

CivicPlus

302 South 4th St. Suite 500 Manhattan, KS 66502 **Quote #:** Q-32610-1 **Date:** 12/19/2022 1:13 PM

Expires On: 3/19/2023

Client: Bill To:

ROWAN COUNTY, NORTH CAROLINA

ROWAN COUNTY, NORTH CAROLINA

SALESPERSON	Phone	EMAIL	DELIVERY METHOD	PAYMENT METHOD
Eden Mckee	Eden Mckee x eden.mckee@civicplus.com			Net 30

QTY	Product Name	DESCRIPTION		PRODUCT TYPE	TOTAL
11.00 Banner - CivicEngage Central		Design/apply unique interior banner to CivicEngage Central website		One-time	USD 2,893.00
Total Investment - Year 1		USD 2,893.00			
Annual Recurring Services (Subject to Uplift)		USD 0.00			

Total Days of Quote:194

- 1. This Statement of Work ("SOW") shall be subject to the terms and conditions of the Rowan County NC CivicEngage Statement of Work signed by and between the Parties ("the Agreement"). By signing this SOW, Client expressly agrees to the terms and conditions of the Agreement, as though set forth herein.
- 2. Client will be invoiced for the Total Investment Year 1 (the sum of one-time costs and a prorated portion of the Annual Recurring Services) upon signing and submission of this SOW. The Annual Recurring Services subscription fee for the Products (as described above) included in this SOW are prorated and co-termed to align with the Client's current billing schedule and the Annual Recurring Services amount will subsequently be added to Client's Term and regularly scheduled annual invoices under the terms of the Agreement.
- 3. Each year this SOW is in effect, a technology investment and benefit fee, as agreed to in the Agreement, will be applied to the Annual Recurring Services subscription fee.

Signature Page to follow.

Acceptance	
By signing below, the parties are agreeing to be Agreement terms and conditions	bound by the covenants and obligations specified in this SOW and the
IN WITNESS WHEREOF, the parties have caus the dates below.	ed this SOW to be executed by their duly authorized representatives as o
Client	CivicPlus
Ву:	Ву:
Name:	Name:
Title:	Title:
Date:	Date:

Contact Information

*all documents must be returned: Master Service Agreement, Statement of Work, and Contact Information Sheet.

Organization		URL
Street Address		
Address 2		
City	State	Postal Code
	n a 24/7/365 basis for represent	am –7pm Central Time, Monday-Friday (excluding holidays). tatives named by the Client. Client is responsible for
Emergency Contact & Mobile Ph	none	
Emergency Contact & Mobile Ph	none	
Emergency Contact & Mobile Ph	none	
Billing Contact		E-Mail
Phone	Ext.	Fax
Billing Address		
Address 2		
City	State	Postal Code
Tax ID #		Sales Tax Exempt #
Billing Terms		Account Rep
Info Required on Invoice (PO or Jo	ob #)	
Are you utilizing any external fundi	ing for your project (ex. FEMA,	CARES): Y [] or N []
Please list all external sources:		
Contract Contact		Email
Phone	Ext.	Fax
Project Contact		Email
Phone	Ext.	Fax