



The Commonwealth of Massachusetts
Executive Office for Administration and Finance
Operational Services Division
One Ashburton Place, Boston, MA 02108-1552



<http://www.mass.gov/osd>

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Lieutenant Governor

Philmore Anderson III
State Purchasing Agent

October 30, 2003

Amazon Technologies
Fernando Cariello
500 W Cummings Park, Ste 5500
Woburn, MA 01801

RE: Statewide Contract **PRF14 - E-LEARNING**

Dear: Fernando Cariello

I am pleased to inform you that Procurement Management Team (PMT) following evaluation of your company's bid has determined to award your company a statewide contract for the provision of E-Learning services.

The contract consists of the Commonwealth's Standard Terms and Condition, the solicitation RFR ST3J501, and your company's response to the solicitation.

The contract can be located on WWW.Comm-PASS.com by entering the contract number PRF14 into the search engine. For all Commonwealth Agencies that use MMARS, the State's accounting system, the contract will be on the MSA tables as ST3J503. Your company's MA vendor code number is 522055023K001.

The contract will begin on November 1, 2003 and end on October 31, 2005. Extension options are available. Vendors doing minimal or no business under the contract will not be considered for extension.

PRF14 is a pre-qualified vendor contract. Departments needing to obtain E-Learning services will contact one or more vendors on the contract. The department and the vendor will establish work details and cost. The decision of which vendor from the contract to use will be made by the department purchasing the services. It is expected vendors will provide demonstrations to requesting departments. All services provided under the contract must meet the requirements outlined in the RFR such as 508 compliance.

The best way for your company to market itself to the Commonwealth is to exhibit at our trade show STAR 2004. For information about the show and to register go to the web site www.mass.gov/star

Vendors must notify Brian Putnam the contract manager when they begin to provide services to a department under this contract and provide the following information. Name of department, main contacts at department with phone numbers and a brief description of the work and projected cost. This will allow the Contract Manager and the PMT to closely manage the contract in its first term.

We have attached the contractor information sheet for your company that will be provided to the departments. It is your company's responsibility to notify the Contract Manager when any of the information changes.

Sincerely,

Brian L. Putnam
Contract Manager
617-720-3328
brian.putnam@osd.state.ma.us

Tel: (617) 720-3300

TDD: (617) 727-2716

Fax: (617) 727-4527



**COMMONWEALTH OF MASSACHUSETTS
STANDARD CONTRACT FORM AND INSTRUCTIONS**

Issued 1/24/2001



This form is jointly issued and published by the Executive Office for Administration and Finance (ANF), the Office of the Comptroller (CTR) and the Operational Services Division (OSD) for use by all Commonwealth Departments. Any changes to the official printed language of this form shall be void. This shall not prohibit the addition of non-conflicting Contract terms. By executing this Contract, the Contractor under the pains and penalties of perjury, makes all certifications required by law and certifies that it shall comply with the following requirements: that the Contractor is qualified and shall at all times remain qualified to perform this Contract; that performance shall be timely and meet or exceed industry standards, including obtaining requisite licenses, permits and resources for performance; that the Contractor and its subcontractors are not currently debarred; that the Contractor is responsible for reviewing the Standard Contract Form Instructions available at www.comm-pass.com/comm-pass/forms.asp; that the terms of this Contract shall survive its termination for the purpose of resolving any claim, dispute or other Contract action, or for effectuating any negotiated representations and warranties; and that the Contractor agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached to this Contract or incorporated by reference herein, including the following requirements: all relevant Massachusetts state and federal laws, regulations, Executive Orders, treaties, requirements for access to Contractor records, the terms of the applicable Commonwealth Terms and Conditions, the terms of this Standard Contract Form and Instructions including the Contractor Certifications and Legal References, the Request for Response (RFR) or solicitation (if applicable), the Contractor's response to the RFR or solicitation (if applicable), and any additional negotiated provisions.

[THE CONTRACTOR MUST COMPLETE ONLY THOSE SECTIONS PRECEDED BY AN "→".]

