.

This form applies to:
- [ ] MBSA
- [ ] Agreement
- [x] Enrollment/Affiliate Registration Form

Insert primary entity name if more than one Enrollment/Registration Form is submitted

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; if the entity chooses to designate other contact types, the same required fields must be completed for each section. By providing contact information, entity consents to its use for purposes of administering the Enrollment by Microsoft and other parties that help Microsoft administer this Enrollment. The personal information provided in connection with this agreement will be used and protected according to the privacy statement available at https://licensing.microsoft.com.

1. Additional notices contact.

This contact receives all notices that are sent from Microsoft. No online access is granted to this individual.

Name of entity*: County of Pacific
Contact name*: First Andrew Last Seaman
Contact email address*: aseaman@co.pacific.wa.us
Street address*: 300 Memorial Drive
City*: South Bend  State/Province*: WA  Postal code*: 98586
Country*: US
Phone*: 360-875-9368  Fax

[ ] This contact is a third party (not the entity). Warning: This contact receives personally identifiable information of the entity.

2. Software Assurance manager.

This contact will receive online permissions to manage the Software Assurance benefits under the Enrollment or Registration.

Name of entity*: County of Pacific
Contact name*: First Andrew Last Seaman
Contact email address*: aseaman@co.pacific.wa.us
Street address*
City*: South Bend  State/Province*: WA  Postal code*: 98586
Country*: US
Phone*: 360-875-9368  Fax
3. **Subscriptions manager.**

This contact will assign MSDN, Expression, and TechNet Plus subscription licenses to the individual subscribers under this Enrollment or Registration. Assignment of the subscription licenses is necessary for access to any of the online benefits, such as subscription downloads. This contact will also manage any complimentary or additional media purchases related to these subscriptions.

**Name of entity**: County of Pacific  
**Contact name**: First Andrew Last Seaman  
**Contact email address**: aseaman@co.pacific.wa.us  
**Street address**: 300 Memorial Drive  
**City**: South Bend State/Province: WA  
**Postal code**: 98586  
**Country**: US  
**Phone**: 360-875-9368 Fax  
☐ This contact is a third party (not the entity). Warning: This contact receives personally identifiable information of the entity.

4. **Online services manager.**

This contact will be provided online permissions to manage the online services ordered under the Enrollment or Registration.

**Name of entity**: County of Pacific  
**Contact name**: First Andrew Last Seaman  
**Contact email address**: aseaman@co.pacific.wa.us  
**Street address**: 300 Memorial Drive  
**City**: South Bend State/Province: WA  
**Postal code**: 98586  
**Country**: US  
**Phone**: 360-875-9368 Fax  
☐ This contact is a third party (not the entity). Warning: This contact receives personally identifiable information of the entity.

5. **Customer Support Manager (CSM).**

This person is designated as the Customer Support Manager (CSM) for support-related activities.

**Name of entity**  
**Contact name**: First Last  
**Contact email address**  
**Street address**  
**City**: State/Province: Postal code:  
**Country**:  
**Phone** Fax

6. **Primary contact information.**

An individual from inside the organization must serve as the primary contact. This contact receives online administrator permissions and may grant online access to others. This contact also receives all notices unless Microsoft is provided written notice of a change.

**Name of entity**  
**Contact name**: First Last  
**Contact email address**
7. Notices contact and online administrator information.

This individual receives online administrator permissions and may grant online access to others. This contact also receives all notices.

☐ Same as primary contact
Name of entity*
Contact name*: First Last
Contact email address*
Street address*
City* State/Province* Postal code*
Country*
Phone* Fax
☐ This contact is a third party (not the entity). Warning: This contact receives personally identifiable information of the entity.
AGENDA REQUEST FORM

TO BE COMPLETED BY CLERK OF THE BOARD / DEPUTY CLERK OF THE BOARD

<table>
<thead>
<tr>
<th>BOCC ACTION:</th>
<th>□ APPROVED</th>
<th>□ DENIED</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ SUBJECT TO ADEQUATE BUDGET APPROPRIATIONS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ NO ACTION TAKEN/WITHDRAWN</td>
<td>□ DEFERRED TO:</td>
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<tr>
<td>□ CONTINUED TO DATE:</td>
<td>TIME:</td>
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<tr>
<td>□ OTHER:</td>
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</tbody>
</table>

Agenda Item#: OTHER 2
Initial: Date: Review: Clerk of the Board
□ Risk Mgmt | □ Legal Required

DISTRIBUTION LIST:
- RF
- Assessor
- DPW
- NDC
- Superior Court
- CF
- Auditor
- EMA
- PACCOM
- Treasurer
- SEA
- Clerk
- Fair
- Prosecutor
- Veg Mgmt
- Civil Service
- Health
- SDC
- WSU Ext.
- DCD
- Juvenile
- Sheriff
- Other

AGENDA ITEM REQUEST
Please fill out in full or the request may be returned for more information. Also, please attach all pertinent documentation.

DEPARTMENT/OFFICE: Sheriff's Office
DIVISION (if applicable): Jail

OFFICIAL NAME & TITLE: Denise L. Rowlett
PHONE / EXT: 2293

SIGNATURE: Denise L. Rowlett DATE: 12/6/2018

NARRATIVE OF REQUEST
Request authorization to purchase equipment for jail security repairs and maintenance out of fund 125 in accordance with Pacific County procurement policies, not to exceed $3,169.28.

RECOMMENDED MOTION (To Be Completed by the Clerk/Deputy Clerk of the Board)
Approve purchase of equipment for jail security repairs and maintenance in an amount not to exceed $3,169.28 from Fund 125 in accordance with procurement policies, subject to adequate budget appropriations.

Revised 8/2015
Exhibit A to Contract/Agreement/Grant Review Policy
Approve purchase of Dell Latitude computer workstation and accessories to be purchased from state contract in an amount not to exceed $2,114.14 plus sales tax, subject to adequate budget appropriations.

RECOMMENDED MOTION  (To Be Completed by the Clerk/Deputy Clerk of the Board)

Approve purchase of Dell Latitude computer workstation and accessories to be purchased from state contract in an amount not to exceed $2,114.14 plus sales tax, subject to adequate budget appropriations.
MEETINGS ARE HELD THE 2ND AND 4TH TUESDAY OF EACH MONTH, BEGINNING AT 9 A.M.

REQUESTED MEETING DATE: 12/11/2018

AGENDA REQUEST FORM

TO BE COMPLETED BY CLERK OF THE BOARD / DEPUTY CLERK OF THE BOARD

BOCC ACTION:  □ APPROVED  □ DENIED

□ SUBJECT TO ADEQUATE BUDGET APPROPRIATIONS

□ NO ACTION TAKEN/WITHDRAWN  □ DEFERRED TO: ____________________________

□ CONTINUED TO DATE: ____________________________  TIME: ____________________________

□ OTHER: ____________________________________________

AGENDA ITEM #: __________  Initial: __________  Date: __________

□ Review: □ Clerk of the Board  □ Risk Mgmt  □ Legal Required

DISTRIBUTION LIST:

□ RF  □ Assessor  □ DPW  □ NDC  □ Superior Court

□ CF  □ Auditor  □ EMA  □ PACCOM  □ Treasurer

□ SEA  □ Clerk  □ Fair  □ Prosecutor  □ Veg Mgmt

□ Civil Service  □ Health  □ SDC  □ WSU Ext.

□ DCD  □ Juvenile  □ Sheriff  □ Other

AGENDA ITEM REQUEST

Please fill out in full or the request may be returned for more information. Also, please attach all pertinent documentation.

DEPARTMENT/OFFICE: Board of County Commissioners

OFFICIAL NAME & TITLE: Marie Guernsey, Clerk of the Board

SIGNATURE: ____________________________

DATE: 12/4/2018

NARRATIVE OF REQUEST

RECOMMENDED MOTION (To Be Completed by the Clerk/Deputy Clerk of the Board)

Confirm Lewis County Commissioners' reappointment of Hal Blanton to the Timberland Regional Library Board for a seven-year term, effective December 31, 2018
COUNTY OF PACIFIC
VOUCHER APPROVAL TRANSMITTAL
VENDOR CLAIMS

The vouchers, hereinafter listed, have been audited and certified by the auditing officer as required by RCW 42.24.080 and those expenses/reimbursement claims have been certified as required by RCW 42.24.090 and have been recorded on the attached listing, which has been made available to the Board.

As of this date, December 11, 2018, the Board, by a unanimous/majority vote, does approve for payment, subject to adequate budget appropriations, those vouchers included in the attached list and further described as follows:

Vendors Claim Fund No. 692

144619 thru 144733 $ 323,308.63

Warrants Dated: December 6, 2018

BOARD OF COUNTY COMMISSIONERS
PACIFIC COUNTY, WASHINGTON

AUDITED:

Chairman

Auditor/Deputy Auditor

Commissioner

ATTEST:

Clerk of the Board

Commissioner