



# OHIO ECC PROVIDER EQUIPMENT AGREEMENT

FOR INTERNAL USE ONLY  
Agreement Number: OHDAYC-00- \_\_\_\_\_

Provider ID: \_\_\_\_\_

Effective Date: \_\_\_\_\_

This **Agreement** is made by and between Xerox State & Local Solutions, Inc. a New York Corporation, having an office at 8260 Willow Oaks Corporate drive, Fairfax, VA 22031 (hereinafter "**XEROX**") and \_\_\_\_\_, a  \_\_\_\_\_ corporation,  individual(s),  partnership,  other \_\_\_\_\_;  organized and existing under the Laws of the state of \_\_\_\_\_, and having a  business,  residence at \_\_\_\_\_ (hereinafter "**Provider**").

XEROX is under contract with the State of Ohio (hereinafter "**State**") to provide an automated e-Child Care system that provides timekeeping and recording of attendance of State authorized Child Care attendees. As part of that contract with the State, XEROX is also required to furnish equipment for the use of child care providers and maintain that equipment.

## Article 1: **XEROX STATE AND LOCAL SOLUTIONS RESPONSIBILITIES**

- 1.1 XEROX will furnish Provider with Point of Service (POS) terminal equipment (hereinafter "**Equipment**") and related services: installation, training, repair, and help desk support.
- 1.2 Equipment. Equipment shall be a VeriFone model VX510 or VX570 Point-of-Service (POS) terminal. XEROX reserves the right to change the Equipment's brand, model or features at any time without prior notification to Provider.
- 1.3 Equipment Ownership. Equipment shall at all times remain the property of XEROX.
- 1.4 Equipment Usage. Equipment shall be used by Provider solely in connection with the Ohio Electronic Child Care Subsidy Program (hereinafter "**Ohio ECC**").
- 1.5 Equipment Allocation. Guidelines for Equipment allocation are established under a separate contract between XEROX and the State. Equipment will be allocated at a ratio of 1 unit of Equipment to 50 State authorized Child Care attendees (hereinafter "**Active Participants**"). XEROX reserves the right to remove excess Equipment on demand during Provider's normal business hours. Excess Equipment is defined as a ratio of Equipment to Active Participants of less than 1:50 when more than 1 (one) unit of Equipment is furnished (examples: 1:49 or 1:30).
- 1.6 Installation. XEROX shall provide for Equipment installation at a time mutually agreed to between XEROX (or its designated installer) and the Provider.
- 1.7 Training. At the time of installation, the Provider or authorized person will be trained and provided one (1) *Quick Reference Guide* and one (1) *Ohio Child Care Provider Operations Manual*. This reference material will be also be made available on the Ohio Child Care Provider Web Site described in the *Ohio Child Care Provider Operations Manual*.
- 1.8 Help Desk. XEROX shall provide a toll-free telephone number for Provider use 24 hours per day/7 days per week. The Help Desk will be staffed by customer support representatives. The Help Desk will also be staffed on all major holidays.
- 1.9 Equipment Repair. XEROX shall be solely responsible for the repair of malfunctioning Equipment. For Equipment repair, Provider shall promptly notify XEROX using the telephone number(s) separately furnished to Provider by XEROX. Repair calls will be accepted during normal help

desk hours listed above. Telephone calls from pay phones will not be accepted. At XEROX discretion, Equipment may either be repaired or replaced. If the equipment issue cannot be resolved by phone with the Customer Service Representative nor National Equipment Maintenance Center (NEMC), and replacement equipment is required, the equipment is replaced within 48 hours of notification of the problem and is received by the provider the following business day.

1.10 Supplies. XEROX will provide the initial supply of paper. The supply will be as follows:

Type A Homes – 9 rolls of paper  
Centers – 18 rolls of paper  
All other providers – 3 rolls of paper

After the initial supply, the Provider is responsible for purchasing paper for the equipment.

## **Article 2: PROVIDER RESPONSIBILITIES**

2.1 Equipment Use and Care. The Provider agrees that it shall follow the instructions of any manuals accompanying the Equipment, as amended from time to time, in the care, use and installation requirements of the Equipment as specified by the manufacturer or XEROX.

2.2 Equipment Security. Provider agrees that it shall provide reasonable security measures to protect the Equipment from damage, theft or unauthorized use.

2.3 Equipment Environmentals. Provider agrees that it shall provide suitable electric current (standard 120 volt outlets) to operate the Equipment, a suitable place for Equipment installation, a suitable environment for the Equipment and telephone service for use by the Equipment (shared or dedicated at Provider discretion). Provider agrees to be solely responsible for electrical and telephone services necessary for the operation of the Equipment.

