

Addendum B

to

Standley Systems' Contract Resulting from Solicitation No. 0900000202

This Addendum to the Standley Systems' Contract Resulting from Solicitation No. 0900000202 amends and restates the Statement of Work Appendix in Standley Systems' response. The parties agree the Statement of Work Appendix be amended as attached hereto as Exhibit A.

Standley Systems

By: Tim Elliott

Name: Tim Elliott

Title: owner

Date: 6-20-16

The State of Oklahoma by and through the Office of Management and Enterprise Services

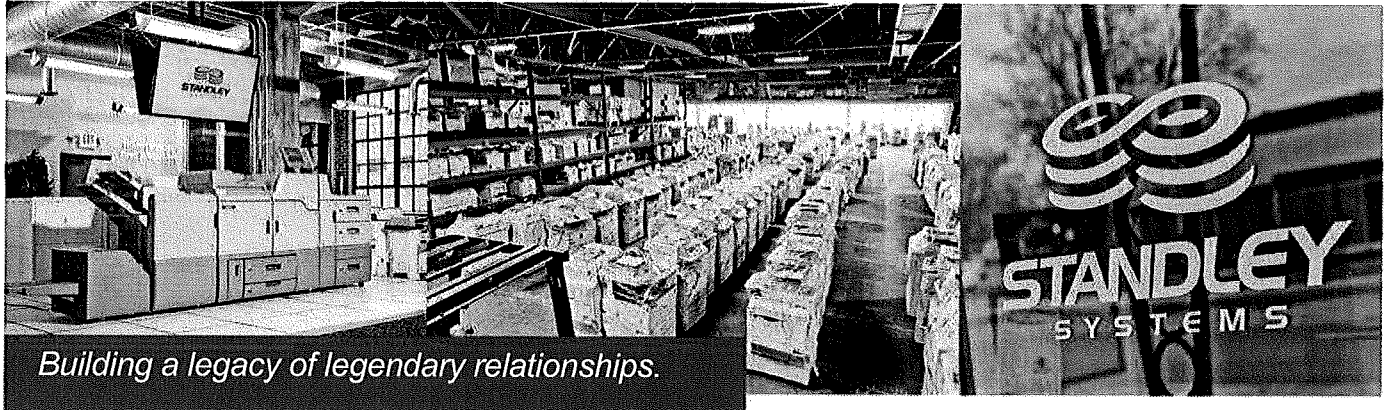
By: Matt Singleton

Name: Matt Singleton

Title: Chief Operations and Accountability officer

Date: 6/23/16

Standley Systems



Statement of Work

Appendix

Revised May 26, 2016



standleys.com

TABLE OF CONTENTS

Section 1: Equipment Covered by this Agreement: Group A – New Equipment

Section 2: Equipment Covered by this Agreement: Group B – Existing Equipment to Stay

Section 3: Equipment Not Covered by this Agreement: Group C – Equipment Removal

Section 4: Equipment Covered by this Agreement: Group D – Existing Out of Scope Equipment, Not Supported

Section 5: State of Oklahoma Document Lifecycle Contract Equipment Quote

Section 6: Change Request Form

Section 7: Site Assessment

Section 8: E-Media Destruction Agreement

Section 9: Business Associate Agreement

Section 10: Certificate of Destruction

Section 11: Checklist for Imaging Services Quotation

Section 12: Content Management Quote

Section 13: Change Control Submission

Section 14: Weekly Risk Report

Section 15: Risk Mitigation Report

Equipment Covered by this Agreement: (Group B - Existing Equipment to Stay)

Location:

Special Billing / Credits Notes / All special billing &/or credits must be approved by SVP, Standley Systems

[illegible]

Print Name & Title

[illegible]

Equipment Not Covered by this Agreement: (Group C - Equipment Removal)

Location:

Special Billing / Credits Notes / All special billing &/or credits must be approved by SVP, Standley Systems

Downloaded from <http://ajph.org/> on November 10, 2015

The undersigned hereby verifies that the information on this Schedule is complete and correct. The undersigned also acknowledges having received a copy of this Schedule.

If there is any provision in this Schedule which conflicts with a provision in the Agreement, the provision in this Schedule shall govern.

[illegible]

Equipment Covered by this Agreement: (Group D – Existing Out of Scope Equipment, Not Supported)

Location:

Special Billing / Credits Notes / All special billing &/or credits must be approved by SVP, Standley Systems

The undersigned hereby verifies that the information on this Schedule is complete and correct. The undersigned also acknowledges having received a copy of this Schedule.

	X		
Customer		Signature	Print Name & Title

If there is any provision in this Schedule which conflicts with a provision in the Agreement, the provision in this Schedule shall govern.

[illegible]

Section 5



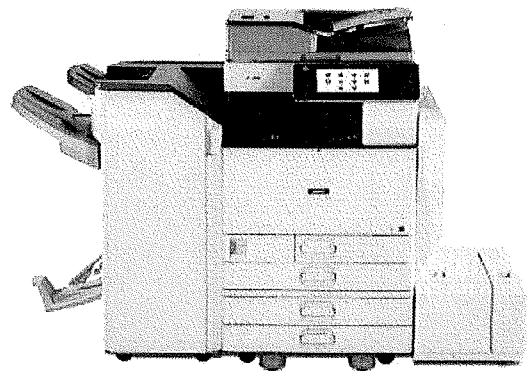
State of Oklahoma Document Lifecycle Contract

