

## **CivicPlus**

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

Statement of Work

Quote #: Q-76509-1

Date: 5/24/2024 12:29 PM

Expires On: 7/23/2024

**Client:** 

Madison Charter Township, MI

Bill To:

MADISON CHARTER TOWNSHIP (LENAWEE COUNTY), MICHIGAN

SALESPERSON	Phone	EMAIL	DELIVERY METHOD	PAYMENT METHOD
Gregg Huggins	(850) 518-2797	ghuggins@civicplus.com		Net 30

## One-time(s)

QTY	PRODUCT NAME	DESCRIPTION
1.00	Ultimate Implementation	Ultimate Design, 150 pages migration, free virtual training sessions
1.00	M3: Integratable Meetings Management Migration and Server Configuration	Server configuration and up to 5 years of meetings document (agendas, agenda packets, minutes) migrated into the site's meetings directory which is integratable with Civic Plus's meetings management software.

## Recurring Service(s)

QTY	PRODUCT NAME	DESCRIPTION
1.00	Ultimate Web Open Subscription	Ultimate Web Open Subscription

List Price - Initial Term Total	USD 6,170.00
Total Investment - Initial Term	USD 5,136.00
Annual Recurring Services (Subject to Uplift)	USD 4,136.00

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 <a href="https://www.civicplus.help/hc/en-us/p/legal-stuff">https://www.civicplus.help/hc/en-us/p/legal-stuff</a> (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 <a href="https://www.civicplus.com/verify/">https://www.civicplus.com/verify/</a>

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)