

CivicPlus

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

Statement of Work

Quote #: Q-74838-1

Date: 4/29/2024 4:48 PM

Expires On: 6/28/2024

Client:

Huerfano County, CO

Bill To:

HUERFANO COUNTY, COLORADO

SALESPERSON	Phone	EMAIL	DELIVERY METHOD	PAYMENT METHOD
Samantha Rickert		samantha.rickert@civicplus.com		Net 30

One-time(s)

QTY	PRODUCT NAME	DESCRIPTION
1.00	AMM Select: Pro Premium Implementation	Pro Premium Implementation; Includes config. of up to 10 meeting types, up to 10 boards, 1 approval workflow per meeting type, 4 hrs of training, and 2 hrs of consulting; Includes 1 original agenda, 1 original minutes, and 1 original staff report design
1.00	AMM Select: Additional Staff Report Design Configuration Fee (Original Design)	Includes configuration of 1 original staff report design
1.00	AMM Select: Historical Import Fee with Videos (500 - 750)	Historical import of between 500 and 750 meetings; Volume is calculated based on number of meetings being imported; Import does include video files

Recurring Service(s)

QTY	PRODUCT NAME	DESCRIPTION
1.00	AMM Select: Pro Annual Fee	AMM Select: Pro Annual Fee

List Price - Initial Term Total	USD 11,725.00
Total Investment - Initial Term	USD 7,749.00
Annual Recurring Services (Subject to Uplift)	USD 7,749.00

Initial Term	9/14/2024 - 9/13/2025, Renewal
	Term 9/14 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	<u>CivicPlus</u>
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 o	- r Job#) if required)