

Napa County Agreement No. 230345B



Axon Enterprise, Inc.
 17800 N 85th St.
 Scottsdale, Arizona 85255
 United States
 VAT: 86-0741227
 Domestic: (800) 978-2737
 International: +1.800.978.2737

Q-445188-44946.844NC

Issued: 01/20/2023

Quote Expiration: 01/31/2023

EST Contract Start Date: 04/01/2023

Account Number: 477908

Payment Terms: N30
 Delivery Method:

SHIP TO	BILL TO
Delivery; Invoice-931 Parkway Mall 931 Parkway Mall Napa, CA 94559-2647 USA	Napa County (CA) District Attorney's Office 931 Parkway Mall Napa, CA 94559-2647 USA Email:

SALES REPRESENTATIVE	PRIMARY CONTACT
Nathan Coady Phone: Email: ncoady@axon.com Fax:	Nicholas Billings Phone: (707) 253-4591 Email: nicholas.billings@countyofnapa.org Fax: (707) 253-4193

Program Length	60 Months
TOTAL COST	\$46,980.00
ESTIMATED TOTAL W/ TAX	\$46,980.00

Bundle Savings	\$0.00
Additional Savings	\$58,320.00
TOTAL SAVINGS	\$58,320.00

PAYMENT PLAN		
PLAN NAME	INVOICE DATE	AMOUNT DUE
Year 1	Apr, 2023	\$5,637.60
Year 2	Apr, 2024	\$6,812.10
Year 3	Apr, 2025	\$11,510.10
Year 4	Apr, 2026	\$11,510.10
Year 5	Apr, 2027	\$11,510.10

BILLED ON FULFILLMENT		
PLAN NAME	INVOICE DATE	AMOUNT DUE
None	As Fulfilled	\$0.00

Quote Details

Bundle Summary		
Item	Description	QTY
UnlimAll	Unlimited Storage + API	45

Bundle: Unlimited Storage + API Quantity: 45 Start: 4/1/2023 End: 3/31/2028 Total: 46980 USD			
Category	Item	Description	QTY
Bundle Scaler	999999	BUNDLE SCALER	1
Storage	73686	EVIDENCE.COM UNLIMITED AXON DEVICE STORAGE	45
3rd Party Storage	100165	UNLIMITED 3RD-PARTY STORAGE	45

Tax is estimated based on rates applicable at date of quote and subject to change at time of invoicing. If a tax exemption certificate should be applied, please submit prior to invoicing.

Contract Sourcewell Contract #010720-AXN is incorporated by reference into the terms and conditions of this Agreement.

AXON:
Axon Enterprise, Inc.
 Signature: 
 Name: Robert E. Driscoll, Jr.
 Title: VP, Assoc. General Counsel
 Date: 4/25/2023 | 7:03 AM MST

AGENCY:
Napa County on Behalf of its District Attorney's Office
 Signature: _____
 Name: _____
 Title: _____
 Date: _____

APPROVED AS TO FORM Office of County Counsel By: <i>Ryan FitzGerald</i> Date: April 19, 2023 PL Doc No: 89719	APPROVED BY THE NAPA COUNTY BOARD OF SUPERVISORS Date: Processed By: _____ Deputy Clerk of the Board	ATTEST: NEHA HOSKINS Clerk of the Board of Supervisors By: _____
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