



CivicPlus

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

Quote #:
Date:
Expires On:

Statement of Work
Q-60265-1
12/19/2023 1:57 PM
12/22/2023

Client:

Bill To:

| SALESPERSON | Phone | EMAIL | DELIVERY METHOD | PAYMENT METHOD |
|--------------|-------------------|----------------------------|-----------------|----------------|
| Jake Andrade | (858) 762-3733 | jake.andrade@civicplus.com | | Net 30 |

| QTY | PRODUCT NAME | DESCRIPTION | PRODUCT TYPE |
|------|--|---|--------------|
| 1.00 | AudioEye Managed | AudioEye Managed: https://www.tuxedopark-ny.gov/ | Renewable |
| 1.00 | Accessibility Year 1 Annual Fee Discount | Year 1 Annual Fee Discount | |

| | |
|------------------------------------|--------------|
| List Price - Year 1 Total | USD 4,165.00 |
| Total Investment - Initial Term | USD 2,082.50 |
| Annual Recurring Services - Year 2 | USD 4,373.25 |

| | |
|-------------------------------|-----------------------------------|
| Initial Term & Renewal Date | 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 |
| Renewal Invoice Schedule | Annually on date of signing |
| Annual Uplift | 5% starting 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:

By:

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)