

Schedule A – New Schedule

This Contract Revision Form is hereby added to the Client Agreement signed on **November 18, 2020**, between the Vector Solutions entity and the Client named below as of the Effective Date below. If the term of this Schedule extends beyond the Term of the Client Agreement, then the Client Agreement shall automatically continue in full force and effect beyond the stated Client Agreement Term for so long as any Schedule remains in force.

Date: Thursday, September 23, 2021**Client Information**

Client Name: Montgomery County	
Address: 20 Park Street, PO Box 1500 Fonda, NY 12068	
Primary Contact Name:	Primary Contact Phone:

Agreement Term

Effective Date: 01/01/2022	Initial Term: 36 months
--------------------------------------	-----------------------------------

Invoicing Contact Information (Please fill in missing information)

Billing Contact Name: Nicole Yaggle			
Billing Address: 20 Park Street, PO Box 1500 Fonda, New York 12068		Billing Phone: 518-853-8368	
Billing Email: nyaggle@co.montgomery.ny.us tchristman@co.montgomery.ny.us	PO#:	Billing Frequency: Annual	Payment Terms: Net 30

Fees

Product Code	Product Name	Description	Qty	Price	Sub Total
SLSPT	Vector LMS & Training, SafePersonnel Edition	Vector LMS & Training, SafePersonnel Edition - Annual Subscription	450	\$11.00	\$4,950.00
NRO	Non-Recurring Overage	Overage for 11/1/2021-12/31/2021: Vector LMS & Training, SafePersonnel Edition	1	\$691.64	\$691.64

Grand Total: \$5,641.64

*Total does not include any taxes that may apply. Any such taxes are the responsibility of the Customer.

Please note that this is not an invoice. An invoice will be sent within fourteen (14) business days.

The Parties have executed this Agreement by their authorized representatives as of the last date set forth below.

Scenario Learning, LLC d/b/a Vector Solutions
4890 W. Kennedy Blvd., Suite 300
Tampa, FL 33609

Montgomery County
20 Park Street, PO Box 1500
Fonda, NY 12068

By: _____

By: _____

Printed Name: Brian Leukering

Printed Name:

Title: Director, Strategic Partnerships

Title:

Date: _____

Date: _____