Savin MP C4504

Equipment Quote

Speed	45 PPM Mono, 45 PPM Color
Suggested Mo. Vol.	9000 - 25000
Paper Capacity	Standard: 1200, Max: 4400
Paper Weights	16 lb. Bond to 140 lb. index
Paper Sizes	up to 12 x 18
Resolution	600 x 600 dpi

Maintenance	\$0.0080	Mono Cost Per Copy
	\$0.0500	Color Cost Per Copy



Agency/Dept. Name	
Contact Name	
Address	
Phone	
Email Address	

Title:	
City:	
Zip:	
Fax:	

Purchase Price	\$8,797.14
PO Number	

36 Month Lease	\$252.99
-----------------------	----------

Select Lease Option in the blue box

Qty	Product Description	Product Code	Product Notes*	Purchase Price	36 Month Lease
1	Savin MP C4504	416518	(1)(2)(3)	\$5,440.00	\$175.17
1	Print/Scan	standard	0	Included	Included
1	ARDF	standard	0	Included	Included
1	2-Tray Paper Bank (PB3160)	416544	(3)	\$504.29	\$16.24
1	Side LCT (RT3030)	416548	(5)	\$561.43	\$16.70
1	Keep your hard drive	0	0	\$100.00	\$3.22
	Copier Accessories				
	Paper Feed Unit PB3150	416545	(3)		
	Paper Feed Unit PB3160	416544	(3)		
	Paper Feed LCIT PB3230	417270	(6)		
	LCIT RT3030 (1500 Sheets)	416548	(9)		
	Internal Shift Tray SH3070	416550	(7)		
	1 Bin Tray BN3110 (125 Sheets)	416552	(6)(7)(11)(34)		
1	Bridge Unit BU3070	416551	(6)(7)(8)(11)(34)	\$ 97.14	\$3.13
	Finisher SR3140 (1000 Sheet External)	416539	(6)(7)(14)(34)		
	Booklet Finisher SR3150 (1000 Sheet External)	416540	(6)(7)(14)(34)		
1	Booklet Finisher SR3170 (2,000 Sheet External)	416542	(14)	\$1,701.43	\$54.79
	Finisher SR3160 (3,000 Sheet External)	416541	(8)(37)		
	Punch Unit PU3050 NA	416609	(11)		
	Punch Unit PU3060 NA	416612	(6)(8)(37)		
	Internal Finisher SR3130 (500 Sheet)	416543	(36)		
	Punch Unit PU3040 NA	416615	(16)		
	Smart Operation Panel Type M3	416910	(15)		
	Imageable Area Extension Unit Type M3	416730	(12)		

May select one finisher

	Cabinet Type F	100478FNG	(31)(32)		
	Caster Table Type M3	416737	(38)		
	<i>Fax Option Accessories</i>				
	Fax Option Type M4	416564	(17)		
	Fax Connection Unit Type M4	416588	(18)(19)		
	G3 Interface Unit Type M4	416569	(19)(20)		
	32MB Memory 400dpi/SAF	001342MIU	(19)(28)		
	<i>Connectivity Options</i>				
	IEEE 1284 Interface Type A	411699	(30)		
	Camera Direct Print Card Type M4	416594	(27)		
1	Postscript3 Unit Type M4	416591	(10)	\$314.29	\$10.12
	SD card for NetWare printing Type M4	416598	(13)		
	IPDS Unit Type M4	416599	0		
	File Format Converter Type E	414007	0		
	Optional Counter Interface Unit Type A	413012	(35)		
	Key Counter Bracket Type M3	416869	(21)		
	Card Reader Bracket Type 3352	415814	(21)		
	Embedded HotSpot Type S	415620	(21)		
	Browser Unit Type M4	416595	(22)		
	IEEE 802.11a/g/n Interface Unit Type M2	416572	(39)		
	OCR Unit Type M2	416605	(23)		
	<i>EFI Fiery Options</i>				
	Color Controller E-22C	416731	0)(51)(52)(53)(5		
	Color Controller Connection Board Type M4	416733	(42)		
	Fiery Compose FS-100	404582	(32)		
	Fiery Impose Type FS-100	404598	(46)		
	Hot Folders TYPE FS-100	404600	(47)		
	Spot On Type FS100	404601	(48)		
	Auto Trap TYPE FS-100	404602	(44)		
	Fiery CPS v4	007091MIU	(43)		
	Fiery CPSv4 Software only	007096MIU	(32)		
	Fiery ES-2000 Spectrophotometer	007095MIU	(50)(51)(52)(53)		
	EFI Productivity Pack for Fiery E22b E22c	007183MIU	(49)		
	<i>Security & Misc. Options</i>				
	Copy Data Security Unit Type G	416391	(25)		
	External USB Keyboard(No bracket)	100266FNG	(25)		
	Smart Card Reader Built-in Unit Type M2	416729	(21)		
	External Keyboard Bracket Type M3	416909	(21)		
	Data Overwrite Security Unit Type H	416373	(25)		
	TYPE MP C6003 Removable Hard Drive MXRHDMPC60		(21)		
	TYPE MP C6003 Additional Removable Hard Drive MXARHDMPC60		(21)		
	ESP XG-PCS-15D (120 Volt, 15 Amp)	006428MIU	0		

State Agency			
Signature of Representative		Title	Date
Standley Systems			
Signature of Representative		Title	Date

