South San Antonio

SOUTH SAN ANTONIO INDEPENDENT SCHOOL DISTRICT

Agenda Item Summary

Meeting Date: June 21, 2017							
Purpose: Report Only Recognition Discussion/ Possible Action							
Presenter(s): Juan Carlos Zamora, Chief Financial Officer Peggy Lee Gonzalez, Purchasing Director							
Item Title:							
Discussion and possible action to approve the renewal and upgrade of Kronos Support Services. Contract period will be for one year, June 2017 to June 2018 and is not to exceed \$61,000.							
Description:							
Kronos Support Services includes the use of technical account managers, proactive preventative support, complete issue tracking and management and 24 hour – 7 days a week phone support. This web-based platform facilitates the tracking management of district payroll and provides maintenance support and training for administration team. The upgrade will replace all time clocks, district wide. Purchasing Cooperative Contract: U.S. Communities Government Purchasing Alliance, Contract #14-JLR-003.							
District Goal:							
Goal 6 We will promote and ensure a safe and secure learning environment for all students.							
Soul of the will promote and ensure a safe and secure rearring environment for an students.							
Funding Budget Code and Amount:	CFO Approval						
199-53-6249-00-XXX-X-99-000							

APPROVAL ROUTE

Principal/Director: Executive Director:

Chief Administrator:

Superintendent:

ATURE

DATE

5/3//1



Workforce Ready Order Form

Date: Version #: Expires:	5/17/2017 1 8/15/2017	Customer PC Salesperson:		
вії то:	Attn: Monica Lopez South San Antonio ISD 5622 Ray Ellison Dr. San Antonio, TX 78242	5	attn: Monicqa Lopez outh San Antonio ISD 622 Ray Ellison Dr. an Antonio, TX 78242	
FOB: Shipping Method: Currency: Payment Terms:	Shipping Point FedEx Ground USD N30	Phone #: 2	nolopez@southsanisd.net 10-977-7040	
Initial Term: Three Billing Start Date: 1 Renewal Term: On Payment Terms: No Billing Frequency (c	d (as the "Contractor"), as amended. year 20 Days e Year et 30 Inless otherwise noted, all invokes are due per the paym		Contract #14-)LK-003 dated march 16th,	2014 between the Lead Agency (acting as the "Owner") and
Equipment Ren Professional Se	Monthly in Arrears tal: Monthy in Arrears rvices: Fixed Fee, 100% at Signing trvices Engagement Overview is attached to this Order F	orm as a summary for the im	plementation services to be provided by	Kronos for the Workforce Ready Setup Fees set forth on this
Item		License/Qty	Unit Price	Price
Workforce Ready A		1400	\$2.08 \$0.42	\$2,912.00 \$588.00
Workforce Ready A	ccruais	1400	Minimum Monthly Total:	\$3,500.00
Equipment - Relative	ental ental InTouch 9100 H4, Standard KR B/C	Qty 36	Unit Price \$15.75	Monthly Price \$567.00
	ental Touch ID Option for H4	36	\$4.20	\$151.20
Accessories			Total Monthly:	\$718.20
Item		Qty	Unit Price	Total Price
NORTH AMERICA P	OWER KIT FOR EXTERNAL OUTLET, INTOUCH STD	36	\$0.00 Total Price:	\$0.00
Setup Fees	,		Total Price:	
Item	Setup See			Total Price \$10,000.00
Workforce Ready S	etup ree		Total Price:	\$10,000.00
Quote Summa	ny			Total Price
Minimum Monthly	Fee			\$4,218.20
Minimum Annual F				\$50,618.40
One Time Setup Fo			_	\$10,000.00
	urchase and Accessories Fee			\$0.00
receipt requested,		national overnight courier so	ervice and addressed to the persons set i	: (a) by either registered or certified United States mail, return orth herein, the next business day. All other notices, including
South San Ant	onio ISD			
Date:	<u> </u>			

CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

1 of 1

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	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE ONLY CERTIFICATION OF FILING				
1	Name of business entity filing form, and the city, state and country of business.	Certificate Number: 2017-208469						
	Kronos Incorporated							
2	Chelmsford, MA United States		Date Filed: 05/16/2017					
2	Name of governmental entity or state agency that is a party to the cobeing filed.	03/10/2017						
	South San Antonio ISD	Date Acknowledged:						
3	Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.							
	1029629							
	Workforce Management Software and Solutions							
4				Nature of	5.05.05.05.05.05.05.05.05.05.05.05.05.05			
7	Name of Interested Party City, State, Country (place of busin		38		plicable) Intermediary			
-				Controlling	intermediary			
			3					
5	Check only if there is NO Interested Party.	-	•					
6	AFFIDAVIT I swear, or affin	irm, under penalty of perjury, that the a	above	disclosure is true	and correct.			
1	DEBORAH L. HENDERSON Notary Public COMMONWEALTH OF MASSACHUSETTS							
1	My Commission Expires July 30, 2021 Signature of authorized agent of contracting business entity							
	AFFIX NOTARY STAMP / SEAL ABOVE				1			
	Sworn to and subscribed before me, by the said Aron Ain	, this the	16th	day ofM	ay ,			
	20_17, to certify which, witness my hand and seal of office.							
	Deborah L. Henderson Notary Public							
i	Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath							