



Quoted By: Christina Hendrickson
 Date: 8/8/2017
 Quote Expiration: 10/25/2017
 Quote Name: Columbus-ERP- Healt dept TC implementation
 Quote Number: 2017-34049
 Quote Description: Health Department - Tyler Cashiering Implementation

Sales Quotation For

City of Columbus
 90 W Broad St Rm 104
 City Hall
 Columbus, OH 43215-9002
 Phone +1 (614) 645-5718

Other Services

Description	Quantity	Unit Price	Unit Discount	Extended Price
System Engineer time	8	\$200.00	\$0.00	\$1,600.00
Tyler Cashiering Consult	16	\$200.00	\$0.00	\$3,200.00
Tyler Cashiering Implementation	32	\$200.00	\$0.00	\$6,400.00
TOTAL:				\$11,200.00

3rd Party Hardware, Software and Services

Description	Quantity	Unit Price	Unit Discount	Total Price	Unit Maintenance	Unit Maintenance Discount	Total Year One Maintenance
Cash Drawer	1	\$230.00	\$0.00	\$230.00	\$0.00	\$0.00	\$0.00
Printer (TM-S9000)	2	\$1,600.00	\$0.00	\$3,200.00	\$0.00	\$0.00	\$0.00
<i>3rd Party Hardware Sub-Total:</i>			<i>\$0.00</i>	<i>\$3,430.00</i>			<i>\$0.00</i>
TOTAL:				\$3,430.00			\$0.00

Summary	One Time Fees	Recurring Fees
Total Tyler Software	\$0.00	\$0.00
Total Tyler Services	\$11,200.00	\$0.00
Total 3rd Party Hardware, Software and Services	\$3,430.00	\$0.00
Summary Total	\$14,630.00	\$0.00
Contract Total	\$14,630.00	
(Excluding Estimated Travel Expenses)		
Estimated Travel Expenses	\$2,000.00	

Unless otherwise indicated in the contract or Amendment thereto, pricing for optional items will be held for Six (6) months from the Quote date or the Effective Date of the Contract, whichever is later.

Customer Approval: *Teresa C. Long, M.P.A.* Date: 09/20/2017
 Print Name: TERESA C. LONG, M.P.A., M.P.H. P.O. #: ACPD 002184

All primary values quoted in US Dollars

Comments

Tyler's quote contains estimates of the amount of services needed, based on our preliminary understanding of the size and scope of your project. The actual amount of services depends on such factors as your level of involvement in the project and the speed of knowledge transfer.

Unless otherwise noted, prices submitted in the quote do not include travel expenses incurred in accordance with Tyler's then-current Business Travel Policy.

Tyler's prices do not include applicable local, city or federal sales, use excise, personal property or other similar taxes or duties, which you are responsible for determining and remitting.

In the event Client cancels services less than two (2) weeks in advance, Client is liable to Tyler for (i) all non-refundable expenses incurred by Tyler on Client's behalf; and (ii) daily fees associated with the cancelled services if Tyler is unable to re-assign its personnel.

Tyler provides onsite training for a maximum of 12 people per class. In the event that more than 12 users wish to participate in a training class or more than one occurrence of a class is needed, Tyler will either provide additional days at then-current rates for training or Tyler will utilize a Train-the-Trainer approach whereby the client designated attendees of the initial training can thereafter train the remaining users.

Tyler's cost is based on all of the proposed products and services being obtained from Tyler. Should significant portions of the products or services be deleted, Tyler reserves the right to adjust prices accordingly.

Client agrees that items in this sales quotation are, upon Client's signature of same, hereby added to the Agreement between the parties, and subject to its terms. Additionally, and notwithstanding anything in the Agreement to the contrary, payment for said items shall conform to the following conditions: Licensee fees for Tyler and 3rd party products are due when Tyler makes such software available for download by the Client (for the purpose of this quotation, the 'Availability Date') or delivery (if not software); Maintenance fees, prorated for the term commencing when on the Availability Date and ending on the last day of the current annual support term for Tyler Software currently licensed to the Client, are due on the Availability Date; Fees for services, unless otherwise indicated, plus expenses, are payable upon delivery.

Columbus Health Department, Tyler Cashiering Implementation

This is planned for 16 hours of consulting time and 32 hours of onsite implementation time, to set-up, train and go live with Tyler Cashiering.

System Engineer time - This is for setup work to allow the users to access Tyler Cashiering on the hosted environment.