2.4 Provider and Bank Data. Provider agrees that in the event that Provider chooses exhibit A, Provider shall supply accurate and current data for Exhibit A (Ohio ECC Equipment Recovery and Reimbursement Authorization Form). Provider acknowledges that failure to immediately notify XEROX in writing of changes to Exhibit A data may result in delay in equipment installation and/or reimbursement due. Provider acknowledges and agrees that banking information can be used to credit, debit, and/or make adjustments to credits or debits, required to fulfill the terms of this agreement. If Provider does not complete and submit Exhibit A, Provider agrees to pay all invoices from XEROX within thirty (30) days of receipt for non-return of equipment.

2.5 Equipment Control and Location. Provider agrees that it will at all times keep the Equipment in its sole possession and control. The Equipment shall not be moved from the Provider possession and control without prior authorization from State.

2.6 Equipment Liens. Provider agrees that it shall keep the Equipment free and clear of all liens and encumbrances.

2.7 Equipment Access. Provider agrees that XEROX or its designee shall have free and clear access to the Equipment at all reasonable times for the purpose of maintenance, repair, inspection or removal.

2.8 Equipment Repair. Provider agrees that it shall not make or attempt to make any repairs to the Equipment.

Equipment Supplies. After the initial supply described in Paragraph 1.10, the Provider is responsible for purchasing paper for the equipment.

## **Article 3: TERM AND TERMINATION**

3.1 Term. The term of the Agreement shall commence on the Effective Date and continue through

Provider's State determined term of agreement for the Publicly Funded Child Care Program (PFCC) participation, as well as the existence of assigned Active Participants.

3.2 Renewal Periods. Unless the Agreement is terminated or expires in accordance with the terms of this Agreement, this Agreement shall automatically renew without further action for the duration of authorization assignment and active participation.

3.3 Termination. Either party may terminate this Agreement without cause upon giving fifteen (15) days prior written notice to the other party, citing this Section 3.3.

This Agreement shall terminate immediately upon the instance of one or more of the following: Provider is no longer authorized under PFCC or Provider ceases its business operations in the State for any reason.

3.4 Effect of Termination – Equipment. Within five (5) business days of Agreement termination, Provider shall return all Equipment to XEROX at XEROX expense and in the manner agreed to by XEROX, or make the Equipment available for XEROX pickup at a mutually agreed time from 9:00 a.m. to 5:00 p.m., Monday through Friday, excluding Federal holidays. Upon termination of the Agreement pursuant to the provisions herein, Provider will immediately return the Equipment to XEROX or purchase the Equipment from XEROX at a price to be mutually agreed upon between XEROX and Provider. Failure of the Provider to return equipment within ten (10) business days of the effective termination date will result in an ACH debit or invoice in the amount of seven hundred dollars and sixty-five dollars and no cents (\$765.00) to the Provider's financial institution account or invoiced to the Provider.

Should such a debit occur as a result of non-returned equipment on the part of Provider, Provider will have 30 days from the day of the debit to return the equipment and receive a full refund. Credits will not be issued beyond 30 days and Provider will own the equipment if they were successfully debited in accordance with the terms of this Agreement.

#### **Article 4: CARE OF EQUIPMENT**

4.1 Provider agrees to follow the instructions of any Manuals accompanying the Equipment, as amended from time-to-time, in the use and care of the Equipment and agrees to advise XEROX or its authorized representatives of any conditions that may require servicing. Provider will take all reasonable security measures to protect the Equipment from damage and/or unauthorized use. Provider will not make or attempt to make any repairs to the Equipment. Provider agrees to bear the expense of repairing damage to the Equipment which occurs while the Equipment is in Provider's care, unless such damage is caused by Equipment malfunction which did not result from Provider's improper use of the Equipment.

#### **Article 5: LIMITATION OF LIABILITY**

5.1 XEROX and the State will not be responsible or liable for any cost, expense or damage arising out of the use of the Equipment by Provider including, but not limited to, lost profits or damages to persons or property. Provider will bear all risks including the entire risk of loss, theft, damage or destruction of the Equipment and all liability for the use, possession, operation, storage and condition of the Equipment; provided, however, that Provider will not be liable for personal injury and/or damages to property resulting from the negligence or willful acts of XEROX, its employees, subcontractors or agents.

#### **Article 6: INDEMNIFICATION**

6.1 Provider will indemnify and hold XEROX, its parent corporations, affiliates, employees, subcontractors and agents harmless from all losses, costs, expenses and damages, including attorneys' fees, incurred because of or incident to the Equipment or the use, possession, operation, storage and condition thereof; provided, however, that Provider's obligation to indemnify and hold harmless will not apply in cases in which XEROX will be found liable for personal injury and/or damage to property resulting from the negligence or willful acts of XEROX, its employees, contractors or agents.

**Article 7: WARRANTIES**

7.1 XEROX WARRANTS THAT SERVICES PROVIDED UNDER THIS AGREEMENT WILL BE PERFORMED IN ACCORDANCE WITH INDUSTRY STANDARDS BY QUALIFIED PERSONNEL IN A QUALITY MANNER AND WILL CONFORM TO THE SPECIFICATIONS AS DESCRIBED HEREIN.

