

Quoted By: Quote Expiration: Quote Name: Chris Harpenau 9/12/22

Sales Quotation For:

Mendocino County Health 501 Low Gap Road Ukiah CA 95482 Phone: (707) 234-6625

Professional Services

Description	Quantity	Unit Price	Extended Price	Maintenance
Professional Services				
Enterprise Health Implementation Services	20	\$ 175	\$ 3,500	\$ 0
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Summary	One Time Fees	Recurring Fees
Total Services	\$ 3,500	\$0
Total Third-Party Hardware, Software, Services	\$ 0	\$0
Summary Total	\$ 3,500	\$ 0
Contract Total	\$ 3,500	

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Customer Approval:	Me fry	Date:	3/16/22	
Print Name:	KIRK FORD	P.O.#:		

Client agrees that items in this sales quotation are, upon Client's signature or approval of same, hereby added to the existing agreement ("Agreement") between the parties and subject to its terms. Additionally, payment for said items, as applicable but subject to any listed assumptions herein, shall conform to the following terms:

- License fees for Tyler and third party software are invoiced upon the earlier of (i) delivery of the license key or (ii) when Tyler makes such software available for download by the Client;
- Fees for hardware are invoiced upon delivery;
- Fees for year one of hardware maintenance are invoiced upon delivery of the hardware;
- Annual Maintenance and Support fees, SaaS fees, Hosting fees, and Subscription fees are first payable when Tyler makes the software available for download by the Client (for Maintenance) or on the first day of the month following the date this quotation was signed (for SaaS, Hosting, and Subscription), and any such fees are prorated to align with the applicable term under the Agreement, with renewals invoiced annually thereafter in accord with the Agreement.
- Fees for services included in this sales quotation shall be invoiced as indicated below.
 - o Implementation and other professional services fees shall be invoiced as delivered.
- Expenses associated with onsite services are invoiced as incurred.

Comments

Configuration, Implementation and Training for Organized Camps module.

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Mendocino County Health - External Change Order: TY-EG-2022-666

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Title: Mendocino County - Organized Camps EH Deployment Quote

Contract/PO: 2019-87089

Date: 2/25/2022

Client Project Manager: Jessi Laughlin

Tyler Project Manager: Nugent, Clayton

PROPOSED CHANGE

Change Description

Client has requested that we add "Program" Organized Camps to their EH Deployment. We estimate that this will add about 20 hour to the Scope. Therefore, we want a Quote created for 20 hours (\$175 an hour or \$3500.00) for client Signoff. These 20 hours should be added to: 025-127798-9 or create a new POB Code.

IMPACT OF CHANGE

Schedule	
Task	Overall Shift In Weeks
Adding "Program" Organized Camps to EH Deployment	
	0





asks:	Task Category	Fixed Fee	Billable Hrs.	Non-Billable Hrs.	Rate
Billing Service					
Hour:					
Implementation -					
LGD - DHD -					
\$175/hr	-		20		\$ 175
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Est. Billable Effort: 20

Est. Non-Billable Effort: 0

Est. Billable Value: \$3500 Est. Non-Billable Value: \$0 Fixed Fee Value: \$0

Change Total: \$3500





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	Chlugent
	PMO Manager	Olsen, Jamie	Danie Obser
	Implementation Manager	Olsen, Jamie	Drinie Oken
	VP, Professional Services	Stubbs, Peter	Pa D Steves
	Client Manager	Kek Foed	Mkg

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:
03/27/2023 DEPARTMENT HEAD DATE	5
	By: See page six (6) for signatures
Budgeted: X Yes ☐ No	NAME AND ADDRESS OF CONTRACTOR
Budget Unit: 4011	Tyler Technologies, Inc.
Line Item: 862230	One Tyler Drive
Grant: ☐ Yes X No	Marie Mar
Grant No.: N/A	Yarmouth, ME 04096
By: McGourty, Chair BOARD OF SUPERVISORS Date: 04/11/2023	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
ATTEST: DARCIE ANTLE, Clerk of said Board	COUNTY COUNSEL REVIEW:
By: Amap	APPROVED AS TO FORM:
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: Man / Cin.
DARCIE ANTLE, Clerk of said Board	Deputy
By:	Date: 03/27/2023
INSURANCE REVIEW:	EXECUTIVE OFFICE/FISCAL REVIEW:
By: Dancie antle Risk Management	By: Deputy CEO or Designee
Date:	Date: 03/27/2023