



**CivicPlus**

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

**Quote #:**

Q-39259-1

**Date:**

3/6/2023 12:26 PM

**Expires On:**

6/4/2023

**Client:**

COHOCTAH TOWNSHIP (LIVINGSTON COUNTY),  
MICHIGAN

**Bill To:**

COHOCTAH TOWNSHIP (LIVINGSTON  
COUNTY), MICHIGAN

SALESPERSON	Phone	EMAIL	DELIVERY METHOD	PAYMENT METHOD
Steven Skok	x	steven.skok@civicplus.com		Net 30

QTY	Product Name	DESCRIPTION	PRODUCT TYPE
1.00	DNS and Domain Hosting Annual Fee (http://URL)	DNS and Domain Hosting Annual Fee (www.cohoctahtownship.org/)	Renewable
1.00	DNS and Domain Hosting Setup	DNS and Domain Hosting Setup (www.cohoctahtownship.org/)	One-time

Total Days of Quote:12

Total Investment - Year 1	USD 164.21
Annual Recurring Services (Subject to Uplift)	USD 189.00

1. This Statement of Work ("SOW") shall be subject to the terms and conditions of the Cohoctah Township MI - CivicEngage Statement of Work signed by and between the Parties ("the Agreement"). By signing this SOW, Client expressly agrees to the terms and conditions of the Agreement, as though set forth herein.
2. Client will be invoiced for the Total Investment - Year 1 (the sum of one-time costs and a prorated portion of the Annual Recurring Services) upon signing and submission of this SOW. 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 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.
3. Each year this SOW is in effect, a technology investment and benefit fee, as agreed to in the Agreement, will be applied to the Annual Recurring Services subscription fee.

Signature Page to follow.

**Acceptance**

By signing below, the parties are agreeing to be bound by the covenants and obligations specified in this SOW and the Agreement terms and conditions

IN WITNESS WHEREOF, the parties have caused this SOW to be executed by their duly authorized representatives as of the dates below.

Client

CivicPlus

By:

By:

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

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

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

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

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

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

**Contact Information**

\*all documents must be returned: Master Service Agreement, Statement of Work, and Contact Information Sheet.

<b>Organization</b>	<b>URL</b>
Street Address	
Address 2	
City	State                      Postal Code

CivicPlus provides telephone support for all trained clients from 7am –7pm Central Time, Monday-Friday (excluding holidays). Emergency Support is provided on a 24/7/365 basis for representatives named by the Client. Client is responsible for ensuring CivicPlus has current updates.

**Emergency Contact & Mobile Phone**

**Emergency Contact & Mobile Phone**

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<b>Billing Contact</b>		<b>E-Mail</b>
Phone	Ext.	Fax

Billing Address		
Address 2		
City	State	Postal Code

Tax ID #	Sales Tax Exempt #
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Billing Terms	Account Rep
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Info Required on Invoice (PO or Job #)

Are you utilizing any external funding for your project (ex. FEMA, CARES):                      Y [        ] or N [        ]

Please list all external sources: \_\_\_\_\_

<b>Contract Contact</b>		<b>Email</b>
Phone	Ext.	Fax

<b>Project Contact</b>		<b>Email</b>
Phone	Ext.	Fax