

## Euna Renewal Order Form

**Prepared for:**

Mendocino County, CA

**Prepared by:**

Euna Solutions, Inc.  
Kat Solove  
kat.solove@eunasolutions.com

### PRICE QUOTE

**Quote Expiry Date:** 27 November, 2025

**Subscription Term:** 1 years  
**Subscription Start Date:** 1/10/2026

Annual Subscriptions		
Solution	Description	Quantity
	Grant Seeker	1
	Recurring Annual Fees:	\$23,220.00
	Year 1 Total:	\$23,220.00

## ORDER NOTES

### Fees By Year:

- Year 1 – \$23,220.00

Total Contract Value – \$23,220.00

### Terms of Payment:

#### NOTE THAT THIS IS NOT AN INVOICE

- Annual Subscriptions
  - Annual subscription begins on subscription start date
  - Due 100% upon in advance subscription start date (Net 30) Order Form Acceptance Date (Net 30) and annually in advance for future years
- One-Time Services
  - Due 100% upon Order Form Acceptance Date (Net 30)
- Applicable sales tax extra

Professional Services Fees Schedule: N/A

### Additional Notes:

## ACCEPTANCE

### Mendocino County, CA

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Acceptance  
Date: \_\_\_\_\_

### For Customer Invoicing Purposes:

Tax ID # \_\_\_\_\_

Is this purchase tax exempt?  
our records.

☐ Yes ☐ No. If Yes, please include your tax exempt form for

**Contact Information for Notices and Invoices:**

**Name:**

**Email:**

**Terms and Conditions**

This is a 1-year subscription extension of the original MSA signed by Mendocino County, CA with AmpliFund signed on 1/10/2023.

All remittance advice and invoice inquiries can be directed to [billing@eunasolutions.com](mailto:billing@eunasolutions.com).

IN WITNESS WHEREOF

DEPARTMENT FISCAL REVIEW:

By:   
DEPARTMENT HEAD

Date: 11/18/2025

Budgeted: ☒ Yes ☐ No

Budget Unit: 1950

Line Item: 86-2227

Org/Object Code: GT

Grant: ☒ Yes ☐ No

Grant No.: CALOES PrepareCA Grant

COUNTY OF MENDOCINO

By: \_\_\_\_\_  
JOHN HASCHAK, Chair  
BOARD OF SUPERVISORS

Date: \_\_\_\_\_

ATTEST:

DARCIE ANTLE, Clerk of said Board

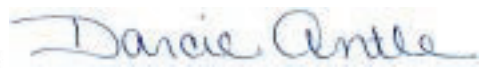
By: \_\_\_\_\_  
Deputy

I hereby certify that according to the provisions of Government Code section 25103, delivery of this document has been made.

DARCIE ANTLE, Clerk of said Board

By: \_\_\_\_\_  
Deputy

INSURANCE REVIEW:

By:   
Risk Management

Date: 11/18/2025

CONTRACTOR/COMPANY NAME

By:   
SIGNATURE

11/19/2025 EST

Date: \_\_\_\_\_

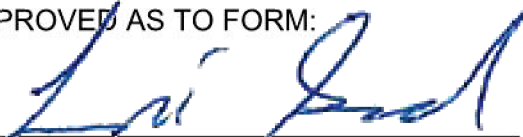
NAME AND ADDRESS OF CONTRACTOR:

StreamLink Software Inc.  
DBA Euna Solutions  
1155 Perimeter Center W, Unit 500  
Sandy Springs, GA 30338

By signing above, signatory warrants and represents that he/she executed this Agreement in his/her authorized capacity and that by his/her signature on this Agreement, he/she or the entity upon behalf of which he/she acted, executed this Agreement

COUNTY COUNSEL REVIEW:

APPROVED AS TO FORM:

By:   
COUNTY COUNSEL

Date: 11/18/2025

EXECUTIVE OFFICE/FISCAL REVIEW:

By:   
Deputy CEO or Designee

Date: 11/18/2025

Signatory Authority: \$0-25,000 Department; \$25,001- 50,000 Purchasing Agent; \$50,001+ Board of Supervisors

Exception to Bid Process Required/Completed ☐ \_\_\_\_\_

Mendocino County Business License: Valid ☐

Exempt Pursuant to MCC Section: \_\_\_\_\_