THE EXPRESS WARRANTIES SET FORTH IN THIS SECTION ARE THE ONLY WARRANTIES GIVEN BY XEROX WITH RESPECT TO THE SERVICES AND EQUIPMENT PROVIDED PURSUANT TO THIS AGREEMENT. XEROX MAKES NO OTHER WARRANTIES EXPRESSED OR IMPLIED, OR ARISING BY CUSTOM OR TRADE USAGE AND SPECIFICALLY MAKES NO WARRANTY OF MERCHANTABILITY OR FITNESS FOR ANY PARTICULAR PURPOSE.

**7.2 Article 8: GOVERNING LAW**

8.1 This Agreement will be governed by and construed in accordance with the Laws of the State of Ohio and any action commenced hereunder shall be brought in State of Ohio. Further, Provider consents to the jurisdiction of the courts located in State of Ohio.

**Article 9: ASSIGNMENT**

9.1 Neither this Agreement, nor any right or obligation thereunder, shall be assigned to third parties by the Provider without the prior written consent of XEROX.

**Article 10: AMENDMENTS OR ADDENDA**

11.1 The amendments, addenda, exhibits or attachments listed below, are incorporated herein by reference:

- Exhibit A: Ohio ECC Equipment Recovery and Reimbursement Authorization Form
- Exhibit B: Provider Location Confirmation Form

**Article 11: INDEPENDENT CONTRACTOR**

12.1 The parties shall, at all times, be independent contractors, and nothing contained herein shall be deemed to create any association, partnership, joint venture, or relationship of principal and agent or employer and employee between the parties.

**Article 12: ENTIRE AGREEMENT AND MODIFICATIONS**

13.1 This Agreement supersedes any and all prior representations, conditions, warranties, understandings, proposals, or previous agreements between the parties hereto, either oral or written relating to the matters of this Agreement hereunder and constitutes the sole, full and complete agreement between the parties.

13.2 Further, this Agreement shall not be modified, changed, amended, or waived except by means of a written instrument signed by an authorized representative of each party.

**THE REMAINDER OF THIS PAGE INTENTIONALLY LEFT BLANK**

**IN WITNESS WHEREOF**, the parties hereto have, through duly authorized officials, executed this Agreement.

**XEROX STATE & LOCAL SOLUTIONS, INC.**

**CHILD CARE VENDOR**

By:

  
\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

Michael Langenohl  
\_\_\_\_\_  
(Name, type or print)

\_\_\_\_\_  
(Name, type or print)

VP, Electronic Payment Services  
\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)

**THE REMAINDER OF THIS PAGE INTENTIONALLY LEFT BLAN**

# Exhibit A

## OHIO ECC VENDOR SETTLEMENT AUTHORIZATION FORM

Provider ID #: \_\_\_\_\_

Date: \_\_\_\_\_

Full Legal Business Name \_\_\_\_\_

Provider authorizes XEROX and its designated financial institution, Bank of America, and the financial institution listed below to debit funds from and/or deposit funds to the indicated business account for activity related to the Ohio ECC system, in accordance with to the terms of the XEROX Ohio ECC Provider Equipment Agreement Article 3.4.

**Please Note: Submission of this form to Xerox only relates to the equipment supplied to you by Xerox. Any changes related to your Provider Agreement for Publicly Funded Child Care Services MUST be made on the CCIDS Provider Portal.**

Choose (  ) One:  First Submission  Information Change

### Business Information:

\_\_\_\_\_  
Authorized Individual Name DBA (Business Name)

\_\_\_\_\_  
Title

\_\_\_\_\_  
DBA (Business Name)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/ZIP

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Authorized Signature

### Bank Account Information:

Checking Account Number:  
\_\_\_\_\_

-OR-

Savings Account Number:  
\_\_\_\_\_

Bank Routing Number (9-digit ABA Number)  
\_\_\_\_\_

**Please return this completed form and a voided check or deposit slip to:**

Xerox State and Local Solutions  
National Retail/Provider Management Center  
P.O. Box 80469, Austin TX 78708  
Questions? Contact us at: (866) 217-1076

Ohio Provider 123 Main St Any City, OH12345	2372
Pay to the Order of _____	Date _____
_____	\$ <input type="text"/> Dollars
XYZ Bank of Ohio City, XY	<b>VOID</b>
For _____	_____
:123789789:987654321:2372	

**Exhibit B**  
**Provider Location Confirmation Form**

Please complete a separate sheet for each facility if you own more than one.

<b>Provider ID Number</b>	
<b>Name</b>	
<b>Facility Name (If different)</b>	
<b>Street Address</b>	
<b>City</b>	
<b>State</b>	
<b>Zip Code</b>	
<b>Primary Phone Number</b>	
<b>Second Phone Number</b>	
<b>Third Phone Number</b>	
<b>Fax Number</b>	
<b>Email Address</b>	
<b>Primary Contact Name</b>	
<b>Secondary Contact Name</b>	