



CivicPlus

302 South 4th St. Suite 500
Manhattan, KS 66502
US

Quote #:
Date:
Expires On:

Statement of Work
Q-76350-1
5/22/2024 9:28 AM
7/21/2024

Client:
San Bernardino County, CA

Bill To:
SAN BERNARDINO COUNTY, CALIFORNIA

SALESPERSON	Phone	EMAIL	DELIVERY METHOD	PAYMENT METHOD
Charlie Peabody		charlie.peabody@civicplus.com		Net 30

Recurring Service(s)

QTY	PRODUCT NAME	DESCRIPTION
31.00	NextRequest Additional Users – 5	NextRequest Additional Users – 5
1.00	NextRequest Premium	NextRequest Premium with up to 20 Admin-Publisher Users and 2TB of Storage Renewal

Total Investment - Initial Term	USD 40,273.00
Annual Recurring Services – Year 2	USD 42,286.65
Annual Recurring Services – Year 3	USD 44,400.98
Annual Recurring Services – Year 4	USD 46,621.03
Annual Recurring Services – Year 5	USD 48,952.08

Initial Term	7/1/2024 - 6/30/2025, Renewal Term 7/1 each calendar year
Initial Term Invoice Schedule	100% Invoiced upon Signature Date

Renewal Procedure	Automatic 1 year renewal term, unless 60 days notice provided prior to renewal date
Annual Uplift	5% to be applied in year 2

This Statement of Work ("SOW") shall be subject to the terms and conditions of the CivicPlus Master Services Agreement and the applicable Solution and Services terms and conditions located at <https://www.civicplus.help/hc/en-us/p/legal-stuff> (collectively, the "Binding Terms"), By signing this SOW, Client expressly agrees to the terms and conditions of the Binding Terms throughout the term of this SOW.

Acceptance

The undersigned has read and agrees to the following Binding Terms, which are incorporated into this SOW, and have caused this SOW to be executed as of the date signed by the Customer which will be the Effective Date:

For CivicPlus Billing Information, please visit <https://www.civicplus.com/verify/>

Authorized Client Signature

CivicPlus

By (please sign):

By (please sign):

Printed Name: Dawn Rowe

Printed Name:

Title: Chair

Title:

Date:

Date:

Organization Legal Name:

Billing Contact:

Title:

Billing Phone Number:

Billing Email:

Billing Address:

Mailing Address: (If different from above)

PO Number: (Info needed on Invoice (PO or Job#) if required)