



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 |
| <b>TOTALS</b>          |       |     |                   | \$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 |
| <b>TOTALS</b>          |       |     |                   | \$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        |
| <b>Total</b> | <b>\$0.00</b> | <b>\$33,858.00</b> | <b>\$0.00</b>              |              | <b>\$33,858.00</b> |

## 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](mailto: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.

Signature

Signature

Typed Printed Name      Dawn Rowe

Typed Printed Name

Title              Chair, Board of Supervisors

Title

Date

Date