- (1) Designed for a max monthly volume of 50K pages (Letter paper, 20lb. Bond).
- (2) Mainframe includes 9" Color Touch Control Panel, 220-Sheet SPDF, Duplex, 2 x 550-Sheet Paper Trays, 100-Sheet Bypass Tray, Drums, Developer, Scan/Print Kit, USB Host Interface, Gigabit Ethernet, DOSS, PDF Direct Print, HDD Encryption, Java VM Card, Scan to/Print From USB/SD Card, 2GB RAM, & 250GB HDD. Envelope feeding via standard 2nd paper drawer & bypass tray. (The standard DOSS included with the mainframe is ISO 15408 certified).
- (3) One of following: PB3150, PB3160, PB3170 or Cabinet Type F must be installed on the mainframe. (5) Can't be installed w/ PB3150, Caster Table Type M3 or Cab. Type F(6) Only one of these options can be installed on the device.
- (7) Must Order BU3070 Bridge Unit with any external Finisher. (8) Hole Punch Option for SR3130 Finisher.
- (9) Provides additional output tray above the standard Internal Tray or Optional Bridge Unit/Internal Shift Tray/Internal Finisher (Holds 125 Sheets). (10) Must use "Scan to NCP" feature w/ standard Services-Led Scanner when the Fiery Controller & Color Controller Connection Board Type M4 are installed.
- (11) Hole Punch Option for SR3150 & SR3140 Finishers. (12) 4 Pin interface used to mount external key counter to MFP.
- (13) 20-Pin Interface to attach external key counter or key card device. (14) Hole Punch Option for SR3160 & SR3170 Finishers.
- (15) Table shaped option used to place either card reader or counter device. USB Connector.
- (16) Allows customers to print crop marks for proofing SRA3/12.6" documents.
- (17) Installation required to enable fax services: 33.6Kbps, approximately 2 Second Transmission Speed, Standard JBIG. Standard 320 Pages Memory. Includes standard Internet Fax (T.37), LAN Fax, IP-Fax (T.38), Fax Forwarding to Email & Paperless Fax function.
- (18) Up to 2 additional lines can be installed. Maximum total of 3 lines(19) Requires Fax Option Type M4 .
- (20) Increases fax memory to 2,240 pages and fax resolution to 400 x 400 dpi.
- (21) Only one of these additional connectivity options can be installed on the device.
- (22) Allows users to connect a PictBridge-compatible digital camera directly to the MFP, enabling the printing of photos without a computer.
- (23) Required for printing from Mac OS. Recommended for printing more complex color and PDF files.
- (24) This function embeds invisible texts on scanned images of PDF and enables users to search PDF files by arbitrary keywords. Searchable PDF files can be sent to email, folders and external media (SD/USB).
- (25) Required to convert format and drag to desktop document stored via Copy or Print mode.
- (26) Ricoh Advanced Technical Support recommends the use of Power Protection products to minimize potential electrical interference with products.
- (27) Prevents unauthorized copying of confidential documents that were created on other printers that have this option installed.
- (28) Enables users to send/receive faxes on a sub MFP via a main MFP. This option is required on both the Main MFP that has the Fax Option & on the Sub MFP(s).
- (29) For use with Ricoh & 3rd party software solutions. The smart card reader and its cable will be covered inside the mainframe when this option is attached. Not all card readers may be supported.
- (30) External Keyboard for inputting data with either SDK applications OR embedded applications.
- (31) The Smart Card Reader Built-in Unit Type M2 and External Keyboard Bracket Type M3 cannot be installed on the same device.
- (32) This bracket is required for the installation of External USB Keyboard
- (33) Used for Browser Features like ICE. Required with HotSpot MFP Option Type S to enable HotSpot printing. Not compatible with all Web Sites.
- (34) Cannot install floor standing Finisher SR3150, SR3170, SR3160 or SR3140 with the PB3150 and Caster Table Type M3.
- (35) Intelligent Printer Data Stream (IPDS). Target availability is November 2013.
- (36) 10.1" WSGVA resolution control panel provides intuitive touchscreen control similar to smart phones and tablets. It offers advanced Web browser functionality, drag-and-drop icons and swipe scrolling. Note: Standard control panel must be removed by Service Technician. The Smart Operation does not support SDK applications at this time.
- (37) Not compatible with MP C6003.
- (38) Requires Browser Unit Type M4 to enable HotSpot printing. One year HotSpot subscription service included.
- (39) Used by customers who print using Netware. This option is required for the following functions: Use of iPrint ports, SNMP via IPX and Scan to NCP (IPX, TCP/IP).
- (40) Optional Fiery Color Controller that can be configured with the std Print/Scan controller for embedded scan features and Fiery print.
- (41) Fiery option that helps to automate and streamline labor-intensive prepress tasks. Requires Color Controller E22-C & Color Controller Connection Board Type M4.
- (42) Fiery option that provides intuitive tools that make advanced document preparation simple and quick. Requires Color Controller E22-C & Color Controller Connection Board Type M4 .
- (43) Fiery option that enables the creation of special folders that can assign a group of print options. Requires Color Controller E22-C & Color Controller Connection Board Type M4 .
- (44) Fiery option that enables you to reproduce custom or spot colors. Requires Color Controller E22-C & Color Controller Connection Board Type M4.
- (45) Fiery option that provides a fast and simple way to ensure that your image output is optimized. Requires Color Controller E22-C & Color Controller Connection Board Type M4.
- (46) Contains Color Profiler v4 software and ES-2000 spectrophotometer: Includes 1 year of phone support. Requires Color Controller E22-C & Color Controller Connection Board Type M4.
- (47) For customers that have an ES-2000 Spectrophotometer and want Color Profiler v4 software: Includes 1 year of phone support
- (48) Color measurement device for calibration and profiling. Enables fast, precise and flexible color management that produces the highest color quality. Requires Color
- (49) Fiery option aids in workflow productivity - helps meet tight turnaround times/produce top notch color documents while achieving process automation. Requires Color Controller E22-C & Color Controller Connection Board Type M4 .
- (50) Connection Kit is required to use the Color Controller E22-C (416731) with the MP C4503/MP C5503/MP C6003 Mainframes.
- (51) The IEEE1284, IEEE802.11a/g/n Interface Unit Type M2 , Camera Direct Print Card Type M4, PostScript 3 Unit Type M4 and IPDS Unit Type M4 cannot be configured
- (52) The HTML Direct Print feature is not available with Browser Unit Type M4 when Color Controller E-22C & Color Controller Connection Board Type M4 are installed.

