

Alliance for Competitive Telecommunications (ACT)
PARTICIPATION AGREEMENT FOR COOPERATIVE PURCHASING OF
TELECOMMUNICATION SERVICES

The Brick Township Board of Education agrees to participate in the **Alliance for Competitive Telecommunications** with the Educational Services Commission of New Jersey (ESCNJ) Cooperative Pricing System 65MCESCCPS and the New Jersey Association of School Business Officials (NJASBO). The ESCNJ shall be the lead Agency for this program. All current and future members of the ESCNJ Cooperative Pricing system are invited to participate in the **Alliance for Competitive Telecommunications, which is intended to fulfill school districts obligation under 18A:55-3 and offer other co-op members a competitive pricing model.**

The Co-op Member shall provide the awarded vendor with accurate data, i.e. telephone line numbers, locations and any other appropriate information necessary for the provision of service.

The Co-op Member may accept the contract award to the successful vendor(s) for such services as may be needed if it is advantageous to do so. The Co-op Member shall not withdraw from this agreement if they award a contract to the named vendor(s).

The Co-op Member understands that the services to be provided under this cooperative purchasing agreement may include dial tone/local calls (where available), regional toll calls, long distance toll calls and voice over internet protocol (VOIP) when such option is chosen by the participating Co-op Member. The ACT program also includes Wide Area Network Connections, Internet Access and Hosted Phone and Fax Services.

All fees for the work of the ESCNJ and the expenses of NJASBO will be incorporated into the price for services as provided by the successful vendor(s). A 3% fee has been established and will be incorporated in the bid specifications.

This participation agreement was approved at a regular meeting of the _____ Co-op Member held on _____, 20__ and the Co-op Member authorizes the execution of this agreement.

James W. Edwards, Jr., CPA Business Administrator/Board Secretary

Name & Title

_____ (Date)

Contact Phone No: _____

Contact Email Address: _____