→VENDOR CODE: 522055023-K001	MMARS DOCUMENT ID: ST3J503 CONTRACT ID: PRF14
→CONTRACTOR NAME: Amazon Technologies Company	DEPARTMENT NAME: Operational Services Division Contract
→CONTRACT MANAGER: Fernando Cariello	CONTRACT MANAGER: Brian Putnam
→PHONE: 781 938 5500 →FAX: 781 938 1110 →E-MAIL ADDRESS: cariello@amazontech.com	PHONE: 617-720-3328 FAX: E-MAIL ADDRESS: brian.putnam@osd.state.ma.us
→BUSINESS MAILING ADDRESS: 500 West Cummings Pk suite 5500 Woburn MA 01801	BUSINESS MAILING ADDRESS: OSD Rm 1017 ONE Ashburton Place BOSTON MA 02108
THE FOLLOWING COMMONWEALTH TERMS AND CONDITIONS FOR THIS CONTRACT HAS BEEN EXECUTED AND FILED WITH CTR: (Check only one) <input checked="" type="checkbox"/> COMMONWEALTH TERMS AND CONDITIONS <input type="checkbox"/> COMMONWEALTH TERMS AND CONDITIONS FOR HUMAN AND SOCIAL SERVICES	
COMPENSATION: (Check one option only) <input type="checkbox"/> Maximum Obligation of this Contract: \$ _____ <input checked="" type="checkbox"/> No Maximum Obligation has been set for this Contract: (Check one) ___ Rate Contract with a Rate of: \$ _____ Per: _____ ___ Rate Contract with Multiple/Negotiated Rates: (Attach listing of multiple rates or description of negotiation process)	PAYMENT TYPE: (Check one option only) <input checked="" type="checkbox"/> Payment Voucher (PV) ___ Ready Payment (RP) (Schedule: _____ Initial Base Amt:\$ _____) ___ Contractor Payroll (CP) (Required for Contract Employees) ___ Recurring Payment (Required for Leases and TELPs)
→PAYMENT METHOD: The Contractor agrees to be paid by Electronic Funds Transfer (EFT is the Commonwealth's Preferred Payment Method): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE: (Reference to attachments without a narrative description of performance is insufficient.) FD STATEWIDE E Learning Contract	
PROCUREMENT OR EXCEPTION TYPE: (Check one option only) ___ Single Department Procurement/Single Department User Contract; <input checked="" type="checkbox"/> Single Department Procurement/Multiple Department User Contract; ___ Multiple Department Procurement/Limited Department User Contract; <input checked="" type="checkbox"/> Statewide Contract (Only for use by OSD or an OSD-designated Department); ___ Grant (as defined by 815 CMR 2.00); ___ Emergency Contract (attach justification); ___ Interim Contract (attach justification); ___ Contract Employee; ___ Collective Purchase (attach OSD approval) ___ Legislative/Legal Exemption (attach proof); ___ Other (Specify):	
RFR REFERENCE NUMBER: (or "N/A" if not applicable) ST3J501	
ANTICIPATED CONTRACT EFFECTIVE START DATE: Performance shall begin on 10/1/2003 , which shall be no earlier than the latest date this Contract is signed by authorized signatories of the Department and Contractor and approved under Section 1 of the applicable Commonwealth Terms and Conditions.	
TERMINATION DATE OF THIS CONTRACT: This Contract shall terminate on 10/31/2003 unless terminated or amended by mutual written agreement by the parties prior to this date under Section 4 of the applicable Commonwealth Terms and Conditions.	
→ AUTHORIZING SIGNATURE FOR THE CONTRACTOR: → X: [Signature] (Signature of Contractor's Authorized Signatory) → DATE: 5/27/03 (Date must be handwritten at time of signature) → NAME: FERNANDO CARIELLO → TITLE: CONTRACT MANAGER	AUTHORIZING SIGNATURE FOR THE DEPARTMENT: X: [Signature] (Signature of Department's Authorized Signatory) DATE: 10/30/2003 (Date must be handwritten at time of signature) NAME: Brian Putnam TITLE: PROCUREMENT MANAGER

MA State Wide Contract PRF14 E Learning From RFR ST3J501 MSA ST3J503

Report Date: 10/29/2003 **Contractor Information Sheet**

Amazon Technologies

The Contractor has indicated it could provide services in the following general categories

Course Content Prepackaged: Yes
Course Content Custom Development: Yes
Content Delivery Mechanism: Yes
Learning Management System: Yes

The contractor's web site may be helpful in determining which contractor(s) to contact

Web Site: www.amazon.com

Contrator's contact information

Contact person: Fernando Cariello
Phone #: (781) 938-5500 Ext:
FAX #: (781) 938-1110
E-mail: cariello@amazontech.com

Contractor's mail address

500 W Cummings Park, Ste 5500
Woburn MA 01801

Other factors to be considered in selecting a contractor

Prompt payment discount offered: 1% 30 day

SOMWBA Status:

AMP Subcontracting: No

Agreed to STAR 2004 participation: Yes