



ROWAN COUNTY CONTRACT MEMORANDUM

TO: Aaron Church, Rowan County Manager  
FROM: Micah Ennis, Director  
DEPT: Social Services  
DATE: 6/2/2022  
SUBJECT: Northwoods Consulting Partners

PURPOSE OF CONTRACT:

This vendor provides a document support service, Compass, for the agency

**CONTRACT CERTIFICATION**

*By submitting this memorandum, I agree that I have:*

- 1. Read and understand the terms of the contract.*
- 2. To the best of my knowledge the terms, amount and activities surrounding this contract are compliant with North Carolina General Statutes, the Rowan County Purchasing Policy and any applicable regulations.*
- 3. I have secured and attached in MUNIS the Certificate of Insurance.*

Signature of Director

6/8/2022

DATE



# NORTHWOODS®

**Northwoods Consulting Partners, Inc.**  
**5200 Rings Rd**  
**Dublin, Oh 43017**

**Bill To:**

Rowan County Department of Social Services

1813 E Innes St  
 Salisbury, NC 28146-6030  
 USA

Invoice #: INV-102302

Invoice Date: 8/1/2022

Customer ID: 1072

PO #:

Payment Terms: Net 30

Description	Quantity	Amount
Compass Capture Station Support	6	\$3,761.00
Compass Capture Desktop Support	128	\$23,306.00
Compass People Support	204	\$13,479.00
Compass Forms Support	193	\$42,431.00
Compass Documents Support	197	\$10,416.00
Compass Tasks Support	187	\$11,130.00

Annual Support Renewal - 9/1/2022 - 8/31/2023 (GOLD - Year 2 of 3). Please note that to avoid interruption of your support coverage, payment must be received by Northwoods prior to the expiration of your Annual Support Renewal listed above. Changes to licensing may take up to 30 days to process.

**For Questions regarding this invoice:**

Email: [accountsreceivable@teamnorthwoods.com](mailto:accountsreceivable@teamnorthwoods.com)

Phone: 614.781.7800

For ACH payments, remit to

Huntington National Bank, Columbus, Ohio

Account Number - 01891768819

ABA Number-- 044000024

Subtotal	\$104,523.00
Tax	\$7,316.61
Payment/Credits	\$0.00
<b>Total</b>	<b>\$111,839.61</b>

Electronic Document Management	Vendor	Amount	Account	Reimbursable	Non-Reimb
Compass Capture Software	Northwoods	0.00	33018-383-576020-100	0.00	
Compass Capture Station Support	Northwoods	3,761.00	33018-310-534030-100	3,761.00	
Compass Capture Desktop Support	Northwoods	33,722.00	33018-310-534030-100	33,722.00	
Capture Onsite Support	Northwoods	0.00	33018-310-534030-100	0.00	
Professional Services for Capture	Northwoods	0.00	33018-383-532000-100	0.00	
Compass Connect for Print Streams Software	Northwoods	0.00	33018-383-576020-100	0.00	
Compass Connect for Print Streams Support	Northwoods	0.00	33018-310-534030-100	0.00	
Compass Tasks Software	Northwoods	0.00	33018-383-576021-200		0.00
Compass Tasks Support	Northwoods	11,130.00	33018-310-534031-200		11,130.00
Compass People Software	Northwoods	0.00	33018-383-576021-200		0.00
Compass People Support	Northwoods	13,479.00	33018-310-534031-200		13,479.00
People Onsite Support	Northwoods	0.00	33018-310-534031-200		0.00
Professional Services for People	Northwoods	0.00	33018-383-532001-200		0.00
Laserfiche Document Management Software	OneSource	0.00	33018-383-576020-100	0.00	
Compass Connect for Laserfiche Support	OneSource	0.00	33018-310-534030-100	0.00	
Compass Connect for Data Migration Support	OneSource	0.00	33018-310-534031-200		0.00
Professional Services for Document Management	Northwoods	0.00	33018-383-532000-100	0.00	
<b>Forms Management</b>					
Compass Forms Software	Northwoods	0.00	33018-383-576021-200		0.00
Compass Forms Support	Northwoods	42,431.00	33018-310-534031-200		42,431.00
Compass Forms Center Manager Support	Northwoods	0.00	33018-310-534031-200		0.00
Professional Services for Forms	Northwoods	0.00	33018-383-532001-200		0.00
<b>Hardware</b>					
Fujitsu fi-6130C Desktop Scanners	OneSource	0.00	33018-383-576020-100	0.00	
Signature Pads - Backlit CD	OneSource	0.00	33018-383-576020-100	0.00	
Accufax Document Carriers	Northwoods	0.00	33018-383-576020-100	0.00	
Professional Services for Hardware	Northwoods	0.00	33018-383-532000-100	0.00	
<b>Total</b>		<b>104,523.00</b>		<b>37,483.00</b>	<b>67,040.00</b>
<b>Hardware:</b>		0.00		0.00	0.00
<b>Software/Maintenance:</b>	204 users	104,523.00		37,483.00	67,040.00
					104,523.00





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/28/2022

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).

<b>PRODUCER</b> Preferred Insurance Center 809 W Main Street  Coldwater OH 45828	<b>CONTACT</b> NAME: Andrea AbouJaoude PHONE (A/C, No, Ext): (419) 678-2326 FAX (A/C, No): (877) 370-8549 E-MAIL ADDRESS: andreaa@preferredinscenter.com														
<b>INSURED</b> Northwoods Consulting Partners 5200 RINGS RD  DUBLIN OH 43017	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: Travelers Property and Casualty Company of America</td><td></td></tr><tr><td>INSURER B: The Phoenix Insurance Company</td><td></td></tr><tr><td>INSURER C: Chubb Insurance Company</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Travelers Property and Casualty Company of America		INSURER B: The Phoenix Insurance Company		INSURER C: Chubb Insurance Company		INSURER D:		INSURER E:		INSURER F:	
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INSURER F:															

**COVERAGES****CERTIFICATE NUMBER:****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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	12S91869	03/01/2022	03/01/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	<b>AUTOMOBILE LIABILITY</b> <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	Y	Y	8L296659	03/01/2022	03/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	Y	Y	9M561188	03/01/2022	03/01/2023	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	0K292308	03/01/2022	03/01/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Professional / Cyber Liability	Y	Y	D95273233	03/01/2022	03/01/2023	Occurrence Limit \$5,000,000 Aggregate Limit \$5,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

Certificate holder is listed as additional insured when required by written contract. Insurance is primary and non-contributory with 30-day notice of cancellation. Waiver of subrogation is included as indicated in the columns above.

**CERTIFICATE HOLDER****CANCELLATION**

Rowan County DSS 1813 E Innes St Salisbury NC 28146	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 <i>Andrea AbouJaoude</i>
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