



155 North Lake Avenue, Suite 900
Pasadena, CA 91101 USA

tel: +1-818-230-9700
fax: +1-818-230-9505

www.everbridge.com

Quotation

Prepared for:

City of Carson, CA
701 East Carson St.
P.O. Box 9234
Carson CA 90749
United States
Ph:
Fax:
Email:

Quote #: Q-32248
Date: 2/25/2021
Expires On: 3/26/2021
Confidential

Salesperson: Angela Fish
Phone:
Email: angela.fish@everbridge.com

Contract Summary Information:

Contract Period: 36 Months

Contact Summary:

| | |
|------------------|--------|
| Household Count: | 37,838 |
| Employee Count: | |

Year 1

| QTY | DESCRIPTION | PRICE |
|----------------------|--|---------------|
| 1 | Mass Notification Pro | USD 22,762.68 |
| 7 | One Day Remote Consulting Services (Travel & Expenses to be reimbursed by Customer) | USD 13,500.00 |
| 98,000 | Resident Connection – Annual Update | USD 5,000.06 |
| Year 1 TOTAL: | | USD 41,262.74 |

Year 2

| QTY | DESCRIPTION | PRICE |
|----------------------|--|---------------|
| 1 | Mass Notification Pro | USD 22,762.68 |
| 7 | One Day Remote Consulting Services (Travel & Expenses to be reimbursed by Customer) | USD 13,500.00 |
| 98,000 | Resident Connection – Annual Update | USD 5,000.06 |
| Year 2 TOTAL: | | USD 41,262.74 |

Year 3

| QTY | DESCRIPTION | PRICE |
|----------------------|--|---------------|
| 1 | Mass Notification Pro | USD 22,762.68 |
| 7 | One Day Remote Consulting Services (Travel & Expenses to be reimbursed by Customer) | USD 13,500.00 |
| 98,000 | Resident Connection – Annual Update | USD 5,000.06 |
| Year 3 TOTAL: | | USD 41,262.74 |

Pricing Summary:

| | |
|---|----------------------|
| Price: | USD 50,071.22 |
| Total Discount Amount: (Only valid if executed by 3/26/2021) | USD 8,808.48 |
| Year One Fees: | USD 41,262.74 |
| One-time Implementation and Setup Fees: | USD 3,301.02 |
| Professional Services: | USD 0.00 |
| Total Year One Fees Due: | USD 44,563.76 |

Ongoing Fees:

| | |
|------------------|---------------|
| Year Two Fees: | USD 41,262.74 |
| Year Three Fees: | USD 41,262.74 |

1. Quote subject to the terms and conditions of the Master Services Agreement, including any amendments, executed between Everbridge, Inc. and the customer listed above.
2. Additional rates apply for all international communications.
3. Subject to sales taxes where applicable.
4. Except for currency designation, the supplemental notes below, if any, supplied in this Quote are for informational purposes and not intended to be legally binding or override negotiated language of the Everbridge Inc. Master Service Agreement.

Supplemental Notes:

Pricing is based upon full Area G participation.

Qty 6.75 of Professional Services is for a total of 54 hours.

Authorized by Everbridge:

Signature:

Date:

Name (Print):

Title:

To accept this quote, sign, date and return:

Signature:

Date:

Name (Print):

Title:

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THANK YOU FOR YOUR BUSINESS!

CLIENT REGISTRATION FORM

* Required information

* **CONTRACTING PARTY / COMPANY NAME:**

* **REQUESTOR / APPROVER OF SERVICE PURCHASE**

Contact Name:

Phone Number:

Email Address:

Alternate Phone:

* **INVOICE DELIVERY / REMITTANCE EMAIL(S):**

* **IS A PURCHASE ORDER REQUIRED FOR PAYMENT?**

Yes

No

If Yes, P.O. must be submitted at time of purchase. Failure to do so may result in processing delays. Forward to Final.Documents@everbridge.com

(U.S. Clients only)

* **IS YOUR ORGANIZATION EXEMPT FROM PAYING SALES AND USE TAX?**

Yes

No

If YES, please submit Tax Exemption Certificate to Final.Documents@Everbridge.com

If your organization utilizes Direct Pay, please submit Direct Pay Permit to Final.Documents@Everbridge.com

* **NOTE: A FORM W9 DOES NOT SUPPORT TAX EXEMPT STATUS**

* **FAILURE TO PROVIDE PROOF OF TAX EXEMPT STATUS OR PROOF OF DIRECT PAY PERMIT WILL BE SUBJECT TO SALES TAX, WHERE APPLICABLE**

* **VAT Registration No. (if applicable)**

* **BILL-TO ADDRESS:**

Contact Name:

Address:

City:

State/Province/Region:

Postal/Zip Code:

Country:

* **ACCOUNTS PAYABLE CONTACT:**

Contact Name:

Email Address:

Phone Number:

Fax Number:

Department:

PURCHASER CONTACT INFORMATION:

Contact Name:

Email Address:

Phone Number:

Fax Number:

Department:

NOTES / REMIT INSTRUCTIONS:

VENDOR REGISTRATION FORMS / REQUIREMENTS (EX: W9, ACH/WIRE INSTRUCTIONS):

Forms requiring completion must be emailed to VendorRequests@Everbridge.com

Final.Documents@everbridge.com or Fax to 818-484-2299