

| Project Change Request                   |  |   |  |   |   |                                    |  |  |
|--|--|---|--|---|---|------------------------------------|--|--|
| CR Number                                | · / Version:   | 001   |  |   |   |                                    |  |  |
|  | CR Number / Version:   |   |  |   |   |                                    |  |  |
| Dell Technologies Project ID:            |  | PR-2338420  |  |   |   |                                    |  |  |
| Customer / Sponsoring Organization Name: |  | WILLIAMSON COUNTY – GEORGETOWN - CITY OF GEORGETOWN, TX |  |   |   |                                    |  |  |
| Program or Project Name:                 |  | TX Dell DO, Georgetown, Network Design-Project          |  |   |   |                                    |  |  |
| Orig SO#                                 |  | 1015374596  |  |   |   |                                    |  |  |
| PART 1: REQUEST                          |  |   |  |   |   |                                    |  |  |
| Title of<br>Change                       | Add Invoicing Milestones to Project  |   |  |   |   |                                    |  |  |
| Requester<br>Name:                       | Noel Niranjan  |   | E-mail: Noel.Niranjan@Dell.Com Phone: +91- |   |   | 9945500642                         |  |  |
| Date:                                    | Original: 02/24/2  |   | Revision: MM/DD/YY Required by             |   |   | :                                  |  |  |
| Priority<br>Category                     | 2 - Required prior to implementation   |   |  |   |   |                                    |  |  |
| Reason<br>for<br>Change                  | NEED TO ADD INVOICING MILESTONES TO THIS PROJECT TO ALLOW FOR INVOICING AFTER EACH MILESTONE COMPLETION AND SIGNOFF BY CUSTOMER. |   |  |   |   |                                    |  |  |
| Change<br>Details                        | Milestone Details:   |   |  |   |   |                                    |  |  |
|  | Miles  | stone   | Deliverables                               | Acceptance Crite  |   | Value                              |  |  |
|  | Milestone 1 – Materials & Equipment  |   | Materials<br>Delivered                     | Materials Delivered and accept customer   | oted by the   | \$52,490.94                        |  |  |
|  | Milestone 2 - Professional Svcs<br>Design  |   | Design work completed                      | Customer approves Design and Implementation Plan  |   | \$14,806.41                        |  |  |
|  | Milestone 3 - Pro<br>Installation  | ofessional Svcs   | Installation<br>work<br>completed          | Customer signs project Custo<br>Acceptance Form (CAF)   | mer   | \$37,355.13                        |  |  |
|  | Milestone 4 – Project<br>Management  |   | Project                                    | Project Manager billing will not exceed the amount in the value column and will be deemed approved upon receipt of the CAF.                             |   |                                    |  |  |
|  | Management   | •   | management                                 |   | nd will be  | \$5,569.13                         |  |  |
|  | Milestone 5 – Su   |   |  |   | nd will be pt of the CAF. of installation of the 5-year med and             | \$5,569.13<br>\$38,788.39          |  |  |
|  |  | pport   | management 5 years of                      | deemed approved upon recei Upon successful completion of services, the commencement support contract will be confin                                     | nd will be pt of the CAF. of installation of the 5-year med and             |                                    |  |  |
| Total Cost<br>Impact of                  | Milestone 5 – Su   | pport<br>tal  | management  5 years of Support             | deemed approved upon recei Upon successful completion of services, the commencement support contract will be confin                                     | nd will be pt of the CAF. If installation of the 5-year med and rt contract | \$38,788.39<br><b>\$149,010.00</b> |  |  |
|  | Milestone 5 – Su   | pport<br>tal  | management  5 years of Support             | deemed approved upon recei Upon successful completion of services, the commencement support contract will be confine billed at the start of the support | nd will be pt of the CAF. If installation of the 5-year med and rt contract | \$38,788.39<br><b>\$149,010.00</b> |  |  |



| Validity 60 days Period of Change Request Form      |                           |         |  |  |  |  |  |
|---|---------------------------|---------|--|--|--|--|--|
| Part 2: Approval                                    |                           |         |  |  |  |  |  |
| CR Y / Date:<br>Approved N                          | MM/DD/YY < WHY REJECTED?> |         |  |  |  |  |  |
| Authorized Customer<br>Signatory / Date             |                           | / Date: |  |  |  |  |  |
| Name / Title of<br>Authorized Customer              |                           |         |  |  |  |  |  |
| Authorized Dell<br>Technologies Signature /<br>Date |                           | / Date: |  |  |  |  |  |
| Name / Title of<br>Authorized Dell<br>Technologies  |                           |         |  |  |  |  |  |
| Other Signatory (as required)                       |                           |         |  |  |  |  |  |