

**CivicPlus**

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

**Quote #:****Date:****Expires On:**

Statement of Work

Q-78383-1

6/20/2024 9:26 AM

9/30/2024

**Client:**

City of Dickinson, ND

**Bill To:**

DICKINSON, NORTH DAKOTA

SALESPERSON	Phone	EMAIL	DELIVERY METHOD	PAYMENT METHOD
Alex Webb		alex.webb@civicplus.com		Net 30

## Discount(s)

QTY	PRODUCT NAME	DESCRIPTION	TOTAL
1.00	Mass Notification Year 1 Annual Fee Discount	Year 1 Annual Fee Discount.	USD -1,895.83

## One-time(s)

QTY	PRODUCT NAME	DESCRIPTION	TOTAL
1.00	Mass Notification Standard Implementation	CivicReady Standard Implementation	USD 577.50

## Recurring Service(s)

QTY	PRODUCT NAME	DESCRIPTION	TOTAL
1.00	Communicator Unlimited SMS + Unlimited Emergency Voice	Emergency and Mass Notification platform with multi-channel alerting, geo-targeting, polling, mobile apps. Unlimited SMS for all communications. Voice minutes for emergencies. Includes NOAA integration, IPAWS, and white/yellow page data for emergencies.	USD 4,333.33

List Price - Initial Term Total	USD 5,488.33
Total Investment - Initial Term	USD 3,015.00
Annual Recurring Services (Subject to Uplift)	USD 13,000.00

Initial Term	10/1/2024 - 1/31/2025, Renewal Term 2/1 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:

\_\_\_\_\_  
Printed 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 or Job#) if required)