



CivicPlus

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

Quote #:
Date:
Expires On:

Statement of Work
Q-86145-1
10/20/2024 11:18 AM
11/30/2024

Client:
Santa Rosa City Schools, CA

Bill To:
SANTA ROSA CITY SCHOOLS, CALIFORNIA

SALESPERSON	Phone	EMAIL	DELIVERY METHOD	PAYMENT METHOD
Kristin Lussier		kristin.lussier@civicplus.com		Net 30

One-time(s)

QTY	PRODUCT NAME	DESCRIPTION
1.00	NextRequest Standard Implementation	NextRequest Standard Implementation (Virtual Only)

Recurring Service(s)

QTY	PRODUCT NAME	DESCRIPTION
1.00	NextRequest Standard	NextRequest Standard with up to 10 Admin-Publisher Users and 2TB of Storage

Initial Term	12/1/2024 - 11/30/2027, Renewal Term 12/1 each calendar year
Initial Term Invoice Schedule	Year One Annual Total invoiced upon the signature date of this Agreement, subject to proration if the term begins at signing. Subsequent Annual Totals invoiced every 12 months.

	Annual Subscription	One Time Fees	Annual Total
Year One	USD 8,091.00	USD 1,500.00	USD 9,591.00
Year Two	USD 10,788.00		USD 10,788.00
Year Three	USD 10,788.00		USD 10,788.00
Subtotal			USD 31,167.00
Annual Recurring Services Starting Year 4			USD 11,327.40
Renewal Procedure	Automatic 1 year renewal term, unless 60 days notice provided prior to renewal date		

Annual Uplift	5% to be applied in year 4
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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 (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 or Job#) if required)