THE INFORMATION IN THIS BOX IS NOT A PART OF THE CONTRACT AND IS FOR COUNTY USE ONLY



| Contract Number 24-796 | |
|---------------------------|--|
| SAP Number | |

County Administrative Office

Department Contract Representative David Wert Telephone Number (909) 387-4842 Contractor CivicPlus, LLC. Charlie Peabody **Contractor Representative Telephone Number** 402-243-5136 July 1, 2024 - June 30, 2029, **Contract Term** automatically renewing **Original Contract Amount** \$222,534 **Amendment Amount Total Contract Amount** \$222,534 **Cost Center**

Briefly describe the general nature of the contract:

Statement of Work with CivicPlus, LLC., to provide records request management services in an amount not to exceed \$222,534, for the retroactive period beginning July 1, 2024 through June 30, 2029, with automatic annual renewals thereafter, unless canceled by either party with at least 60 days written notice prior to the end of the then annual term.

| Approved as to Legal Form | Reviewed for Contract Compliance | Reviewed/Approved by Department |
|--|----------------------------------|---------------------------------|
| Bonnie Uphold, Supervising Deputy County Counsel | > | <u> </u> |
| Date 8/16/2024 | Date | Date |



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 |
|-------------------|--|
| ū. | 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/

| <u>Authorized Client Signature</u> | <u>CivicPlus</u> |
|--|--|
| By (please sign): Rowe | By (please sign): |
| () awym kowe | Amy Vikander |
| Printed Name: Dawn Rowe | Printed Name: |
| | Amy Vikander |
| Title: Chair | Title: |
| | Senior VP of Customer Success |
| Date: | Date: |
| AUG 2 0 2024 | 19/08/2024 |
| | |
| | |
| Organization Legal Name: | |
| Pillian On the L | - |
| Billing Contact: | |
| | |
| Title: | SIGNEDAND GERTIFIED THAT COPY OF THIS DOCUMENTED |
| Billing Phone Number: | TO THE CHAIR AND |
| billing Friorie Number. | Clark of the Board of Bullervisors |
| Billing Email: | of the Countylet Sen Esthardino |
| | By Deniy E |
| Billing Address: | - COUT |
| 3 | ARDINO |
| | |
| Moiling Address: (If different from all ave) | |
| Mailing Address: (If different from above) | |
| | |
| | |
| PO Number: (Info needed on Invoice (PO or | · Job#) if required) |
| | |
| | V/ DD 00 04 0045 0040 |