- (53) Printing w/ unauthorized copy control pattern or text w/ the Copy Data Security Unit Type G not available when Color Controller E-22C is installed.
- (54) The Certified DataOverWrite Security System that ships standard w/ the mainframe does not overwrite the HDD for the Color Controller E-2

Section 6

Change Request Form

Agency Name: _____

Change Requested: _____

Reason for Change: _____

Impact of Change on current project: _____

Urgency of change: _____

Current Equipment information:

Model: _____	Model: _____
ID#: _____	ID#: _____
Black Meter: _____	Black Meter: _____
Color Meter: _____	Color Meter: _____
Finisher: ____ Yes ____ No	Finisher: ____ Yes ____ No
Fax: ____ Yes ____ No	Fax: ____ Yes ____ No

Model: _____	Model: _____
ID#: _____	ID#: _____
Black Meter: _____	Black Meter: _____
Color Meter: _____	Color Meter: _____
Finisher: ____ Yes ____ No	Finisher: ____ Yes ____ No
Fax: ____ Yes ____ No	Fax: ____ Yes ____ No

Section 7



Site Assessment



Customer:

New Customer Yes No

Machine ID's _____

Installation Contact and Phone _____

Secondary Contact and Phone:

Contact email: _____ Sales Rep

Install Date Preferences _____

Print Drivers (Circle): Installed Locally Installed on Server IT Installed Standleys Installed Functions to be

Used (Circle): Printing Scan to Email Scan to Folder Fax Forwarding

LAN Faxing Copy Only

Operating System:

Windows Apple MAC

IF MAC's present, Postscript ordered? Yes No

How many computers to Connect: _____ How Many to Train? _____

IP('s) _____

Subnet _____ Gateway

DNS _____ SMTP Address: _____

SSL _____ Authentication: _____

Machines to be picked up: ID's _____

If not Standley's, MODEL/SN: _____

Lease Return: Yes No Ours to dispose of? Yes No

Stairs: Yes No Number of steps: _____ Moves: Yes No

Network Drop: Yes No Fax Line: Yes No Correct Power/Ground: Yes No

IT onsite for install: Yes No IT Contact info: _____

Wireless Network Present: Yes No _____

Special Instructions for Install

Specialty Printing Needs

Past Printing Issues?

Section 8

E-Media Destruction Agreement

The Meadows Center for Opportunity, Inc.

1000 S. Kelly, Edmond, OK 73003

405.348.4470 - 405.340.5395 FAX

Email: statecontract@standleys.com

Website: www.meadowsoklahoma.com

Billing

Company: _____

Attention: _____

Street: _____

City: _____ State: _____ Zip: _____

Billing Contact: _____ Phone: _____ Fax: _____

Purchase Order #: _____

Email:

☐ Business ☐ Residence

Service Location

Company or Building Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Site Contact 1: _____

Phone: _____

Site Contact 2: _____

Phone: _____

☐ Business ☐ Residence ☐ Storage Facility

of bins request _____ # of Consoles requested _____ # of Boxes to pick up _____

I understand that the aforementioned containers and keys are the property of The Meadows and will, upon termination of this agreement, return all these containers or compensate The Meadows for their replacement cost. I also understand that The Meadows, being a non-profit corporation, requires activity on the bins every quarter in order to keep inventory costs down. To the extent there is no activity in a quarter, The Meadows will call Customer to determine if a recycle bin is still needed. If not, the recycle bin will be scheduled for pick up.

By signing below, I agree to the above and that I will be invoiced for any and all materials presented to The Meadows for destruction. Payment will be remitted in accordance with Oklahoma Law. If payment is not received within the allotted term, your account will be placed on hold. Accounts suspended for late payment or returned checks are subject to a \$25.00 fee.

Authorized Representative

Date:

Printed Name:

Title:

"Together We Can Achieve the Extraordinary!"

The Meadows is a not-for-profit organization providing employment for persons with developmental disabilities.

Section 9

BUSINESS ASSOCIATE AGREEMENT

This Business Associate Agreement is hereby entered into as of this _____, day of _____, 201__ (“Effective Date”) by and between The Meadows having a place of business at _____ (“Company”) and _____, having a place of business at _____ (“Customer”), effective as of the Effective Date. This Business Associate Agreement supplements the E-Media Destruction Agreement entered into between Company and Customer (“Agreement”) pursuant to which Company is providing services for the confidential destruction of records (“Services”).

Company and Customer are entering into this Business Associate Agreement in order for both parties to meet the relevant requirements of the HIPAA Rules (hereinafter defined), under which Customer is a “Covered Entity” and Company is a “Business Associate” of Customer.

This Business Associate Agreement shall be effective only if the Agreement remains in full force and effect and, if so in effect, this Business Associate Agreement shall be effective as of the Effective Date set forth above, with the condition that all requirements incorporated into this Agreement shall be required as of the applicable compliance date for any such requirements under the HIPAA Rules.

