

flock safety

INVOICE

Flock Group, Inc.
www.flocksafety.com

Invoice Number: INV-9549
Date Issued: 2/6/2023
Due Date: 3/8/2023
Payment Terms: Net 30
PO#:

Bill To:

GA - Alpharetta PD
2565 Old Milton Parkway
Alpharetta, Georgia, 30009

Notes:

ITEMS	BEGIN DATE	END DATE	QTY	UNIT PRICE	SALES TAX	TOTAL
Falcon	7/15/2022	7/14/2023	2	2,500.00	\$0.00	\$5,000.00
Falcon Flex	7/15/2022	7/14/2023	1	3,000.00	\$0.00	\$3,000.00
Professional Services - Standard Implementation Fee	7/15/2022	7/14/2023	2	350.00	\$0.00	\$700.00

This invoice does not necessarily reflect your contract dates.
Your contract begins once your installation has been completed.

Subtotal: \$8,700.00
Credit: \$0.00
Sales Tax: \$0.00
Total: \$8,700.00

Payment Remittance Information

Pay by Check:

Click Online payment link below

to pay by credit card or ACH/Wire Transfer

Payable to: Flock Safety

Memo: INV-9549

Mail to: PO Box 207576

Questions about your service or installation? Contact support@flocksafety.com

Questions about your invoice? Contact billing@flocksafety.com

Online payment link:

https://invoice.stripe.com/i/acct_19rTICEaLZZMOidT/live_YWNjdF8xOXJUaUNFYUxaWk1PaWRULF9OSkVzNlVZcmdhUkQjUEFFV29ReEVlenpldmpzYzA5LDY2MjYwMzQz0200ndvu5xVJ?s=ap



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Dallas, TX 75320-7576

*If paying by check, please include a printed
Copy of the invoice PDF with check payment.
Payment should be sent via USPS.*

Please note that any unpaid amounts are subject to a charge of 1.5% per month or as defined in your contract.

Questions about your service or installation? Contact support@flocksafety.com

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Online payment link:

https://invoice.stripe.com/i/acct_19rTiCEaLZZMOidT/live_YWNjdF8xOXJUaUNFYUxaWk1PaWRULF9OSkVzNIVZcmdhUkJqUEFFV29ReEVlenpldmpzYzA5LDY2MjYwMzQz0200ndvu5xVJ?s=ap

Form Name:	Non-Competitive Form
Submission Started:	March 21, 2023 9:39 am
Browser:	Chrome 111.0.0.0 / Windows
IP Address:	32.140.232.250
Unique ID:	1081975320
Request ID:	#374
Submission Completed:	March 21, 2023 9:40 am
Process Time:	0 day(s), 0 hour(s), 1 minute(s), 20 second(s)
Participant(s):	Stephanie Cochran
Location:	34.2037, -84.1031

Department	Public Safety, including E911
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Originator's Name	Pam Futch
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Purchasing Exceptions	Licensed computer software and associated support/maintenance
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Budgetary Information

Budgeted	Yes
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Fund	General Fund
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Account Name/Project Name	Maintenance Contracts
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Account #/Project #	10031100-523860
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Subject to Green Ordinance	Yes
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General Information

Date	03/21/2023
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Originator's Email	pfutch@alpharetta.ga.us
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Department Director/Designee Name	Stephanie Cochran
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Department Director/Designee Email	scochran@alpharetta.ga.us
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Requisition #	230764
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Requisition \$	\$8,700.00
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Vendor Name	Flock Group, Inc.
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Department Director Approval

Name	Stephanie Cochran
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Date/Time	Mar 21, 2023 09:40 AM
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Department Director Approval	Approve
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AFFIDAVIT VERIFYING CONTRACTOR PARTICIPATION IN FEDERAL WORK AUTHORIZATION PROGRAM

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services on behalf of the **City of Alpharetta (GA)** has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.G.A. § 13-10-91(b).

Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

433513
Federal Work Authorization (E-Verify) User Identification Number

July 23, 2019
Date of Authorization

FLOCK GROUP INC
Name of Contractor

Name of Project

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on November 28, 2022 in PACIFICA (city), CA (state).

Signature of Authorized Officer or Agent

MARK SMITH GENERAL COUNSEL
Printed Name and Title of Authorized Officer or Agent

Subscribed and Sworn Before Me On This The _____ Day of _____, 20_____.

Notary Public

My Commission Expires: _____

*Please See Attachment
of Notarization
and Seal*

CALIFORNIA JURAT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA }

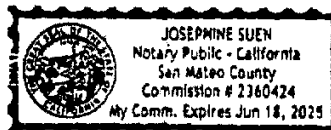
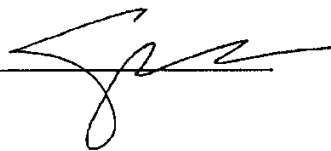
COUNTY OF SAN MATEO }

Subscribed and sworn to (or ~~affirmed~~) before me on this 28th day of November, 2022

by Mark Antonio Smith

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature



OPTIONAL

Description of Attached Document

Title or Type of Document: Affidavit Verifying Contractor Participation in Federal Work Authorization Program

Number of Pages: 1

Document Date: _____

Other: The City of Alpharetta, Georgia

Other: _____

