

# CONTRACT ROUTING FORM

Contract No. \_\_\_\_\_ Project No. \_\_\_\_\_ Bid No. \_\_\_\_\_ RFP No. \_\_\_\_\_

☐ New Contract ☐ Renewal ☐ Change Order ☐ Amendment ☐ Assignment ☐ Other

NAME OF CONTRACTOR:


CONTRACT DESCRIPTION:

CONTRACT VALUE:

GL ACCOUNT NO:

GRANT FUNDED: ☐ NO ☐ YES If YES, Grant No.

## SIGNATURES RECOMMENDING APPROVAL

 8/6/2021  
PURCHASING/CONTRACT COORDINATOR DATE

\_\_\_\_\_  
LEGAL DEPARTMENT DATE

\_\_\_\_\_  
DIRECTOR ADMINISTERING CONTRACT (greater than \$10,000) DATE

## APPROVED and EXECUTED

\_\_\_\_\_  
DIRECTOR ADMINISTERING CONTRACT (\$10,000 or less) DATE

\_\_\_\_\_  
CITY MANAGER/ASST CITY MANAGER (\$50,000 or less) DATE

\_\_\_\_\_  
MAYOR/CITY SECRETARY ATTESTS (if applicable) DATE

## FINAL PROCESSING

\_\_\_\_\_  
PURCHASING DATE

### *for Purchasing Use Only*

Insurance Certificates:  
Performance Bond:  
Payment Bond:  
Form 1295:

### *For City Secretary Use Only*

Originals sent to CSO:  
Scanned into Laserfiche/Global:  
Council Date: Item No.:

**Renewal No. 1  
to the Agreement between  
Weaver and Tidwell, LLP  
and the  
City of Georgetown, Texas**

This First Renewal Agreement (“First Renewal”) is made and entered into by and between CITY OF GEORGETOWN, a Texas Home-Rule Municipal Corporation (“City”), and Weaver and Tidwell, LLP (“Contractor”) (collectively, the “Parties”), which agree as follows:

**WHEREAS**, on June 26, 2018 the Parties entered the Original Agreement for consulting services, by which Contractor agreed to perform for City the services set forth in Contract No. 18-0077-SC (“Original Agreement”); and,

**WHEREAS**, the Original Agreement provided an initial term of three (3) years with the option to renew for up to two (2) additional one (1)-year terms [five (5) years total]; and,

**WHEREAS**, the Parties hereby desire to renew the Original Agreement for the first renewal period and establish the prices for consulting services during the first renewal period;

**NOW THEREFORE**, in consideration for the mutual benefits to be derived by the Parties from this First Renewal and other good and valuable consideration, the Parties agree as follows:

1. The Parties agree to renew the Original Agreement for one (1)-year. The first renewal period will begin immediately upon the expiration of the original term and end on June 25, 2022 (the “First Renewal Term”).
2. During the First Renewal Term, the prices shown in **Exhibit A** attached to and incorporated within this First Renewal shall apply.
3. During the First Renewal Term, the not-to-exceed amount shall be \$72,000.00.
4. All other terms of the Original Agreement not inconsistent with this First Renewal shall apply. Except as expressly modified by this First Renewal, the Original Agreement remains unchanged and in full force and effect, subject to its terms.
5. This First Renewal is effective on the date executed by City.

*[Signature Page to Follow]*

**WEAVER AND TIDWELL, LLP**

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

Printed Name: Adam McCane

Title: Partner

Date: August 6, 2021

**CITY OF GEORGETOWN**

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

Printed Name: \_\_\_\_\_

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

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

ATTEST:

\_\_\_\_\_  
Robyn Densmore, City Secretary

APPROVED AS TO FORM:

\_\_\_\_\_  
Skye Masson, City Attorney

# Exhibit A

## Audit Fees

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We are pleased to propose the following fee schedule for the audit of the financial statements of the City of Georgetown for the year ending September 30, 2021:

