

MEMORANDUM

TO: NWABSD Board of Education
Members

DATE: November 19, 2024

NUMBER: 25-035

FR: Office of the Superintendent

SUBJECT: Approval of DocuSign 3-
Year Agreement
Purchase

STRATEGIC PLAN/BOARD GOAL:

Track 1: Operational Improvements
Initiative: Optimize Business Practices

ABSTRACT:

Board approval is required for purchases exceeding \$50,000.

ISSUE:

At issue is the purchase of the DocuSign 3-Year Agreement in the amount of \$149,938.00 to provide electronic agreements and signing as presented.

BACKGROUND AND/OR PERTINENT INFORMATION:

The NWABSD sought an electronic document signing program when the COVID-19 pandemic impacted in-person paper contract signing. The onboarding of DocuSign has continued and is currently used by schools and the following departments: Administrative Services, Technology, State & Federal Programs, Human Resources, Assistant Superintendent, and Student Services.

The 3-year agreement will allow the District to continue the DocuSign program with costs locked in and funding secured for the next three years through September 30, 2027.

Funding is available and budgeted in the FY25 Technology General Funds – Software .475.

ALTERNATIVES:

1. Purchase the DocuSign 3-Year Agreement in the amount of \$149,938.00 to provide electronic agreements and signatures as presented;
2. Do not purchase the DocuSign 3-Year Agreement as presented;
3. Take no final action.

ADMINISTRATION'S RECOMMENDATION:

The administration recommends that the Board purchase the DocuSign 3-Year Agreement for \$149,938.00 to provide electronic agreements and signatures as presented.



DocuSign, Inc.
221 Main Street, Suite 1550
San Francisco, CA 94105

Offer Valid Through: Sep 30, 2024

Prepared By: Jennifer Drouillard

Quote Number: Q-01600940

ORDER FORM

Address Information

Bill To:

Northwest Arctic Borough School District
744 3rd Ave,
Kotzebue, AK, 99752
United States

Ship To:

Northwest Arctic Borough School District
P.O. BOX 51,
Kotzebue, AK, 99752-0051
United States

Billing Contact Name:

Accounts Payable

Billing Email Address:

accountspayable@nwarctic.org

Billing Phone:

+1.907.442.3472

Shipping Contact Name:

Amy Eakin

Shipping Email Address:

aeakin@nwarctic.org

Shipping Phone:

(907) 442-1830

Order Details

Order Start Date: Oct 1, 2024

Order End Date: Sep 30, 2027

Billing Frequency: Annual

Payment Method: Check

Payment Terms: Net 30

Currency: USD

Products

Product Name	Subscription No.	Start Date	End Date	Quantity	Net Price
eSignature Enterprise Pro Edition - Envelope Subs.	SUB-1533738-1	Oct 1, 2024	Sep 30, 2027	30,000	\$120,900.00
Multi-Channel Delivery	SUB-1533738-1	Oct 1, 2024	Sep 30, 2027	5,000	\$2,000.00
Enterprise Premier Support - eSign	SUB-1533738-1	Oct 1, 2024	Sep 30, 2027	1	\$27,038.00

Grand Total: \$149,938.00

Annualized Total

Year 1 Total: \$49,979.33

Year 2 Total: \$49,979.33

Year 3 Total: \$49,979.33

The annualized totals above are displayed for general guidance only and may differ from the total amounts displayed on an invoice. Please refer to the Order Details and Products sections above for complete and accurate totals.

Product Details

eSignature Envelope Allowance: 30,000

Overage/Usage Fees

eSignature Enterprise Pro Edition - Envelope Subs. (Per Transaction): \$8.80
Multi-Channel Delivery: \$0.50

Order Special Terms

Terms & Conditions

This Order Form is governed by the terms Master Services Agreement available online at: <https://www.docusign.com/legal/terms-and-conditions/msa/pub-sec> and the applicable Service Schedule(s) and Attachments for the Docusign Services described herein available online at <https://www.docusign.com/legal/terms-and-conditions/msa-service-schedules>.

Billing Information

Prices shown above do not include any sales, use, value added (VAT), goods and services (GST), and/or any other similar taxes, duties, levies and or charges of any nature that might be imposed or required to be collected (collectively "taxes") by Docusign. Any such taxes are the responsibility of the Customer and will appear on the final invoice(s), as applicable. Taxes are calculated based on the ship-to location listed on your order form.

Invoice(s) for this order will be emailed automatically from invoicing@erp.docusign.com.

Please make sure this email address is on an approved setting or safe senders list, so notifications do not go to a junk folder or get caught in a spam filter.

For U.S. Customers

Is the contracting entity exempt from sales tax?

Please select Yes or No:

If yes, please send the required tax exemption documents immediately to

taxexempt@docusign.com.

For Non U.S. Customers

Verify that the VAT, GST, TIN, or similar tax identification number below is correct, or provide the correct number to your Docusign contact. If the VAT, GST, or TIN identification number is not populated below, it will be assumed that you are not a VAT/GST registered taxpayer.

VAT, GST, TIN or similar tax identification number:

For other tax exemption requests, please email the applicable tax exemption documentation to taxexempt@docusign.com.

Purchase Order Information

Is a Purchase Order ("PO") required for the purchase or payment of the products on this Order Form?

Please select: Yes No

By marking "No", Customer agrees to process payment for any invoices issued pursuant to this Order Form without a PO Number.

If yes, please complete the following information, and attach your PO (if available), and the invoice will be issued referencing such PO Number:

PO Number:

Please attach PO Attachment here:

If "Yes" is marked, but a PO Number is not provided or a PO document is not attached, then Customer agrees to provide the PO information or PO document to Docusign at its earliest convenience by sending to POSubmission@docusign.com referencing this Quote Number, but agrees to still process payment per the agreed upon terms.

If Customer has attached a PO (or other document) to this Order Form, Customer acknowledges and agrees that any additional or conflicting terms appearing in such PO (or any other document) are invalid.

By signing this Agreement, I certify that I am authorized to sign on behalf of the Customer and agree to the Terms and Conditions of this Order Form and any documents incorporated herein.

Customer

Signature:

Name:

Job Title:

Date:

**DocuSign,
Inc.**

Signature:

Name:

Job Title:

Date: