

# INTERNAL CONTRACT REQUISITION FORM



CONTRACTOR/VENDOR NAME: \_\_\_\_\_ VENDOR # \_\_\_\_\_

CONTRACTOR NAME & E-MAIL (INDIVIDUAL E-SIGNING FOR THE CONTRACTOR):

Print Name \_\_\_\_\_ E-Mail Address \_\_\_\_\_

TYPE OF CONTRACT: New \_\_\_\_\_ Renewal \_\_\_\_\_ Amendment \_\_\_\_\_ Services \_\_\_\_\_ Goods \_\_\_\_\_ Consulting \_\_\_\_\_ Construction \_\_\_\_\_ Lease \_\_\_\_\_ Other \_\_\_\_\_

SCOPE OF WORK: \_\_\_\_\_

CONTRACT AMT: \_\_\_\_\_ CONTRACT TERM: \_\_\_\_\_ RFP/IFB/RFQ#: \_\_\_\_\_

FUNDING SOURCE/TITLE: County \_\_\_\_\_ State \_\_\_\_\_ Federal \_\_\_\_\_ Title/Name of Grant Funds \_\_\_\_\_

UNIFORM GUIDANCE (UG) PROCEDURES APPLICABLE? YES \_\_\_\_\_ NO \_\_\_\_\_

ITEM LINE#	FUND	COST CENTER	G/L ACCOUNT	WBS ELEMENT (Grants/Projects Only)	GRANT NUMBER	MATERIAL GROUP#	TOTAL	I/D	ADDITIONAL INFO
1									
2									
3									

RISK MANAGER Contract Requires Risk Management Review/Approval? YES \_\_\_\_\_ NO \_\_\_\_\_

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

Contract Requires BOCC Approval? YES \_\_\_\_\_ NO \_\_\_\_\_ Date of BOCC Approval: \_\_\_\_\_

REQUISITIONER

DocuSign E-Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name/E-Mail: \_\_\_\_\_

DEPARTMENT HEAD OR DESIGNEE

DocuSign E-Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name/Title: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

*Additional Comments/Instructions by Department:*

FUNDS RESERVATION# \_\_\_\_\_

Purchasing Comments:

COUNTY ATTORNEY

Reviewing Attorney: \_\_\_\_\_ Date: \_\_\_\_\_

PURCHASING MANAGER

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

DocuSign E-Signature

CHIEF FINANCIAL OFFICER

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

DocuSign E-Signature

COUNTY MANAGER

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

DocuSign E-Signature

CLERK TO THE BOARD

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

DocuSign E-Signature

IS&T DEPT

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

DocuSign E-Signature



# **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFFERS 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 have ADDITIONAL INSURED provisions or 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).

<b>PRODUCER</b> RBN & Associates, Inc. 303 E Wacker Dr Suite 650 Chicago IL 60601	<b>CONTACT</b> <b>NAME:</b> Ashley Williams	
	<b>PHONE</b> (A/C, No, Ext): 312-856-9400	<b>FAX</b> (A/C, No): 312-856-9425
	<b>E-MAIL</b> ADDRESS: awilliams@rbninsurance.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A :</b> Travelers Prop Cas Co of Amer	<b>NAIC #</b> 25674
	<b>INSURER B :</b> Admiral Insurance Company	<b>NAIC #</b> 24856
<b>INSURED</b> Schneider Geospatial, LLC SGeospatial Intermediate Holdings, LLC 8901 Otis Avenue Suite 300 Indianapolis IN 46216-1037	SCHNGEO-01	<b>INSURER C :</b> Great American Insurance Co.
		<b>NAIC #</b> 16691
		<b>INSURER D :</b> Westchester Surplus Lines Ins.
		<b>NAIC #</b> 10172
		<b>INSURER E :</b> Travelers Indemnity Company of Connecticut
		<b>NAIC #</b> 25682
		<b>INSURER F :</b>

