

ATTACHMENT 5

Microsoft Server Cloud Enrollment (SCE) Program Sign form

Program Signature Form

MBA/MBSA number

8084445

5-0000008089379

Agreement number

8084445

Note: Enter the applicable active numbers associated with the documents below. Microsoft requires the associated active number be indicated here, or listed below as new.

For the purposes of this form, "Customer" can mean the signing entity, Enrolled Affiliate, Government Partner, Institution, or other party entering into a volume licensing program agreement.

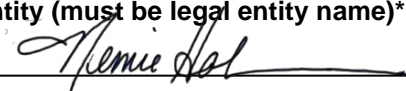
This signature form and all contract documents identified in the table below are entered into between the Customer and the Microsoft Affiliate signing, as of the effective date identified below.

| Contract Document | Number or Code |
|----------------------------------|-------------------------|
| <Choose Agreement> | Document Number or Code |
| <Choose Agreement> | Document Number or Code |
| <Choose Agreement> | Document Number or Code |
| <Choose Agreement> | Document Number or Code |
| <Choose Agreement> | Document Number or Code |
| Server and Cloud Enrollment | X20-12088 |
| <Choose Enrollment/Registration> | Document Number or Code |
| <Choose Enrollment/Registration> | Document Number or Code |
| <Choose Enrollment/Registration> | Document Number or Code |
| <Choose Enrollment/Registration> | Document Number or Code |
| Product Selection Form | X20-12875 (New) |
| Amendment | M97 (New) |
| Amendment | M423 (New) |
| Document Description | Document Number or Code |
| Document Description | Document Number or Code |

By signing below, Customer and the Microsoft Affiliate agree that both parties (1) have received, read and understand the above contract documents, including any websites or documents incorporated by reference and any amendments and (2) agree to be bound by the terms of all such documents.

Customer

Name of Entity (must be legal entity name)* Santa Barbara County Sheriff's Department

Signature*  #3573

Printed First and Last Name* Nemie Holman

Printed Title IT Manager

Signature Date* 03/15/2022

Tax ID

** indicates required field*

| |
|--|
| Microsoft Affiliate |
| Microsoft Corporation |
| Signature _____ Printed First and Last Name Printed Title Signature Date (date Microsoft Affiliate countersigns) |
| Agreement Effective Date (may be different than Microsoft's signature date) |

Optional 2nd Customer signature or Outsourcer signature (if applicable)

| |
|--|
| Customer |
| Name of Entity (must be legal entity name)* Signature* _____ Printed First and Last Name* Printed Title Signature Date* |

** indicates required field*

| |
|--|
| Outsourcer |
| Name of Entity (must be legal entity name)* Signature* _____ Printed First and Last Name* Printed Title Signature Date* |

** indicates required field*

If Customer requires additional contacts or is reporting multiple previous Enrollments, include the appropriate form(s) with this signature form.

After this signature form is signed by the Customer, send it and the Contract Documents to Customer's channel partner or Microsoft account manager, who must submit them to the following address. When the signature form is fully executed by Microsoft, Customer will receive a confirmation copy.

Microsoft Corporation
 Dept. 551, Volume Licensing
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 Reno, Nevada 89511
 USA