



Mendocino County Health - External Change Order: TY-EG-2022-672

Tyler Technologies

Title: Mendocino County - Need more DBA Hours for EH Data Conversion 12 @ \$250 an hour

Contract/PO: 2019-87089

Date: 3/21/2022

Client Project Manager: _____

Tyler Project Manager: Nugent, Clayton

PROPOSED CHANGE

Change Description
<p>We previously had a Task for DBA work @ \$250 an hour. All of those hours were used up is the CUPA Deployment. We need an additional 12 hours at \$250 for necessary Environmental Health Deployment DBA work.</p>

IMPACT OF CHANGE

Schedule	
Task	Overall Shift In Weeks
Billing Service Hour: Implementation - LGD - DHD - \$250/hr	0



Cost					
Tasks:	Task Category	Fixed Fee	Billable Hrs.	Non-Billable Hrs.	Rate
Billing Service Hour: Implementation - LGD - DHD - \$250/hr	-		12		\$250
	-				\$
	-				\$
	-				\$
	-				\$
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	-				\$
	-				\$
	-				\$
	-				\$
	-				\$
	-				\$
	-				\$

<p>Est. Billable Effort: 12 Est. Non-Billable Effort: 0</p> <p>Est. Billable Value: \$3000 Est. Non-Billable Value: \$0 Fixed Fee Value: \$0</p> <p>Change Total: \$3000</p>
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Acceptance

Note: No changes may be made to this project without the agreement of the Project Manager(s) and must be approved by the Project Director. Submit endorsed Change Order to the Tyler Technologies Project Manager.


Approval			
Date	Title	Approved By	Signature
	Project Manager	Nugent, Clayton	<i>Clayton Nugent</i>
	Implementation Manager	Olsen, Jamie	<i>Jamie Olsen</i>
	VP, Professional Services	Stubbs, Peter	<i>Peter Stubbs</i>
	Client Manager	Kirk Ford	<i>Kirk Ford</i>



IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the day and year first above written.

DEPARTMENT FISCAL REVIEW:

CONTRACTOR/COMPANY NAME:


DEPARTMENT HEAD 03/27/2023
DATE

By: See page three (3) for signatures

Budgeted: Yes No

NAME AND ADDRESS OF CONTRACTOR:

Budget Unit: 4011

Tyler Technologies, Inc.

Line Item: 862230

One Tyler Drive

Grant: Yes No

Yarmouth, ME 04096

Grant No.: N/A

COUNTY OF MENDOCINO

By signing above, signatory warrants and represents that he/she executed this Agreement in his/her authorized capacity and that by his/her signature on this Agreement, he/she or the entity upon behalf of which he/she acted, executed this Agreement

By: 
GLENN MCGOURTY, Chair
BOARD OF SUPERVISORS


Date: 04/11/2023

ATTEST:

COUNTY COUNSEL REVIEW:


DARCIE ANTLE, Clerk of said Board

APPROVED AS TO FORM:

By: 
Deputy 04/11/2023

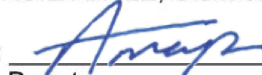
CHRISTIAN M. CURTIS,
County Counsel

I hereby certify that according to the provisions of Government Code section 25103, delivery of this document has been made.

By: 
Deputy


DARCIE ANTLE, Clerk of said Board


Date: 03/27/2023

By: 
Deputy 04/11/2023

INSURANCE REVIEW:

EXECUTIVE OFFICE/FISCAL REVIEW:

By: 
Risk Management

By: 
Deputy CEO or Designee

Date: 03/27/2023

Date: 03/27/2023

Signatory Authority: \$0-25,000 Department; \$25,001- 50,000 Purchasing Agent; \$50,001+ Board of Supervisors

Exception to Bid Process Required/Completed

Mendocino County Business License: Valid

Exempt Pursuant to MCC Section: _____