## COVERAGES

**CERTIFICATE NUMBER:** 1880475748

**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.

EXCLUSIONS AND CONDITIONS OF THIS POLICY. LIMITS OWNED MAY HAVE BEEN REDUCED BY THIS POLICY.				POLICY EFF (MM/DD/YYYY)		POLICY EXP (MM/DD/YYYY)		LIMITS									
INSR LTR	TYPE OF INSURANCE		ADDL SUBR INSD WVD	POLICY NUMBER													
A	X	COMMERCIAL GENERAL LIABILITY		Y	ZLP16P41425		11/1/2025	11/1/2026	EACH OCCURRENCE		\$ 1,000,000						
		CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)		\$ 1,000,000						
									MED EXP (Any one person)		\$ 10,000						
									PERSONAL & ADV INJURY		\$ 1,000,000						
		GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		\$ 2,000,000						
	X	POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC							PRODUCTS - COMP/OP AGG		\$ 2,000,000						
		OTHER:									\$						
A	AUTOMOBILE LIABILITY				Y	BA6T607159		11/1/2025	11/1/2026	COMBINED SINGLE LIMIT (Ea accident)		\$ 1,000,000					
	X	ANY AUTO								BODILY INJURY (Per person)		\$					
		OWNED AUTOS ONLY								BODILY INJURY (Per accident)		\$					
	X	HIRED AUTOS ONLY								PROPERTY DAMAGE (Per accident)		\$					
												\$					
A	X	UMBRELLA LIAB		X	Y	CUP6T613210		11/1/2025	11/1/2026	EACH OCCURRENCE		\$ 5,000,000					
		EXCESS LIAB								AGGREGATE		\$ 5,000,000					
												\$					
		DED	X	RETENTION \$ 10,000													
E	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				Y / N N N / A	UB6T612575		11/1/2025	11/1/2026	X	PER STATUTE	OTH-ER					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)									E.L. EACH ACCIDENT		\$ 1,000,000					
	If yes, describe under DESCRIPTION OF OPERATIONS below									E.L. DISEASE - EA EMPLOYEE		\$ 1,000,000					
										E.L. DISEASE - POLICY LIMIT		\$ 1,000,000					
B C D	Cyber/E&O Crime Management Liability					E0000057290-04 SAA E862790 02 01 G72584703 003		11/1/2025 11/1/2025 11/1/2025	11/1/2026 11/1/2026 11/1/2026	Limit/Each claim Limit Aggregate		5,000,000 1,000,000 3,000,000					

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

A waiver of subrogation is in favor of Durham County as respects the General liability, Auto, Umbrella and Workers Compensation per written contract or agreement.

## CERTIFICATE HOLDER

## CANCELLATION

Durham County  
201 East Main Street 3rd Floor  
Durham NC 27701

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**

*Mr*

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## FIRST AMENDMENT TO AGREEMENT AND AUTHORIZATION TO PROCEED

This First Amendment to Agreement is made and entered into by and between **Schneider Geospatial, LLC**, a Delaware Limited Liability Company, whose place of business is 8901 Otis Avenue, Suite 300, Indianapolis, IN 46216 ("PROFESSIONAL") and Durham County, NC, whose place of business is: Durham County Tax Administration, 201 E Main St, Durham, NC 27701 ("CLIENT").

WHEREAS, CLIENT entered into a Professional Services Agreement dated November, 17, 2024 with Schneider Geospatial, LLC (the "Agreement");

WHEREAS, the Agreement included certain Add-On services that could be provided to CLIENT with CLIENT's express approval to proceed with such additional services; and

WHEREAS, CLIENT wishes to provide the requisite authorization for PROFESSIONAL to proceed with the Add-On services upon the terms and conditions set forth in this First Amendment.

NOW, THEREFORE, CLIENT and PROFESSIONAL agree as follows:

1. All defined terms in the Agreement and Contract Documents shall have the same meanings as set forth in this First Amendment.
2. CLIENT hereby consents to, and authorizes PROFESSIONAL to proceed with the following phases of the project:

### A. AppraisalEst Professional Services Package (15 days)

Ongoing Annual AppraisalEst analysis and modelling to assist with:

- Regular Data cleansing Reports (Reports generated at County Level, Market Area level and Neighborhood Group Level)
- Provide Data Cleansing AppraisalEst projects to County
- Build and maintain residential regression models
- Build and maintain residential AppraisalEst comparable models
- Provide AppraisalEst Modelling projects to County
- Perform Ratio Analysis: Profiled by geographical area and by property characteristics such as property type and grade/quality
- Perform Equity Analysis
- Provide AppraisalEst Ratio and Equity Analysis projects to County
- Build & Supply Income Analysis Projects
- Build & Supply Land Valuation Projects
- Rework Area Assignments

15 days per annum are available to use as the county desires in assisting with any of the above-mentioned tasks.

*Other Fixed Fee phases of this project may be developed during the course of this agreement. Once the estimates are accepted, an Authorization to Proceed will have to be signed and submitted before work will begin.*

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## 1 Payment for Services.

CLIENT shall compensate PROFESSIONAL for the Services as follows:

**A. Annual Hosting:** **\$15,750**

<b>Hosting items:</b>		<b>Included</b>
Appraisal	Est Professional Services	
Total		<b>\$15,750</b>

## B. Payment Schedule

<b>Year 1 January 1, 2026 – June 30, 2026:</b>	<b>\$7,875</b>
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(Hosting: \$7,875 prorated)

<b>Year 2 July 1, 2026 – June 30, 2027:</b>	<b>\$16,537</b>
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<b>Year 3 July 1, 2027 – June 30, 2028:</b>	<b>\$17,364</b>
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3. All other terms, conditions, and provisions of the Agreement shall remain in full force and unaltered by this First Amendment.

### PROFESSIONAL:

Schneider Geospatial, LLC

By: \_\_\_\_\_

Print: Jeff Corns, GISP

Title: President & CEO

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

### CLIENT:

Durham County Tax Administration

By: \_\_\_\_\_

Print: \_\_\_\_\_

Title: \_\_\_\_\_

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

This instrument has been pre-audited in the manner required by the Local Government Budget and Fiscal Control Act.

**Crystally Wright, Durham County Chief Financial Officer**