

**Microsoft Premier Support Services Description Schedule:
Fee and Named Contacts:**

(Microsoft Affiliate to complete)
Premier Support Services Description Number
 (Microsoft Affiliate to complete)
Schedule Number


001201410

REN_001422973

Customer Name: **City of Riverside**

This Schedule is made pursuant to the Microsoft Premier Support Services Description identified above (the "**Services Description**"). The terms of the Services Description and applicable Exhibits are incorporated herein by this reference and by accepting Our performance of Services under this Schedule You agree to be bound by these terms. Any terms not otherwise defined herein will assume the meanings set forth in the Agreement and the Services Description.

By signing below the parties acknowledge and agree to be bound to the terms of the Agreement and this Services Description.

Customer	Microsoft Affiliate
Name of Customer (please print) City of Riverside	Name Microsoft Corporation
Signature	Signature  C5F4FFFE6A2E45D DocuSigned By: David T. Gallagher
Name of person signing (please print)	Name of person signing (please print) David T. Gallagher
Title of person signing (please print)	Title of person signing (please print) Director of Contracts
Date	Date 6/16/2015

Term

This Schedule will commence on **06/15/2015** (the "Commencement Date") and will expire on **06/14/2016** (the "Expiration Date").

1. PREMIER SUPPORT SERVICES AND FEES. The quantities listed in the table below represent the amount of Services that You have pre-purchased for use during the term of this Schedule and applicable fees.

a. Fee Summary

	Price (US\$)
Country: United States	\$80,150
Total	\$80,150

b. Services by Support Location

Country : United States (Premier Standard 0)
<ul style="list-style-type: none"> Support Account Management Included Up to 150 hours for Support Assistance* Up to 50 hours for Problem Resolution Support Twelve (12) Onsite Services Resource Site Visit Unlimited User Access to Premier Online Website

* All registration requirements for Workshops and Events must be completed by You no later than 60 days prior to the expiration date of this Fee and Named Contacts Schedule(s).

Both Customer and Microsoft understand that there may be travel requirements for performing services under this Services Description. For any travel expenses that may arise in connection with this SD, Customer agrees that any travel and other expenses incurred by Microsoft may be decremented from the Support Assistance hours.

2. MICROSOFT CONTACT

Microsoft Contact: Contact for questions and notices about this Schedule and the Services Description:

Microsoft Contact Name: Staci Supulski
Address: Microsoft Corporation
Attn: Staci Supulski
Phone: 512-497-7316
Email: v-stas@microsoft.com
Fax: 425-708-7863

3. CUSTOMER NAMED CONTACTS

- a. **Premier Customer Named Contacts:** Any subsequent changes to the Named Contacts should be submitted to the Services Resource CSM.

CSM Name: Alan Lee	Named Contact Name:
Address: 3900 Main Street, Basement _____ Riverside, CA 92522 _____ _____	Address: _____ _____ _____
Phone: (951) 826-5618	Phone: ()
Email: alee@riversideca.gov	Email:
Facsimile: ()	Facsimile: ()