1. Definitions:

Capitalized terms not otherwise defined in this Business Associate Agreement or the Confidential Document Destruction Agreement shall have the meanings given to them in HIPAA and are incorporated herein by reference

“Business Associate” shall mean Company.

“Covered Entity” shall mean Customer.

The “HIPAA Rules” shall mean the Privacy, Security, Breach Notification and Enforcement Rules as set forth at 45 CFR Part 160 and part 164, as the same may, from time to time, be amended. The HIPAA Privacy Rule is the Standards for Privacy of Individually Identifiable Health Information at 45 CFR, part 160 and part 164, subparts A and E. The HIPAA Security Rule is the HIPAA Security Standards (45 C.F.R. Parts 160, 162, and 164). The HIPAA Breach Notification Rule is the Notification in the Case of Breach of Unsecured Protected Health Information, as set forth at 45 CFR Part 164 Subpart D.

The "HITECH Act" shall mean the applicable provisions of the Health Information Technology for Economic and Clinical Health Act, and any accompanying regulations (the "HITECH Act.").

"Protected Health Information" or "PHI" shall have the same meaning as the term 'protected health information' in 45 CFR 164.501 and shall be limited to the information created, received or maintained by the Business Associate from or on behalf of Covered Entity.

2. Obligations and Activities of Business Associate Under the HIPAA Privacy Rule to the Extent Applicable to the Services Provided Under the Agreement.

- (a) Business Associate agrees to not use or further disclose PHI other than as permitted or required by this Business Associate Agreement, the Agreement or as Required by Law. Except as otherwise limited in this Business Associate Agreement, Business Associate may use or disclose PHI to perform functions, activities or services for, or on behalf of Covered Entity, as specified in the terms of the Agreement and consistent with applicable law. Such use, disclosure or request of PHI shall utilize a limited data set if practicable or otherwise the minimum necessary PHI to accomplish the intended result of the use, disclosure or request, consistent with applicable minimum necessary policies and procedures. Business Associate further may use or disclose PHI as required by law.
- (b) Business Associate agrees to use appropriate safeguards to prevent use or disclosure of the PHI other than as provided for by this Business Associate Agreement or the Agreement.
- (c) Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of PHI by Business Associate in violation of the requirements of this Business Associate Agreement.
- (d) Business Associate agrees to report to Covered Entity promptly any use or disclosure of PHI not provided for by this Business Associate Agreement or the Agreement. In addition, Business Associate will report, following discovery and without unreasonable delay, any "Breach" of "Unsecured Protected Health Information" as defined by

the Breach Notification Rule. Any such report shall include the identification (if known) of each individual whose Unsecured Protected Health Information has been, or is reasonably believed by Business Associate to have been, accessed, acquired, or disclosed during such Breach.

- (e) Business Associate agrees to ensure that any agent, including a subcontractor, to whom it provides PHI received from, or created or received by Business Associate on behalf of Covered Entity agrees to the same restrictions that apply through this Business Associate Agreement and applicable law with respect to such information.
- (f) To the extent (if any) that Business Associate maintains a Designated Record Set for Covered Entity, and is notified of such by Covered Entity, Business Associate agrees to make available, at the request of Covered Entity, to the Covered Entity PHI in a Designated Record Set, so that the Covered Entity may respond to an Individual consistent with 45 CFR 164.524.
- (g) To the extent (if any) that Business Associate maintains a Designated Record Set for Covered Entity, and is notified of such by Covered Entity, if an amendment to PHI in a Designated Record Set is required pursuant to 45 CFR 164.526, then the Covered Entity shall instruct the Business Associate to retrieve the record or any other such document identified by Covered Entity in a Designated Record Set so that the Covered Entity may make any such amendment to the PHI as may be required by the Covered Entity under 45 CFR 164.526.
- (h) Business Associate agrees to make its internal practices, books and records relating solely to the use and disclosure of PHI created or received by Business Associate hereunder available to the Secretary, upon request of the Secretary or the Covered Entity, upon receiving not less than five (5) days advance written notification by the Covered Entity, for the purpose of determining whether Covered Entity is in compliance with relevant HIPAA requirements.
- (i) Where requested by Covered Entity in connection with a specific request from an Individual and consistent with this paragraph, Business Associate agrees to document as set forth below such disclosures of PHI (but only to the extent that Covered Entity has provided Business Associate with sufficient information to know that

PHI may reside in the records or other such documents delivered by Covered Entity to Business Associate). Subject to Covered Entity providing Business Associate with sufficient information upon which to make a determination as to the existence of PHI in records or such other documents delivered by Covered Entity to Business Associate, the documentation of such disclosures shall contain such information related to such disclosures as would be required for Covered Entity to respond to the request by an Individual for an accounting of disclosures of PHI in accordance with 45 CFR 164.528.

- (j) Business Associate agrees to provide to Covered Entity in a time and manner reasonably designated by Covered Entity, information collected in accordance with Section 2(i) of this Business Associate Agreement, to permit the Covered Entity to respond to a specific request by an Individual for an accounting of disclosures of PHI in accordance with 45 CFR 164.528.
- (k) Business Associate shall not directly or indirectly receive remuneration in exchange for PHI except where permitted by the Agreement and consistent with applicable law.
- (l) Business Associate may use PHI if necessary for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate. Business Associate may disclose PHI if necessary for the proper management and administration of the Business Associate, or to carry out the legal responsibilities of the Business Associate, provided that disclosure is required by law, or Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and used or further disclosed only as required by law or for the purpose for which it was disclosed to the person, and the person notifies the Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.

