

Attachment A: Proposal from Social Solutions



Quote Number: 2023-132176
Offer Valid Through: June 30, 2023

Bill To:
City of Oakland Department of Violence Prevention
250 Frank H Ogawa Plaza
Oakland, California 94612
United States

ORDER FORM

The contents of this Order Form may not be duplicated, used, or disclosed in whole or in part for any purpose other than for internal evaluation without express written permission of Social Solutions Global, Inc. ("SSG"). The Parties hereby agree as follows:

Subscription Products and Services				
SKU	Product Name and Description	Quantity	License Metric	Billing Frequency
Apricot-PB	Apricot 360 Bundle The Apricot 360 license includes 10GB of database storage with two User licenses designated with Administrator privileges. Each Administrator seat is provided with basic training. Additional licenses for Users or designated Administrators may be purchased on a per-user basis. For applicable terms and conditions, please see the Master Services Agreement at https://www.socialsolutions.com/legal	50.00	Per User	Annually
Annual Amount USD				28,677.00
Initial Invoice Amount USD				28,677.00

Terms and Conditions

Start Date: July 01, 2023

Initial Invoice Period (months): The "Initial Invoice Period" covers fees for the first 12 months from the Start Date.

Term (Months): The "Term" is 48 months from the Start Date. This Order Form is non-cancelable prior to the end of the Term.

This Order Form shall append to Exhibit 1, Statement of Work, which is subject to and governed by the terms and conditions of the Professional Services Agreement by and between the parties hereto dated effective as of August 1, 2022 and as approved by Oakland City Council Resolution 89380 C.M.S. dated July 26, 2022 (the "**Agreement**") and is incorporated by reference in its entirety. Capitalized terms not otherwise defined in this Order Form have the meaning ascribed to them in the Agreement. This Order Form will be effective as the last date of signature identified below ("Effective Date"). Each party signing below agrees and acknowledges that they are duly authorized to be bound by the terms and conditions of the Agreement and this Order Form.

Client: City of Oakland Department of Violence Prevention

Social Solutions Global, Inc.

Authorized Signature:

Authorized Signature:

Print Name:

Print Name:

Title:

Title:

Date:

Date:

Accounting Information Form

Please provide the following Accounting Information in the table below:

Customer Name	
Tax Identification Number	
Are you Tax Exempt?	
If yes, please attach a copy of your Tax Exemption Certificate	
State Tax Exempt Number (if applicable)	
Billing Contact Name	
Billing Contact Phone	
Billing Contact Email	
Billing Contact Fax	
Are there any Special Invoicing needs?	
Special Invoicing Needs (if applicable)	

Subject- IMPORTANT | Change to Social Solutions Bank Account

Due to the current unfortunate situation with Silicon Valley Bank (please refer to the FDIC briefing – linked here <https://www.fdic.gov/news/press-releases/2023/pr23016.html>) – we are asking all customer to cease sending payments to our Silicon Valley Bank account ending in 8988 (both ACH and EFT payments).

Until further notice, please send ACH payments to the following PNC account:

Account Name - CyberGrants, LLC
Reference: Social Solutions
Acct - 8026329273
Routing - 031207607
Beneficiary Address: 300 Brickstone Square Andover, MA 01810

If you are sending paper checks, please DO NOT send to our lockbox (PO Box 123935). Instead, please direct all check payments to our office:

Attention: Social Solutions
Address: 10801-2 N Mopac Expressway, Suite 400
Austin, TX 78759

Please give us a call at 877-441-2111 or email us at billing@socialsolutions.com with any questions or if you need confirmation that this is a valid request.

We thank you for your help in this!