

## Quotation

**Prepared for:**

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**Quote #:** Q-93477  
**Date:** 3/3/2022  
**Expires On:** 4/29/2022  
**Confidential**

**Salesperson:** Dalila Edwards  
**Phone:**  
**Email:** dalila.edwards@everbridge.com

**Contract Summary Information:**

Contract Period: 36 Months

Note: \*\*Quantity on this quote represents the population count

Year 1

QTY	DESCRIPTION	PRICE
3,000	Nixle Engage	USD 2,470.00
<b>Year 1 TOTAL:</b>		USD 2,470.00

Year 2

QTY	DESCRIPTION	PRICE
3,000	Nixle Engage	USD 2,470.00
<b>Year 2 TOTAL:</b>		USD 2,470.00

Year 3

QTY	DESCRIPTION	PRICE
3,000	Nixle Engage	USD 2,470.00
<b>Year 3 TOTAL:</b>		USD 2,470.00

**Pricing Summary:**

Price:	USD 2,600.00
Total Discount Amount: (Only valid if executed by 4/29/2022 )	USD 130.00
Year One Fees:	USD 2,470.00
One-time Implementation and Setup Fees:	USD 197.60
Professional Services:	USD 0.00
<b>Total Year One Fees Due:</b>	<b>USD 2,667.60</b>

**Ongoing Fees:**

Year Two Fees:	USD 2,470.00
Year Three Fees:	USD 2,470.00

**Messaging Credits Summary:**

	Initial Credits Allowance	Additional Credits Purchased	Total Credits
Year 1	500,000	0	500,000
Year 2	500,000	0	500,000
Year 3	500,000	0	500,000

**Terms & Conditions**

1. This Quote and the Service(s) provided are subject to the Everbridge, Inc. Master Service Agreement current as of the date of Client's signature below. Please visit <https://docs.everbridge.com/cdn/legal/SLG-Master-Services-Agreement-Hyperlink-v9.pdf> to view the Master Service Agreement in its entirety.
2. By signing this Quote you represent that you read, understand and agree to the terms of the Master Service Agreement and are authorized on behalf of the Client to execute the Quote and bind Client to the agreement(s).
3. Messaging Credits listed above can be used for Notifications and expire at the end of each year. Consumption of Messaging Credits in excess of these amounts in any year will incur additional charges.
4. Subject to sales taxes where applicable.
5. Except for currency designation, the supplemental notes below, if any, supplied in this Quote are for informational purposes and not intended to be legally binding or override the language of the Master Service Agreement.

(\*Year One Fees are the total of the first year annual subscription fees and any one-time fees, i.e., Professional Services.)



## CLIENT REGISTRATION FORM

**\*Required information**

**\*Client Name:**

**Account Number: (Internal use only)**

**\*Requestor/Approver of Services:**

Contact Name:

Email Address:

Phone Number:

Other Number:

**\*Billing Address:**

Contact Name:

Address:

City:

State/Province/Region:

--	--

Postal/Zip Code:

Country:

--	--

**\*Shipping/Primary Service Location Address:**

Contact Name:

Address:

City:

State/Province/Region:

--	--

Postal/Zip Code:

Country:

--	--

**\*Accounts Payable Department:**

Contact Name:

Email Address:

--	--

Phone Number:

Fax Number:

--	--

Address: *same as Billing Address*

*same as Shipping Address*

City:

State/Province/Region:

--	--

Postal/Zip Code:

Country:

--	--

**\*Purchasing Department:**

Contact Name:

Email Address:

--	--

Phone Number:

Fax Number:

--	--

Address: *same as Billing Address*

*same as Shipping Address*

City:

State/Province/Region:

--	--

Postal/Zip Code:

Country:

--	--

**\*Invoice Submission Email Address(s):**

**\*Do you require a Purchase Order to process payment?**

**Yes**

**No**

If Yes, please send Purchase Order to [Final.Documents@everbridge.com](mailto:Final.Documents@everbridge.com)

(For U.S. Clients only)

**\*Is your organization exempt from paying Sales and Use Tax?**

**Yes**

**No**

If your organization is exempt or is utilizing Direct Pay, please attach a copy of your Exemption or Direct Pay Certificate to this form

\*If either of the certificates is not attached to this form, sales tax will be added where applicable.

**Please provide any special instructions for submitting and processing invoices for payment:**

**Please list and attach any required forms and/or web links for invoice processing:**

e.g., Wire/EFT/ACH forms, Vendor forms, W9 forms, Registration links

**Please return the form via Email to [Final.Documents@everbridge.com](mailto:Final.Documents@everbridge.com) or Fax to 818-484-2299**

**DRAFT**

# W-9

Form  
(Rev. October 2018)  
Department of the Treasury  
Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

**Everbridge, Inc.**

2 Business name/disregarded entity name, if different from above

3

Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor or single-member LLC

C Corporation

S Corporation

Partnership

Trust/estate

Limited liability company.

Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶

**Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶

5 Address (number, street, and apt. or suite no.) See instructions.

**155 North Lake Avenue, Suite 900**

6 City, state, and ZIP code

**Pasadena, CA 91101**

7 List account number(s) here (optional)

Requester's name and address (optional)

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

(Applies to accounts maintained outside the U.S.)

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number


OR

Employer identification number

2	6	-	2	9	1	9	3	1	2
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**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

### Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person ▶

Date ▶

01/13/2021

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Authorized by Everbridge:

Signature:

Date:

\_\_\_\_\_

Name (Print):

Title:

\_\_\_\_\_

\_\_\_\_\_

To accept this quote, sign, date and return:

Signature:

Date:

\_\_\_\_\_

Name (Print):

Title:

\_\_\_\_\_

\_\_\_\_\_

155 North Lake Avenue, Suite 900  
Pasadena, CA 91101 USA  
Tel: +1-818-230-9700  
Fax: +1-818-230-9505

THANK YOU FOR YOUR BUSINESS!