

INTERNAL CONNECTIONS EQUIPMENT SERVICE ORDER

Customer:	Norton City Schools			
Service Start Date:	04/01/2023			
MSA#:	044552-MSA-2232			
Service Order#:	044552-CAT2-2324			
Provider Contact:		Email:	Phone:	
Matt Gdovin		gdovin@neonet.org	+13309263901	
Customer Contact:		Email:	Phone:	
Angie Wagler		AWagler@nortonschools.org	+13307062746	

CUSTOMER MUST CHOOSE ONE BILLING OPTION BELOW:

Billed Entity Applicant Reimbursement (BEAR)
Service Provider Invoice (SPI)

Product name	Product or service description	Price after discount	Quantity	Sum
Cisco 9120 Wireless			73,778.66	
C9120AXI-B-EDU	Cisco Catalyst 9120AX Series - EDU	822.58	75	61,693.38
EDU-DNA-E-3Y	Wireless Cisco DNA On-Prem Essential,3Y Term, EDU Lic	101.14	75	7,585.28
NEOnet AP Installation	NEOnet Access Point Installation	60.00	75	4,500.00
		Total (USD):		73,778.66

EQUIPMENT: This Service Order is for the purchase and installation of Category 2 internal connections equipment as set forth in the quote above incorporated herein. With Customer's written approval, products with same or greater functionality with equal funding may be substituted during the contract period in the event of upgrades and discontinuations, subject to USAC approval of requested service substitutions.

TERM: This Service Order is effective for the purchase of Internal Connections Equipment ("Equipment") as set forth in the Quote included herein for Funding Year 2022, subject to voluntary extensions. The Services provided may be extended for up to 2 voluntary extension terms of 12 months each (each an "Renewal Term"), at Customer's sole option, by written notice from the Customer prior to the expiration of the Initial Term or Renewal Term.

OTHER TERMS

- 1. Customer agrees that Provider will only purchase and install the equipment upon receipt of a positive Funding Commitment Decision Letter from USAC, unless the Customer chooses to pay for the equipment upfront and seek reimbursement from USAC directly through BEAR reimbursement. Eligible equipment may be purchased and/or installed on or after April 1 prior to the beginning of the funding year. USAC will not disburse the funding until on or after July 1st of the funding year.
- Customer agrees to ensure the timely backup, removal, protection and restoration, of any programs, data and removable storage media contained in the Equipment before rendering the Equipment for service and the restoration of all programs and data after the completion of service.
- 3. The quantities referenced in the quote are estimated to be the quantities needed. In the event a greater or lesser quantity is needed, the Customer reserves the right to increase or decrease the quantities as specified in the Customer's 470 and at the unit price set forth in Quote provided in response to the RFP, if applicable, and incorporated herein.
- 4. The make and models of all proposed equipment shall be included in the proposal to comply with E-Rate requirements. Products with same or greater functionality with equal funding may be substituted during the contract period in the event of upgrades and discontinuations, subject to the filing of a service substitution request by Customer.

IN WITNESS WHEREOF, by signing below, signatory of Customer ("Signatory") certifies authorization to sign on behalf of and legally bind Customer and certifies having read, understood and agreed to the terms of this Service Order, including the Master Services Agreement, which is hereby incorporated herein by reference. If Customer is a Board of Education of a school district (a political subdivision of the State of Ohio), Signatory certifies that this Agreement has been approved by formal resolution of its Board of Education; if Customer is another educational entity, Signatory certifies that the Agreement has been approved by formal action of its Board, if required.

CUSTOMER	PROVIDER
Printed Name of Customer	Northeast Ohio Network for Educational Technology Printed Name of Provider
Signature of Authorized Customer Representative	Signature of Authorized Provider Representative
Printed Name and Title of Authorized Customer Representative	Printed Name and Title of Authorized Provider Representative
Date	Date