



Contract Number

22-337 A-2

SAP Number

Innovation and Technology Department

Department Contract Representative	Jordan Black
Telephone Number	909-388-0539
Contractor	Sciforma Corporation
Contractor Representative	Scott Secora
Telephone Number	512-968-0574
Contract Term	May 10, 2022 – May 9, 2027
Original Contract Amount	\$356,014
Amendment Amount	\$33,858
Total Contract Amount	\$389,872
Cost Center	1200104042
Grant Number (if applicable)	

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 2

This Amendment No. 2 (this "Amendment") dated September 9, 2025 is made by and between Sciforma Corporation ("Sciforma"), and San Bernardino County ("County") and modifies the terms to Master Subscription Agreement executed between KeyedIn Solutions Holdings, Inc. ("KeyedIn") as of May 10, 2022 ("Agreement") as more specifically set forth herein.

WHEREAS, County and KeyedIn entered into the Agreement effective May 10, 2022, as amended by the First Amendment dated June 27, 2023, (collectively the "Agreement") governing KeyedIn's provision of Services to the County; and

AND WHEREAS, on March 15, 2023, Sciforma acquired 100% of the equity of KeyedIn Solutions Holdings, Inc. and its global subsidiaries, including all KeyedIn intellectual property and products;

AND WHEREAS, KeyedIn Solutions Holdings, Inc. was merged with and into Sciforma Corporation on December 26, 2023;

AND WHEREAS, the County desires to continue to license and receive continued, uninterrupted service and support for the software licensed under the Agreement;

NOW THEREFORE, In consideration of the foregoing Recitals (which are incorporated herein) and the mutual covenants and agreements contained herein, the parties hereto agree as follows:

1. **In accordance with subsection 12.6, Assignment, Sciforma seeks consent to assign the entire Agreement in whole, as follows:**

All references to "KeyedIn Solutions Holdings, Inc." shall be replaced with "Sciforma Corporation" or "Sciforma". For the avoidance of doubt, Sciforma will abide by all terms and conditions of the Agreement as though it were an original party thereto.

2. **Recitals.** The recitals set forth above are true and correct and incorporated herein by this reference.
3. **Full Force and Effect.** The Agreement, as amended by this Amendment, remains in full force and effect.
4. **Capitalized Terms.** Any capitalized term used but not defined in this Amendment shall have the meaning given to it in the Agreement or the Addendum, as applicable.
5. **Electronic Signatures.** This Amendment may be executed in any number of counterparts, each of which so executed shall be deemed to be an original, and such counterparts shall together constitute one and the same Amendment. The parties shall be entitled to sign and transmit an electronic signature of this Amendment (whether by facsimile, PDF, or other mail transmission), which signature shall be binding on the party whose name is contained therein. Each party providing an electronic signature agrees to promptly execute and deliver to the other party an original signed Amendment upon request.

SAN BERNARDINO COUNTY

► *Dawn Rowe*
Dawn Rowe, Chair, Board of Supervisors

Dated: SEP 09 2025

SIGNED AND CERTIFIED THAT A COPY OF THIS DOCUMENT HAS BEEN DELIVERED TO THE CHAIRMAN OF THE BOARD

Lynna Monell
Lynna Monell
Clerk of the Board of Supervisors
San Bernardino County

By *[Signature]*
Deputy
SAN BERNARDINO COUNTY, CA

SCIFORMA CORPORATION

(Print or type name of corporation, company, contractor, etc.)

By ► *Michael Hubik*
(Authorized signature - sign in blue ink)

Name Michael Hubik
(Print or type name of person signing contract)

Title Chief Accounting Officer
(Print or Type)

Dated: August 6, 2025

Address 12301 Research Blvd., Suite 400
Austin, TX 78759

FOR COUNTY USE ONLY

Approved as to Legal Form

► *Bonnie Uphold*
Bonnie Uphold, Supervising Deputy County Counsel

Date 8/20/2025

Reviewed for Contract Compliance

► _____

Date _____

Reviewed/Approved by Department

► _____

Date _____



Customer Order Form to
Master Subscription Agreement
Effective Date of Agreement: 2022-May-10

Quote Number: Q-384417
SOW Number:

Sciforma Corporation
12301 Research Blvd, Research Park
Plaza V
Suite 400
Austin
Texas
78759
United States

End Customer
Bill To
San Bernardino County
C/O - Accounts Payable 268 W.
Hospitality Ln, 4th Floor
San Bernardino
CA
92415-0018
United States

End Customer
Ship To
San Bernardino County
670 E GILBERT ST
SAN BERNARDINO
CA
92415-0912
United States

Order Form

2025 Sept 9 - 2026 May 9 Subscriptions

Description	Item	Qty	Annual Unit Price	Total
KeyedIn - Flex License	Users	50	\$393.84	\$13,182.00
TOTALS				\$13,182.00

2026 May 10 - 2027 May 9 Subscriptions

Description	Item	Qty	Annual Unit Price	Total
KeyedIn - Flex License	Users	50	\$413.52	\$20,676.00
TOTALS				\$20,676.00

Fee Schedule

Period	Setup Fees	Subscription Fees	Professional Services Fees	Invoice Date	Total
Year 2	\$0.00	\$13,182.00	\$0.00	2025-Sep-09	\$13,182.00
Year 3	\$0.00	\$20,676.00	\$0.00	2026-May-10	\$20,676.00
Total	\$0.00	\$33,858.00	\$0.00		\$33,858.00

Terms

Subscription Period	2025 Sept 9 — 2027 May 9	Invoice Email (please enter the correct value if different)	apinvoices@sbcountyatc.gov
Payment Terms	30	Currency	USD \$
Billing Frequency	Annual		

Portals and Purchase Orders: If Customer requires (i) Planview to submit its invoices to a procurement or vendor portal, system, or platform or (ii) a Purchase Order number to be included on Planview's invoices for payment processing, then Customer must notify the relevant Planview billing contact not more than five (5) business days after execution of a new Order Form or Statement of Work, which notice must include all relevant access requirements and details. The billing contact for all Planview customers is customerbilling@planview.com. If Customer fails to timely provide the foregoing notice with all relevant requirements, then, unless otherwise agreed in writing by Planview, the applicable invoice must be paid by Customer within the timeframe specified herein, in order to avoid Planview's remedies for late payment as specified in the Agreement.

IN WITNESS WHEREOF, Planview and Customer have caused this Order Form to be executed by their duly authorized representatives as of the last date of signature below.

San Bernardino County

Sciforma Corporation



Signature

Typed Printed Name

Dawn Rowe

Title

Chair, Board of Supervisors

SEP 09 2025

Date



Signature

Michael Hubik

Typed Printed Name

Chief Accounting Officer

Title

9/3/2025

Date