

**CivicPlus** 

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

Statement of Work

Quote #: Q-45762-1

Date: 7/3/2023 2:08 PM

Expires On: 10/1/2023

Client:

COHOCTAH TOWNSHIP (LIVINGSTON COUNTY), MICHIGAN

Bill To: COHOCTAH TOWNSHIP (LIVINGSTON COUNTY), MICHIGAN

SALESPERSON	Phone	EMAIL	DELIVERY METHOD	PAYMENT METHOD
Ryan Cole	k203-349-6678	ryan.cole@civicplus.com		Net 30

QTY	PRODUCT NAME	DESCRIPTION	PRODUCT TYPE
1.00	Publication	Publication (per page) of General Code Of Ordinances - 250 SC, 10 pt font to include 3cc with binders and tabs	One-time
3.00	Municode Tabs	Municode Tabs	One-time
3.00	Municode Binders	Municode Binders	One-time

Total Investment - Prorated Year 1	USD 5,950.00
Annual Recurring Services (Subject to Uplift)	USD 0.00

Total Days of Quote:242

Initial Tarm Invaige Cohedule	1000/ Invoiced upon Cignoture Date
Initial Term Invoice Schedule	100% Invoiced upon Signature Date
Annual Uplift	As agreed to in the Agreement

The Annual Recurring Services subscription fee for the Products (as described above) included in this SOW are prorated and co-termed to align with the Client's current Code and Supp billing schedule and the Annual Recurring Services amount will subsequently be added to Client's Term and regularly scheduled annual invoices under the terms of the Agreement.

This Statement of Work ("SOW") shall be subject to the terms and conditions of Master Services Agreement signed by and between the Parties and the applicable Solutions and Services Terms and Conditions located at: <a href="https://www.civicplus.help/hc/en-us/sections/11726451593367-Solutions-and-Services-Terms-and-Conditions">https://www.civicplus.help/hc/en-us/sections/11726451593367-Solutions-and-Services-Terms-and-Conditions</a> (collective, the "Agreement"). By signing this SOW, Client expressly agrees to the terms and conditions of the Agreement, as though set forth herein.

## **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:

Authorized Client Signature	CivicPlus
Ву:	Ву:
Name:	Name:
Title:	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 o	r Job#) if required)