3. Obligation of Covered Entity. Covered Entity shall not request Business Associate to use or disclose PHI in any manner that would not be permissible under the Privacy Rule if done by Covered Entity.

4. Obligations and Activities of Business Associate Under the HIPAA Security Rule to the Extent Applicable to the Services Provided Under the Agreement

(a) Business Associate will implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of electronic Protected Health Information that it creates, receives, maintains, or transmits on behalf of Covered Entity, consistent with the HIPAA Security Rule. The term “electronic Protected Health Information” or “Electronic Protected Health Information” has the meaning set forth in 45 Code of Federal Regulations Section 160.103, as amended from time to time and generally means PHI that is transmitted or maintained in any electronic media.

(b) Business Associate will ensure that any agent, including a subcontractor, to whom it provides such electronic PHI, agrees to implement reasonable and appropriate safeguards to protect it, consistent with the requirements of the HIPAA Security Rule.

(c) Business Associate will report to the Covered Entity any Security Incident (as that term is defined in the HIPAA Security Rule) that results in the unauthorized access, use, disclosure, modification, or destruction of Covered Entity’s electronic Protected Health Information of which it becomes aware.

(d) Business Associate will make Business Associate’s policies and procedures and documentation required by the HIPAA Security Rule available to the Secretary of HHS, upon receiving not less than five (5) days advance written notification by the Covered Entity, for purposes of determining Covered Entity’s compliance with the HIPAA Security Rule.

5. Term and Termination.

- (a) Term. The Term shall commence as of the Effective Date set forth above, and, in connection with Business Associate’s obligations with respect to the PHI, shall terminate upon the later to occur of (i) the expiration of the Agreement or (ii) when all PHI provided by

Covered Entity to Business Associate, or created or received by Business Associate, on behalf of Covered Entity, is destroyed or returned to Covered Entity, or, if it is infeasible to return or destroy PHI, protections are extended to such information, in accordance with the termination provisions in this Section 5.

(b) Termination for Cause. Upon Covered Entity's knowledge of a material breach by Business Associate, Covered Entity shall provide an opportunity for Business Associate to cure the breach. If Business Associate does not cure the breach within not more than ten (10) days following Business Associate's receipt of a written notice from Covered Entity setting forth the details of such material breach, then Covered Entity shall have the right to immediately terminate this Business Associate Agreement and the Agreement identified. Alternatively, if such failure cannot reasonably be cured, Covered Entity may report Business Associate to the HHS Secretary.

(c) Effect of Termination.

1. Upon termination of this Business Associate Agreement, for any reason, Business Associate shall return or destroy all PHI received from Covered Entity, or created or received by Business Associate on behalf of Covered Entity. This provision shall apply to PHI that is in the possession of subcontractors or agents of Business Associate. Business Associate shall retain no copies of the PHI.
2. In the event that Business Associate determines that returning or destroying the PHI is infeasible, Business Associate shall provide to Covered Entity notification of the conditions that make return or destruction infeasible. Upon mutual agreement of the parties that return or destruction of PHI is infeasible, Business Associate shall extend the protections of this Business Associate Agreement to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such PHI.

6. Miscellaneous.

- (a) Regulatory References. A reference in this Business Associate Agreement to a section in the HIPAA Rules means the section as in effect or as amended, and for which compliance is required.
- (b) Amendment. The parties agree to negotiate in good faith any amendment to this Business Associate Agreement that may be required from time to time as is necessary for the Covered Entity to comply with the requirements of the HIPAA Rules. Any amendment must be in writing and executed by Business Associate and Covered Entity. If the parties cannot reach mutual agreement on the terms of any such amendment within sixty (60) days following the date of receipt of any such written request made by Covered Entity to Business Associate, then the Covered Entity shall have the right to terminate this Business Associate Agreement and the Agreement immediately.
- (c) Survival. The respective rights and obligations of Business Associate under Section 5(d) above of this Agreement shall survive the termination of this Agreement.
- (d) No Third Party Beneficiaries. Nothing express or implied in this Agreement is intended to confer, nor shall anything herein confer, upon any person other than Covered Entity, Business Associate

and their respective successors or assigns, any rights, remedies,
obligations or liabilities whatsoever

CUSTOMER/*Covered Entity*:

COMPANY/*Business Associate*

By: _____ By: _____

Name: _____ Name: _____

Title: _____ Title: _____

Section 10



Certificate of Destruction

This is to certify that all records and materials received from

Contact Trudie

Name Calvert Law Firm

Address 1041 NW Grand Blvd
Oklahoma City, OK 73118

<i>Date</i>	<i>Ticket</i>	<i>Description</i>	<u><i>Quantity</i></u>
3/1/2016	46537	Total Weight	161

This certificate represents our assurance to you that the material described above will be destroyed in accordance with our standard procedures and in compliance with all applicable laws; including the Privacy Act of 1974 as amended by U.S.C. 522a and within the meaning of HIPPA Privacy Rule of 1996 as amended by HITECH and FACIA Privacy Rule 2003.

In accordance with our standard procedures any recyclable paper will be shredded, baled, and reduced to pulp. Non-recyclable material will be shredded or destroyed so it is rendered unusable for the purpose it was designed for.

Invoice Number: 996494

Invoice Date: 3/1/2016

By

The Meadows Center for Opportunity, Inc.



MEADOWS

The Meadows Center for Opportunity, Inc.

