



CHANGE REQUEST (CR)

MANATRON, INC.

(Hereafter "Aumentum Technologies" or "Aumentum Tech")

Customer Name: Snohomish County, Washington

Project Name: WA2019.002.01 Aumentum Tax & CAMA Implementation

Change Request (CR) Number: WA2019.002.01-CR11

Date Submitted: April 10, 2025

Original Master Agreement Contract Number: WA2019.002.01

This change request is an addendum to Customer's existing Master Agreement with Aumentum Technologies. All the terms and conditions of that agreement will pertain. If there is a conflict between the terms in the Master Agreement and terms in this agreement the terms in this agreement will control.

Aumentum Tech Project Manager: Joshua Twitchell

Description of Change: ADO 1142570 Display all charges due on second installment when past second installment due date on bill format || TeamSupport #194912 (See Exhibit A – Description of Change for more details)

Change Request Pricing (include any travel/other expense): \$0 – discounted 100% from \$11,700.

Change Request Impact to Schedule / Estimated Delivery Dates: TBD

List any other Change Request Impacts (development, testing, training, customer responsibilities):



Aumentum Technologies Change Request Submission Approval (*obtain before submission to Customer*):

Judy Peikert

04/10/2025

Judy Peikert, Aumentum Technologies VP Professional Services

Date

Andrew Wright

04/10/2025

Andrew Wright, Aumentum Technologies EVP

Date

Customer Approval:

☒ Approved as written ☐ Rejected -- If Rejected, please explain:

Klein, Ken

Digitally signed by Klein, Ken
Date: 2025.04.11 14:49:24 -07'00'

Ken Klein
Executive Director

Customer Name, Title & Signature

Date

AWright

Aumentum Technologies, Andrew Wright – Executive Vice President

4.12.2025

Date

Pricing and estimated delivery dates are valid for 90 calendar days from Change Request Date Submitted. If this change request has not been approved in writing by the Customer within 90 calendar days, Aumentum Technologies reserves the right to re-estimate the scope, timeline and pricing.

Payment Terms: 100% of total fee will be due and payable upon Customer approval/signing of related DAS statements. Travel related expenses will be invoiced at completion of travel.

All on site travel will be mutually agreed upon prior to making any travel arrangements, and the Customer will authorize all travel. The Customer will be expected to reimburse for all travel related expenses according to the agreed upon contract terms and state statutes concerning travel. Any requested travel that exceeds stated reimbursable amounts must be approved prior to booking and if no agreements can be made, Aumentum Technologies will cancel the planned travel. All Aumentum Technologies travel will require a 15-day advance booking, per corporate policy. Travel expenses include travel time at a minimum amount of 8 hours per round trip per Aumentum Technologies Staff (billed at \$85 an hour or then current rates). Any travel deemed necessary outside of the estimated contracted budget will require a billable change request.

Aumentum Technologies/Manatron invoices are due on receipt.



DELIVERABLE ACCEPTANCE STATEMENT (DAS)

Purpose:

The purpose of this acceptance form is for the Customer to sign off on the completion of the products and / or services detailed in this change request.

Acceptance Criteria:

- All bill formats with two installments have been adjusted to specifications outlined in **Exhibit A – Description of Change** and delivered to Snohomish County.

Product and / or services delivered on the following date: _____.

Date DAS Submitted: _____

The Customer response period for this DAS is five (5) business days. After that time, this deliverable will be considered accepted and ready for billing unless otherwise documented in a formal written response to Aumentum Technologies with detailed contractual reference for rejecting this DAS. Rejection of a DAS will result in immediate escalation and halt deliverables for further review.

Billing and Signatures:

We, the undersigned, agree that this work is complete. Under the terms and conditions of this change request, the Customer will be billed _____, as well as any applicable travel-related expenses upon signing this DAS.

Customer Approval:

☐ Approved as written ☐ Rejected -- If rejected, please explain:

Aumentum Technologies Name, Title & Signature

Date

Customer Name, Title & Signature

Date

Exhibit A – Description of Change

Display all charges due on second installment when past second installment due date

Copied from Repro Steps when changed from Bug to Feature

Info Center > Tax Detail

Search for a PIN, select the row, then click [Next]

Select the Real Property tax bill format and a tax bill from the dropdowns

Click [Print]

Expected Results:

When on or after the second installment due date and the first installment also has unpaid charges, display total charges due on the second installment and don't show any charges on the first installment.

Actual Results:

The first and second installments always reflect the amount due for each installment regardless of timeframe.

After 10/31 (County's second installment due date), they would like all charges to display on the second installment:

2

PARCEL NUMBER

0008748

☐ Please check box to indicate mailing address changes and provide information on the back side of this coupon.

PHYSICAL REHABILITATION NETWORK
2035 CORTE DEL NOGEL STE 200
CARLSBAD CA 92011

Make checks payable to: SNOHOMISH COUNTY TREASURER
Mail to: 3000 ROCKEFELLER AVE. M/S 501
EVERETT, WA 98201-4060

YEAR	TAX	INTEREST/PENALTY/FEES	TOTAL
H2024	656.88	6.57	663.45

PAY OR POSTMARK BY: OCTOBER 31, 2024

\$663.45

0008748 00000066345 22024 0

1

PARCEL NUMBER

0008748

☐ Please check box to indicate mailing address changes and provide information on the back side of this coupon.

FIRST HALF + (PAST DUE, IF ANY)	Amount Due
	2,479.34
FULL YEAR + (PAST DUE, IF ANY)	Amount Due
	3,142.79

PHYSICAL REHABILITATION NETWORK
2035 CORTE DEL NOGEL STE 200
CARLSBAD CA 92011

Make checks payable to: SNOHOMISH COUNTY TREASURER
Mail to: 3000 ROCKEFELLER AVE. M/S 501
EVERETT, WA 98201-4060

YEAR	TAX	INTEREST/PENALTY/FEES	TOTAL
H2024	656.87	124.81	781.68

PAY OR POSTMARK BY: APRIL 30, 2024

\$781.68

0008748 00000078168 12024 0

All bill formats with two installments will need to be adjusted