

**CivicPlus**

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

**Quote #:**

Q-21695-1

**Date:**

1/5/2022 11:37 AM

**Expires On:**

3/31/2022

**Product:**

SeeClickFix

**Client:**

North Port FL - SCF Legacy

**Bill To:**

North Port FL - SCF Legacy

SALESPERSON	Phone	EMAIL	DELIVERY METHOD	PAYMENT METHOD
Mike Nicholson	x	michael.nicholson@civicplus.com		Net 30

## SeeClickFix - Statement of Work

QTY	Product Name	DESCRIPTION	PRODUCT TYPE
1.00	SeeClickFix Connector for Lucity	SeeClickFix-hosted integration with Lucity (CentralSquare Technologies). Requires Lucity Citizen Portal REST API.	Renewable
1.00	SeeClickFix Annual - Unlimited Users	SeeClickFix Unlimited Annual Licenses	Renewable

List Price - Year 1 Total	USD 25,730.59
Total Investment - Year 1	USD 3,425.80
Annual Recurring Services - Year 2	USD 4,892.94

Total Days of Quote:268

1. This Statement of Work ("SOW") shall be subject to the terms and conditions of the North Port FL - SCF Legacy 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 bound by the covenants and obligations specified in this SOW and the Agreement terms and conditions

IN WITNESS WHEREOF, the parties have caused this SOW to be executed by their duly authorized representatives as of the dates below.

Client

CivicPlus

By:

By:

\_\_\_\_\_  
Name:

\_\_\_\_\_  
Name:

\_\_\_\_\_  
Title:

\_\_\_\_\_  
Title:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Date:

ATTEST

\_\_\_\_\_  
Heather Taylor, MMC  
City Clerk

APPROVED AS TO FORM AND CORRECTNESS

\_\_\_\_\_  
Amber L. Slayton  
City Attorney

**Contact Information**

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

**Organization** URL

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Street Address

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Address 2

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City State Postal Code

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CivicPlus provides telephone support for all trained clients from 7am –7pm Central Time, Monday-Friday (excluding holidays).  
Emergency Support is provided on a 24/7/365 basis for representatives named by the Client. Client is responsible for  
ensuring CivicPlus has current updates.

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**Emergency Contact & Mobile Phone**

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**Emergency Contact & Mobile Phone**

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**Emergency Contact & Mobile Phone**

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**Billing Contact** E-Mail

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Phone Ext. Fax

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Billing Address

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Address 2

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City State Postal Code

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Tax ID # Sales Tax Exempt #

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Billing Terms Account Rep

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Info Required on Invoice (PO or Job #)

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Are you utilizing any external funding for your project (ex. FEMA, CARES): Y [     ] or N [     ]

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Please list all external sources: \_\_\_\_\_

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**Contract Contact** Email

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Phone Ext. Fax

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**Project Contact** Email

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Phone Ext. Fax

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