1000 S. Kelly, Edmond, OK 73003

Section 11

Checklist for Imaging Services Quotation – prepared for Standleys Office Machines, Inc.,

Service	Estimated Quantity	Additional Details
Loose page scanning <input type="checkbox"/> On-site <input type="checkbox"/> Off-site		<input type="checkbox"/> Maximum page size? <input type="checkbox"/> Minimum page size? <input type="checkbox"/> Books/file cabinet drawers/boxes? <input type="checkbox"/> Single/double sided? <input type="checkbox"/> Folio? <input type="checkbox"/> Tabs on sheets? <input type="checkbox"/> Photostat? <input type="checkbox"/> Addendums? <input type="checkbox"/> Document prep required?
Bound book scanning <input type="checkbox"/> On-site <input type="checkbox"/> Off-site		<input type="checkbox"/> Bound/loose over 12" wide? <input type="checkbox"/> Page size? <input type="checkbox"/> Single/double sided? <input type="checkbox"/> Folio? <input type="checkbox"/> Tabs on sheets? <input type="checkbox"/> Photostat? <input type="checkbox"/> Addendums?
Map/Engineering drawing scanning		<input type="checkbox"/> Page size? <input type="checkbox"/> Single/double sided? <input type="checkbox"/> Sleeved? <input type="checkbox"/> Are sleeves sealed? <input type="checkbox"/> Max thickness of sleeve? <input type="checkbox"/> Hanging/loose/rolled/folded/bound? <input type="checkbox"/> Insert maps into new sleeves?
Image Indexing		<input type="checkbox"/> Folder/sleeve/box indexing only? <input type="checkbox"/> Index numbered book pages – determine missing pages/anomalies? <input type="checkbox"/> Index by
Microform scanning		<input type="checkbox"/> 16 or 35mm roll film? <input type="checkbox"/> Blipped? <input type="checkbox"/> Aperture cards – avg images/card? <input type="checkbox"/> Microfiche (jacketed/non-jacketed)?
Delivery		<input type="checkbox"/> Include JPG images? <input type="checkbox"/> Deliver 2 copies? <input type="checkbox"/> DVD or USB External Media?

Section 12

Content Management Quote

Client Name Here

Date

Project Manager Name

Part number	Description	QTY	MSRP Per Unit	Sub-total MSRP	Cost
SmartSearch Professional Edition	<i>The SmartSearch core product suite delivers a highly intuitive foundation for Content Management with powerful tools for effectively managing images and electronic content. The base product provides the ability to store, search and manage documents through the included SQL 2012 Express database engine (may use existing instance of SQL 2005, 2008, 2012). Standard features include Web & LAN Access, Image Annotations, Image Separation, Image Enhancement, Bar Code Recognition, KeyFree Indexing, Email Delivery, Database Look Ups, Email Notifications, Audit Trail Reporting, Check-in/Check out and version control as well as TWAIN based document scanning.</i>				
SS3USR-003	SmartSearch 3 User Professional Edition License		2,300.00\$	\$0.00	\$0.00
SS3USR-003MS	SmartSearch 3 User Professional Edition License Maintenance & Support	0	500.00\$	\$0.00	\$0.00
SS5USR-005	SmartSearch 5 User Professional Edition License	1	\$ 3,850.00	\$3,850.00	\$3,080.00
SS5USR-005MS	SmartSearch 5 User Professional Edition License Maintenance & Support	1	\$ 770.00	\$770.00	\$693.00
SS10USR-010	SmartSearch 10 User Professional Edition License		7,700.00\$	\$0.00	\$0.00
SS10USR-010MS	SmartSearch 10 User Professional Edition License Maintenance & Support	0	1,540.00\$	\$0.00	\$0.00
SS15USR-015	SmartSearch 15 User Professional Edition License		11,550.00\$	\$0.00	\$0.00
SS15USR-015MS	SmartSearch 15 User Professional Edition License Maintenance & Support	0	2,310.00\$	\$0.00	\$0.00
SS20USR-020	SmartSearch 20 User Professional Edition License		15,400.00\$	\$0.00	\$0.00
SS20USR-020MS	SmartSearch 20 User Professional Edition License Maintenance & Support	0	3,080.00\$	\$0.00	\$0.00
SS25USR-025	SmartSearch 25 Professional Edition User License		19,250.00\$	\$0.00	\$0.00
SS25USR-025MS	SmartSearch 25 Professional Edition User License Maintenance & Support	0	3,850.00\$	\$0.00	\$0.00
SS1USR-001	SmartSearch Professional Edition Single User Add On License		850.00\$	\$0.00	\$0.00
SS1USR-001MS	SmartSearch Professional Edition Single User Add On License Maintenance & Support	0	170.00\$	\$0.00	\$0.00
Professional Edition Only Server Options	<i>Additional features available for the SmartSearch Professional Edition include Text Searchable PDF Creation (includes formatted Word/Excel Output), Content Based Searching, Zonal OCR, Multi Database support, automated workflow and solutions for test servers and disaster recovery licensing.</i>				
ZONEOCR-001	Zonal Based OCR with Data Validation		725.00\$	\$0.00	\$0.00
ZONEOCR-001MS	Zonal Based OCR with Data Validation Maintenance & Support	0	145.00\$	\$0.00	\$0.00
PDFCREATE-001	Text PDF Creator		725.00\$	\$0.00	\$0.00
PDFCREATE-001MS	Text PDF Creator Maintenance & Support	0	145.00\$	\$0.00	\$0.00
CONTSRCH-001	Content Search Engine		725.00\$	\$0.00	\$0.00
CONTSRCH-001MS	Content Search Engine Maintenance & Support	0	145.00\$	\$0.00	\$0.00
CONTBNDL-001	Content Search/PDF Creator Value Bundle	1	\$ 1,100.00	\$1,100.00	\$880.00
CONTBNDL-001MS	Content Search/PDF Creator Value Bundle Maintenance & Support	0	220.00\$	\$0.00	\$0.00
MULTIDB-001	Multi Database Support		1,650.00\$	\$0.00	\$0.00
MULTIDB-001MS	Multi Database Support Maintenance & Support	0	330.00\$	\$0.00	\$0.00
TABDAT-001	Tabular Data Control - for Multi Column Indexing		1,650.00\$	\$0.00	\$0.00
TABDAT-001MS	Tabular Data Control - for Multi Column Indexing Maintenance & Support	0	330.00\$	\$0.00	\$0.00
WORKXCH-001	Work XChange - Workflow Engine	1	\$ 5,500.00	\$5,500.00	\$4,400.00
WORKXCH-001MS	Work XChange - Workflow Engine Maintenance & Support	0	1,100.00\$	\$0.00	\$0.00
SSDR-001	SmartSearch Disaster Recovery License		3,000.00\$	\$0.00	\$0.00
SSDR-001MS	SmartSearch Disaster Recovery License Maintenance & Support	0	600.00\$	\$0.00	\$0.00
SSTEST-001	SmartSearch Test System License		3,000.00\$	\$0.00	\$0.00
SSTEST-001MS	SmartSearch Test System License Maintenance & Support	0	600.00\$	\$0.00	\$0.00
S9S Professional Services	<i>The Square 9 Professional Services Group offers a variety of services to fully support your Implementation projects or to augment the services of your own Professional Services team. Professional Services are available as both remote and onsite (T&E Additional) offerings.</i>				
S9SPROSRV-001	Per Diem On Site Services	3	\$ 1,600.00	\$4,800.00	\$3,840.00
S9SPROSRV-002	Per Diem Remote Access Services		1,250.00\$	\$0.00	\$0.00
S9SPROSRV-003	Four Hour Remote Access Service Block		700.00\$	\$0.00	\$0.00
S9SPROSRV-004	Per Diem Custom Development Services		1,800.00\$	\$0.00	\$0.00
S9SPROSRV-004MS	Per Diem Custom Development Services Maintenance & Support	0	360.00\$	\$0.00	\$0.00
S9SPROSRV-006	Custom SQL Scripting (4 hour Increments)		900.00\$	\$0.00	\$0.00
S9SPROSRV-006MS	Custom SQL Scripting (4 hour Increments) Maintenance & Support	0	180.00\$	\$0.00	\$0.00
S9SPROSRV-007	Per Diem Third Party Professional Services		1,800.00\$	\$0.00	\$0.00
S9SPROSRV-008	Per Diem GlobalForms Development Services		1,800.00\$	\$0.00	\$0.00
S9SPROSRV-009	Per Diem Data Conversion Services		1,800.00\$	\$0.00	\$0.00
S9SPROSRV-010	Project Based Data Conversion Services		Please Call	\$0.00	\$0.00