These hours are an estimate of time only, you will be billed for actual time worked, plus travel expenses. (Travel Estimated at \$2000, per trip)



Exhibit 2 Scope of Services

Tyler Technologies will provide product & services related to the Tyler Cashiering solution, including:

- System engineering services to meet Columbus Public Health (CPH) cashiering needs in the Tyler Hosted environment. 8 hours.
- Consultation with appropriate Health Department Cashier employees utilizing product and industry knowledge to setup internal processes to automate payment processing utilizing Tyler Cashiering, and how it can be effectively utilized with DAX Financial System. 16 hours.
- Provide onsite configuration and training for initial setup of the application, ensuring the solution can effectively be used in place of current cashiering processes. Train core users on how to operate the Tyler Cashiering solution. 32 hours.
- Procure and help implement all peripheral hardware and software associated with the Tyler Cashiering solution, specifically Cash Drawer hardware, Epson TM-S9000 receipt printer (note, CPH will provide the p.c.'s the peripheral equipment will be connected to).



Exhibit 3

TYLER CERTIFICATE OF INSURANCE

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK

AMENDMENT 2017-02

This Amendment ("Amendment") is made this 20th day of September, 2017 (the "Amendment Effective Date") by and between Tyler Technologies, Inc. with offices at One Tyler Drive, Yarmouth, Maine 04096 ("Contractor") and the City of Columbus, with offices at 90 West Broad Street, Rom 109, Columbus, Ohio 43215 (the "City").

WHEREAS, Contractor and the City are parties to an agreement dated June 25, 2013 (the "Contract"); and

WHEREAS, the Contractor and the City desire to amend the Contract;

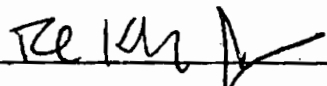
NOW THEREFORE, in consideration of the mutual promises hereinafter contained, Contractor and the City agree as follows:

1. The items set forth in the sales quotation attached as Exhibit 1 to this Amendment, as explained more fully in Exhibit 2 (Scope of Services), are hereby added to the Agreement as of the execution date of this Amendment. The fees for such services, plus expenses, will be invoiced as provided and/or incurred.
2. This Amendment 2017-02 shall be governed by and construed in accordance with the terms and conditions of the Contract.
3. All other terms and conditions of the Contract shall remain in full force and effect.

IN WITNESS WHEREOF, the parties hereto have executed this Amendment as of the dates set forth below.

Tyler Technologies, Inc.

City of Columbus

By: 
Name: Robert Kennedy-Jensen
Title: Senior Corporate Attorney
Date: 9/20/17

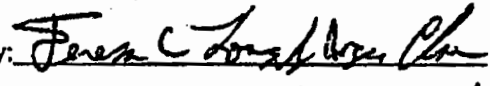
By: 
Name: TERESA C. LOH, M.D., M.P.H.
Title: HEALTH COMMISSIONER
Date: 09/20/2017



Exhibit 1
Investment Summary

The following Investment Summary details the software and services to be delivered by us to you under the Agreement. This Investment Summary is effective as of the Effective Date. Capitalized terms not otherwise defined will have the meaning assigned to such terms in the Agreement.

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/23/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Hays Companies 133 Federal Street, 2nd Floor Boston MA 02110	CONTACT NAME: Moira Crosby PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: mcrosby@hayscompanies.com														
INSURED Tyler Technologies, Inc. 5101 Tennyson Parkway Plano TX 75024	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A Hartford Fire Insurance Company</td> <td>19682</td> </tr> <tr> <td>INSURER B Hartford Casualty Insurance Company</td> <td>29424</td> </tr> <tr> <td>INSURER C Lloyds of London Syndicates</td> <td>37090</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A Hartford Fire Insurance Company	19682	INSURER B Hartford Casualty Insurance Company	29424	INSURER C Lloyds of London Syndicates	37090	INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A Hartford Fire Insurance Company	19682														
INSURER B Hartford Casualty Insurance Company	29424														
INSURER C Lloyds of London Syndicates	37090														
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES **CERTIFICATE NUMBER:** 4.1.17-11.17.17 GL, Auto, **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		08 UUN AY8572	4/1/2017	4/1/2018	EACH OCCURRENCE	\$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
						MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COM/POP AGG	\$ 2,000,000
						OTHER:	\$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		08 UUN AY8572	4/1/2017	4/1/2018	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
							\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		08 XHU AY8122	4/1/2017	4/1/2018	EACH OCCURRENCE	\$ 25,000,000
						AGGREGATE	\$ 25,000,000
						OTHER:	\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	08 WE EL5271	4/1/2017	4/1/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
						E.L. EACH ACCIDENT	\$ 1,000,000
						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
C	Cyber/Privacy Prof Liab		B0621PTYLE000216	11/17/2016	11/17/2017	Occurrence Limit	\$20,000,000
C	Cyber/Privacy Prof Liab		B0621PTYLE000216	11/17/2016	11/17/2017	Aggregate Limit	\$20,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER Evidence of Insurance	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE James Hays/MCROSB
--	---