

**CivicPlus**

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

Quote #:

Q-10716-1

Date:

7/28/2020 10:23 AM

Expires On:

10/26/2020

Product:

CivicEngage

Ship To

Warrensburg Convention and Visitor's Bureau MO - CivicEngage

Bill ToWarrensburg Convention and Visitor's Bureau MO -
CivicEngage

SALESPERSON	Phone	EMAIL	DELIVERY METHOD	PAYMENT METHOD
Jenna Wolf	x	wolf@civicplus.com		Net 30

Exhibit A.1 - Statement of Work

QTY	Product Name	DESCRIPTION	PRODUCT TYPE
1.00	Ultimate Department Header Package	Page specific Site ID, Navigation, Banner, Graphic Links, Colors, Design Styles; follows main site layout.	
1.00	Ultimate Department Header Annual Fee	Ultimate Department Header Annual Fee	Renewable
1.00	Ultimate Department Header Implementation	Ultimate Department Header Implementation	One-time

List Price - Year 1 Total	USD 7,193.00
Actual Investment - Year 1	USD 4,103.00
Annual Services – Year 2	USD 1,103.00

Total Days of Quote:365

1.This Sales Form is subject to the terms and conditions of the original Agreement by and between CITY OF WARRENSBURG - Convention and Visitor's Bureau (Client) and CivicPlus.

2.Client will be invoiced for the Total Investment - Year 1 (the sum of one-time costs and a prorated portion of the Annual Services) for the current billing cycle upon signing and submission of this Sales Form. The subscription for the Products (as described above) included in this Sales Form are prorated and co-termed to align with the Client's current billing schedule and the Annual Services amount will subsequently be added to Client's regularly scheduled annual invoices under the terms of the Agreement.

3.Each year this Sales Form is in effect, a technology investment and benefit fee up to 5% will be applied to the Annual Fee Increase. Client will be invoiced electronically through email. Upon request CivicPlus will mail the invoice and the Client will be charged a \$5.00 convenience fee.

Acceptance

We, the undersigned, agreeing to the conditions specified in this document, understand and authorize the provision of services outlined in this Agreement.

Client

CivicPlus

By:

By:

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

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.

Emergency Contact & Mobile Phone

Emergency Contact & Mobile Phone

Emergency Contact & Mobile Phone

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 Job #)

Are you utilizing any external funding 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