Total

Total MSRP
\$16,020.00

Total Cost
\$12,893.00

This quote must be accompanied by a signed Project SOW prior implementation.

Signature

Date

Printed Name



Change Control Submission

Project Name		Date of Request	
Requested By			
Presented To			

Change Name	
-------------	--

Description of Change: Reason for Change: Effect on Deliverables (including a list of any affected deliverables): Effect on Organization: Effect on Schedule (including Estimated Completion Date for this change): Notes:

Effect on Project Cost:		
Item Description	Hours	
	Reduction	Increase
Services	0	8
Total Net Change in Cost:		\$0.00

Section 13



Change Control Submission

Customer Acknowledgement

<input type="checkbox"/> Approved	Signature: _____
<input type="checkbox"/> Rejected	Title: _____ Date: _____

Project Manager Acknowledgement

<input type="checkbox"/> Approved	Signature: _____
<input type="checkbox"/> Rejected	Title: _____ Date: _____

Engineer Acknowledgement

<input type="checkbox"/> Approved	Signature: _____
<input type="checkbox"/> Rejected	Title: _____ Date: _____

Section 14



Weekly Risk Report

Client Name	# of Risk Pending
Project Title	Pending Risk Status

Budget	
Initial Allocated Budget	
Current Estimated Budget	\$0.00
\$ Over Budget	
\$ Due to Client	
\$ Due to Vendor	
\$ Due to Unforeseen	
\$ Due to Other	
% Over Budget	#DIV/0!
% Due to Client	#DIV/0!
% Due to Vendor	#DIV/0!
% Due to Unforeseen	#DIV/0!
% Due to Other	#DIV/0!

Schedule	
Initial Start Date	
Initial Completion Date	
Current Completion Date	1/0/00
Days Delayed	
Days to Client	
Days to Vendor	
Days to Unforeseen	
Days to Other	
% Over Schedule	#DIV/0!
% Due to Client	#DIV/0!
% Due to Vendor	#DIV/0!
% Due to Unforeseen	#DIV/0!
% Due to Other	#DIV/0!

Risk	
\$ Over Budget Foreseen	\$0.00
% Over Budget Foreseen	#DIV/0!
Days Delayed Foreseen	0
% Over Schedule Foreseen	#DIV/0!

Section 15

Risk Mitigation Report

Once a risk is identified, the Project Manager will develop a plan for mitigation, including potential changes to timeline and cost. This plan will be communicated in writing the agency representative for review and approval.

[illegible]