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

Statement of Work

Quote #: Q-100486-1
Date: 5/21/2025 11:54 AM
Expires On: 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: https://www.snohd.org/
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: County Executive	Title:
_____	_____
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)

_____