



CivicPlus

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

Quote #:
Date:
Expires On:

Statement of Work
Q-65098-1
2/27/2024 6:42 PM
6/30/2024

Client:
Effingham County, GA

Bill To:
Effingham County GA - SCF

| SALESPERSON | Phone | EMAIL | DELIVERY METHOD | PAYMENT METHOD |
|----------------|-------|------------------------------|-----------------|----------------|
| Joseph Borelli | | joseph.borelli@civicplus.com | | Net 30 |

Recurring Service(s)

| QTY | PRODUCT NAME | DESCRIPTION |
|------|------------------------|---|
| 1.00 | SeeClickFix Request | Unlimited gov user licenses for service request management tool to intake citizen submissions via mobile app. Assign requests internally, resolve issues and measure request performance. Includes support and virtual training services. |
| 1.00 | Marketplace App Annual | Marketplace App Annual |

| | |
|---|---------------|
| List Price - Initial Term Total | USD 36,390.25 |
| Total Investment - Initial Term | USD 23,473.18 |
| Annual Recurring Services (Subject to Uplift) | USD 23,473.18 |

| | |
|-------------------------------|-----------------------------------|
| Initial Term | 12 Months |
| 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):

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 or Job#) if required)