



FILED
 AT 10:45 O'CLOCK A. M
 DEC 19 2019
 ARTURO GUAJARDO, JR. COUNTY CLERK
 HIDALGO COUNTY TEXAS
 BY [Signature] DEPUTY

CivicPlus

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

Quote #:

Q-06136-1

Date:

11/20/2019 1:20 PM

Expires On:

12/31/2019

Product:

CivicEngage

Ship To

Hidalgo County Health & Human Services TX - CivicEngage

Bill To

Hidalgo County Health & Human Services TX - CivicEngage

SALESPERSON	Phone	EMAIL	DELIVERY METHOD	PAYMENT METHOD
Chelsey McGhee	x785-323-1542	mcghee@civicplus.com		Net 30

Exhibit A.1 - Statement of Work

QTY	Product Name	DESCRIPTION	TOTAL
1.00	Custom Implementation	STANDARD Redesign: FIXED layout FLEXIBLE design Content QC - Ensuring that content is congruous with new design application. No changes or edits in content will be made. http://www.hchd.org/	\$12,300.00
TOTAL:			\$12,300.00

Total Days of Quote:273

One Time Costs	\$12,300.00
Recurring Costs	\$0.00

* Recurring Costs stated herein are based upon the number of days stated above.
 Upon renewal of this SOW, the Recurring Costs will reflect a 365 day calendar year.

Terms

The Sales Form is subject to the terms and conditions of the original Agreement by and between Hidalgo County Health & Human Services (Client) and CivicPlus. Client will be invoiced for the One Time Implementation Fee and the Recurring Cost for the current year upon signing and submission of this Sales Form (such initial invoice may be prorated to correlate with Client's current billing cycle as appropriate). The Recurring Cost will subsequently be added to Client's regularly scheduled annual invoices under the Agreement. Each year this Sales Form is in effect, a 5% technology investment and benefit fee 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

By: Richard F. Cortez
Name: Richard F. Cortez
Title: County Judge
Date: 12/17/19

CivicPlus

By: J. Logan
Name: Jeff Logan
Title: VP of Sales
Date: December 13, 2019

APPROVED BY
COMMISSIONERS' COURT
ON: 12/10/19 jrd

Reg 405760

Contact Information

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

Organization Hidalgo County Health & Human Services URL http://www.hchd.org
Street Address 1304 S. 25th Ave
Address 2 _____

City Edinburg State TX Postal Code 78542

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.

Rigoberto Hinojosa (956) 281-7040
Emergency Contact & Mobile Phone _____

Emergency Contact & Mobile Phone _____

Emergency Contact & Mobile Phone _____

Billing Contact Miguel Escaname E-Mail miguel.escaname@hchd.org

Phone (956) 383-6221 Ext. 7210 Fax (956) 383-3229

Billing Address 1304 S. 25th Ave
Address 2 _____

City Edinburg State TX Postal Code 78542

Tax ID # 746000717 Sales Tax Exempt # _____

Billing Terms _____ Account Rep _____

Info Required on Invoice (PO or Job #) _____

Contract Contact Chelsey McGhee Email mcghee@civic.plus.com

Phone 785-323-1542 Ext. _____ Fax _____

Project Contact _____ Email _____

Phone _____ Ext. _____ Fax _____

Lease and/ or Service Agreement

Company's Name: ICON ENTERPRISES, INC.

Department: HEALTH

AI- 73505 Approval through CC on: 12/10/19

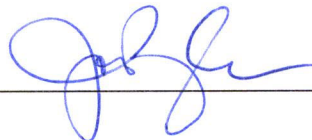
ATTEST: 
By: 
Arturo Guajardo Jr., County Clerk

Date: 12-19-19

APPROVED AS TO FORM:

Hidalgo County Office of the Criminal District Attorney,

Ricardo Rodriguez, Jr.

By: 

Josephine, Assistant District Attorney

Civil Litigation Division