	<u>Cost</u>
Audit of the financial statements of City of Georgetown	\$65,000
Preparation of the Annual Comprehensive Financial Report	<u>7,000</u>
Total Cost	\$72,000

For your reference, hourly rates for additional services, by experience level, are as follows:

	<u>Rate / hr</u>
Partner	\$250
Senior manager	\$200
Manager	\$180
Senior associate	\$150
Associate	\$110



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/7/2021

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 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> Edgewood Partners Insurance Center EPIC Brokers 2700 Post Oak Boulevard, 25th Floor Houston, TX 77056	<b>CONTACT NAME:</b> Yvette Camacho	<b>FAX (A/C, No):</b> 713-629-8666	
	<b>PHONE (A/C, No, Ext):</b> 832-476-0474	<b>E-MAIL ADDRESS:</b> yvette.camacho@epicbrokers.com	
<b>INSURED</b> Weaver and Tidwell, L.L.P. 2821 W. 7th Street, Ste. 700 Fort Worth TX 76107	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A:</b> Continental Insurance Company		35289
	<b>INSURER B:</b> Valley Forge Insurance Company		20508
	<b>INSURER C:</b> American Casualty Company of Reading, PA		20427
	<b>INSURER D:</b> Transportation Insurance Company		20494
	<b>INSURER E:</b>		
<b>INSURER F:</b>			

**COVERAGES****CERTIFICATE NUMBER:** 62765723**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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			6081459505	8/15/2020	8/15/2021	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$15,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			6081459486	8/15/2020	8/15/2021	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10,000			6081459536	8/15/2020	8/15/2021	EACH OCCURRENCE \$15,000,000 AGGREGATE \$15,000,000 \$
C D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	6081459522 (AOS) 6081459519 (CA)	8/15/2020 8/15/2020	8/15/2021 8/15/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

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

The General Liability and Automobile Liability policies include automatic additional insured endorsements providing primary/non-contributory coverage to any entity as required by written contract. All policies include blanket waiver of subrogation in favor of all entities required by written contract. 30 day notice of cancellation except 10 days for non-payment of premium included on the General, Auto, and Workers' Comp Liability policies. Excess Liability is "Following Form" and includes General, Auto and Employers Liability. RE: 18-0077-SC- Renewal 1

**CERTIFICATE HOLDER**

City of Georgetown  
808 Martin Luther King Jr. St.  
Georgetown TX 78626

**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

KJ Wagner

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ACORD 25 (2016/03)

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/4/2021

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	<b>INSURER D:</b> Transportation Insurance Company		20494
	<b>INSURER E:</b>		
<b>INSURER F:</b>			

**COVERAGES****CERTIFICATE NUMBER:** 63222922**REVISION NUMBER:**

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**CERTIFICATE HOLDER**City of Georgetown  
808 Martin Luther King Jr. St.  
Georgetown TX 78626**CANCELLATION**

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AUTHORIZED REPRESENTATIVE

KJ Wagner

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ACORD 25 (2016/03)

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# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.  
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY  
CERTIFICATION OF FILING****1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Weaver and Tidwell, L.L.P.  
Dallas, TX United States

**Certificate Number:**  
2021-775152

**Date Filed:**  
07/06/2021

**Date Acknowledged:**

**2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.**

City of Georgetown

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**

Contract Renewal  
Audit Services

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Rook, David	Houston, TX United States	X	
	Mackel, John	Houston, TX United States	X	

**5 Check only if there is NO Interested Party.**

☐**6 UNSWORN DECLARATION**

My name is Adam McCane, and my date of birth is 12/18/1980.

My address is 1601 South MoPac Expressway, Suite D250, Austin, TX, 78746, USA.  
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Tarrant County, State of Texas, on the 6 day of July, 2021.  
(month) (year)

\_\_\_\_\_  
Signature of authorized agent of contracting business entity  
(Declarant)