

# Innovu Customer Order Form



Customer Information				
<b>Customer Company: Capital Area Intermediate Unit (CAIU)</b>			Customer Billing Information: Same as customer information	
Contact Name	Daren Moran		Billing Contact:	
Contact Phone	717.732.8400	Contact Fax:	Billing Phone:	Billing Fax:
Contact Email	dmoran@caiu.org		Billing Email:	
Contact Address	55 Miller St, Enola, Pa. 17025		Billing Address:	
Is Customer Tax Exempt? no		Customer Tax Exempt #:	Community Membership: PASBO	
Innovu Contact: Jesserer		Innovu MD: Jesserer	Zoho ID:	Purchase Order #:

Solutions to be Delivered								
Subscription Term: 03/01/2019 TO 2/28/2020    Subscription Term Length: 1/3 years								
	Model #	Solution Description	Fee Metric	Qty	One-Time Fee	Annual Fee		Extended Fees
1	105SCL07	750-999 Benefit Eligible for CAIU	Benefit Eligible Employees or Clients			\$9,200		\$9,200
2	105SCL03	200-299 Benefit Eligible for Big Spring	Benefit Eligible Employees or Clients			\$4,600		\$4,600
3	105SCL06	500-599 Benefit Eligible for Mechanicsburg	Benefit Eligible Employees or Clients			\$8,000		\$8,000
4	105SCL06	500-599 Benefit Eligible for Carlisle	Benefit Eligible Employees or Clients			\$9,200		\$9,200
5	105SCL01	25-99 Benefit Eligible for Cumberland Vo-Tech	Benefit Eligible Employees or Clients			\$2,600		\$2,600
6	105SCL03	200-299 Benefit Eligible for East Pennsboro	Benefit Eligible Employees or Clients			\$4,600		\$4,600
7	105SCL04	300-399 Benefit Eligible for West Perry	Benefit Eligible Employees or Clients			\$5,700		\$5,700
8	105SCL03	200-299 Benefit Eligible for Camp Hill	Benefit Eligible Employees or Clients			\$4,600		\$4,600
9	105SCL03	200-299 Benefit Eligible for Susquenita	Benefit Eligible Employees or Clients			\$4,600		\$4,600
10								
							<b>Total Annual Fee</b>	<b>\$53,100</b>

Summary of Fee for Subscription Term	
	<b>Total Fee for Subscription Term from Page X: \$53,100</b>
<b>Payment Terms: 30 days</b>	<b>Total Fee for Subscription Term: \$53,100</b> Does not include applicable taxes.

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## Fee and Invoice Information

Taxes are not included in the fees set forth in this Order Form, but will be invoiced to and paid by Customer, if applicable. If Customer is tax exempt, Customer shall submit the appropriate Tax Exemption Certificate for the Customer together with this signed Order Form. Payment is not dependent on setup or implementation services, or on issuance of any Customer purchase order.

Innovu will invoice Customer in advance with the following payment schedule:

Annual Invoices:

	Year 1	Year 2	Year 3
<b>Invoice Date:</b>	3/1/2019	3/1/2020	3/1/2021
<b>Invoice Amount:</b>	\$53,100	\$53,100	\$53,100

## Material Changes

During the Subscription Term, Customer and Innovu agree that material changes (defined as either a 20 % addition or reduction) in the fee metrics (Benefit Eligible Employees) described above may require changes to the Order Form to reflect such material changes (e.g. change in Model # or in solution banding). Customer agrees to inform Innovu of such material changes as soon as practicable and the parties agree to negotiate any needed changes to the Order Form in good faith.

## Solutions Renewal

Subsequent to the initial Term, this Order Form and Customer’s subscription to the Solutions to which Customer has subscribed herein, shall automatically renew for consecutive annual periods (each annual period a “Renewal Term”) unless one party notifies the other in writing of its intent to decline renewal at least thirty (30) days in advance of expiration of the then-current Term or Renewal Term, as applicable.

By signing this Order Form, Customer agrees that Innovu’s terms and conditions, which can be found at <https://www.innovu.com/02212018-innovu-master-agreement-customer/>, shall apply to this Order Form, unless the parties have executed an agreement addressing the subject matter of this Order Form (“Master Agreement”), in which case, such Master Agreement signed by the parties shall control.

Signature	
Unless executed by the parties set forth below by 02/28/2019, this Innovu Order Form will not be valid or binding on any party.	
IN WITNESS, WHEREOF, the undersigned have executed this Innovu Order Form by and through their respective duly authorized representatives.	
Innovu, LLC	Customer:
By:	By:
Name:	Name:
Title:	Title:
Date:	Date:

## Innovu Customer Order Form



This Order Form shall be effective as of the last date of signature above. This Order Form shall be governed by the Master Agreement and any applicable addenda entered into between Innovu and Customer.