



**LICENSE & SERVICES ORDER FORM ("ORDER FORM")**

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**CLIENT INFORMATION:**

CLIENT NAME ("CLIENT"):	<b>Monroe County Central Emergency Dispatch Center</b>
ADDRESS:	<b>223 East 3rd St</b>
	<b>Bloomington, IN 47404</b>
CONTACT NAME/TITLE:	<b>Jeff Schemmer / Communications Manager Monroe County Central Emergency Dispatch Center</b>
PHONE:	<b>(812) 349-3301</b>
EMAIL:	<b>schemmej@bloomington.in.gov</b>

<b>INITIAL LICENSE TERM:</b>	June 5, 2017 through June 4, 2020
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**FEES INFORMATION:**

**ANNUAL LICENSE FEES:**

Product Description	Unit	Qty	Annual License Fee
Rave 911 Backup License	Each	5.00	\$0.00
Rave 911 First Responder View	Each	50.00	\$0.00
Rave 911 Suite Standard	Each	4.00	\$16,000.00

Annual License Fee(s):	\$16,000.00
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**PROFESSIONAL SERVICES FEES:**

One-Time Service Description	One-Time Fee
Rave 911 Setup and Configuration per PSAP	\$1,000.00

Total Set-Up Fee(s):	\$1,000.00
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**TOTAL FEES:**

	# of Years	Cost Per year	Total Contract
Annual Fees:	3	\$16,000.00	\$48,000.00
One-Time Fees (Set Up & Integration):			\$1,000.00
<b>Total Fees</b>			<b>\$49,000.00</b>

Fees Payable Net 30:	\$17,000.00
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**STANDARD CONDITIONS:**

- Effective Date.** The effective date of this Order Form will be the date of last execution as set forth in the signature block below ("Effective Date").
- Master License and Services Agreement.** By signing this Order Form, Client agrees to be bound by all of the standard terms and conditions of the Rave Mobile Safety Master License and Services Agreement which is expressly incorporated by reference in this Order Form as set forth in the following URL of Rave: [https://www.getrave.com/termspdf/RaveMLSA\\_v.5.pdf](https://www.getrave.com/termspdf/RaveMLSA_v.5.pdf) ("Agreement") or as otherwise attached hereto. Any capitalized terms used in this Order Form, unless specifically defined herein, shall have the meanings assigned to them in the Agreement. By signing this Order Form, Client agrees to license the Products listed above subject to all of the terms and conditions of the Agreement and this Order Form. Client's offer to license the Products becomes a binding commitment



upon signing of this Order Form by both Parties. The individual representative of Client executing this Order Form has full authority to bind Client and its Affiliates to the terms and conditions of the Agreement.

3. **Fees Payable.** Client shall pay to Rave, or its designee, without offset or deduction, the Fees set forth in this Order Form (or a related invoice in connection with any Renewal License Term) within thirty (30) days of the relevant Rave invoice. Rave reserves the right to increase the above-referenced "Annual License Fees" (not to exceed 10% annually) following the Initial License Term or any Renewal License Term, as the case may be.
4. **Purchase Orders.** Client agrees that if its internal procedures require that a purchase order be issued as a condition to payment of any Fees due to Rave, Client will timely issue such purchase order to Rave. Notwithstanding the foregoing, Client agrees that the absence of a purchase order or other ordering document may not be used as a defense to avoid or excuse the performance of any of Client's obligations under the Agreement, including, but not limited to, payment of all Fees due to Rave.
5. **Services.** Client is responsible for supplying and maintaining, at its own expense, the required hardware and supplies to run the related Product(s). In addition, the above-referenced "Remote Set-Up and Configuration" fees cover an initial one-time deployment. If Client makes infrastructure or other changes (including, but not limited to, changes in its location, call-taking equipment, carrier, network or other hardware) that require re-deployment and additional testing of Services, additional Set-Up and Configuration fees may apply.

**SPECIAL CONDITIONS:**

Rave will load Client provided land line data twice a year.

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**AGREED AND ACCEPTED:**

**RAVE WIRELESS, INC. d/b/a Rave Mobile Safety**

Signature:

Printed Name:

Title:

Date:

**CLIENT: Monroe County Central Emergency Dispatch Center**

Signature:

Printed Name:

Title:

Date: