



**CivicPlus**

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

**Quote #:**  
**Date:**  
**Expires On:**

Statement of Work  
Q-100486-1  
5/21/2025 11:54 AM  
12/31/2025

**Client:**  
Snohomish County - Health Department, WA

**Bill To:**  
SNOHOMISH COUNTY, WASHINGTON

SALESPERSON	Phone	EMAIL	DELIVERY METHOD	PAYMENT METHOD
Drew Anderson	(203) 349-6549	drew.anderson@civicplus.com		Net 30

Discount(s)

QTY	PRODUCT NAME	DESCRIPTION
1.00	Web Accessibility Year 1 Annual Fee Discount	Year 1 Annual Fee Discount

Recurring Service(s)

QTY	PRODUCT NAME	DESCRIPTION
1.00	AudioEye Managed	AudioEye Managed: <a href="https://www.snohd.org/">https://www.snohd.org/</a>
1.00	CivicPlus Chatbot Subscription	Powered by AI technology, the Frase Answer Engine for Local Government uses website content to answer citizen questions. This solution includes dashboard analytics and language translation.

Total Investment - Prorated Year 1	USD 1,014.61
Annual Recurring Services (Subject to Uplift)	USD 11,237.19

Total Days of Quote:134

Initial Term	Remaining Term: 12/17/2025 - 4/29/2026, Renewal Term 4/30 each calendar year. Promotion extends the Remaining term and additional 12 months past 4/30.
Initial Term Invoice Schedule	100% Invoiced upon Signature Date

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. This Statement of Work ("SOW") shall be subject to the terms and conditions of Master Services Agreement signed by and between the Parties and the applicable Solutions and Services Terms and Conditions located at: <https://www.civicplus.help/docs/civicplus-legal-stuff> (collective, the "Agreement"). By signing this SOW, Client expressly agrees to the terms and conditions of the Agreement, as though set forth herein.

Please note that this document is a SOW and not an invoice. Upon signing and submitting this SOW, Client will receive the applicable invoice according to the terms of the invoicing schedule outlined herein.

Client may issue purchase orders for its internal, administrative use only, and not to impose any contractual terms. Any terms contained in any such purchase orders issued by the Client are considered null and will not alter the Binding Terms, the Agreement or this SOW.

**Acceptance of Quote # Q-100486-1**

The undersigned acknowledges having read, understood, and agreed to be bound by the binding terms and conditions incorporated into this SOW. This SOW shall become effective as of the date of the last signature below ("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:

County Executive

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

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

Organization Legal Name:  
Snohomish County

\_\_\_\_\_  
Billing Contact:  
Accounts Payable

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

\_\_\_\_\_  
Billing Phone Number:  
425-339-5200

\_\_\_\_\_  
Billing Email:  
SHD.AccountsPayable@co.snohomish.wa.us

\_\_\_\_\_  
Billing Address:  
3020 Rucker Ave., Suite 308  
Everett, WA 98201

\_\_\_\_\_  
Mailing Address: (If different from above)

\_\_\_\_\_  
PO Number: (Info needed on Invoice (PO or Job#) if required)