

SCHEDULE A
TO THE UNIVERSAL MEMBERSHIP AGREEMENT
EQUIFAX VERIFICATION SERVICES

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| "Agency": | Orange County Housing & Community Development |
| "Effective Date" of this Schedule A: | December 1, 2024 |
| Industry Type: | Government |
| "Agreement": | <i>Universal Membership Agreement</i> |
| Agreement effective date: | December 1, 2024 |

Agency may request various Services from EVS during the term of the Agreement. EVS shall provide the Services described in Schedule A-1 in accordance with the Agreement, including exhibits thereto, and this Schedule A, including Exhibit A, which together are part of, and incorporated into, the Agreement. Some Services have additional terms and conditions which are referenced in Schedule A-1. Agency will pay EVS for the Services pursuant to the terms of Schedule A-2. Unless otherwise defined in this Schedule A, all defined terms used herein shall have the meaning ascribed to them in the Agreement. This Schedule A, including all attachments hereto, specifically supersedes and replaces any Schedules, Statements of Work, and other product or pricing agreements between the parties that predate this Schedule A and which relate to the Service(s) selected below in this Schedule A, even if the prior agreements contains an "entire agreement" or "merger" clause, and any such Schedules, Statements of Work, and other product or pricing agreements are terminated.

This Schedule shall begin on the Effective Date and continue for a period of one (1) year ("Initial Term"), unless earlier terminated as set forth in the Agreement. Upon expiration of the Initial Term, this Schedule shall automatically renew for successive one (1) year terms (each a "Renewal Term"), unless otherwise terminated in accordance with the terms of the Agreement.

1. **AGENCY INFORMATION.** *(Please use the physical business location address; a P.O. Box is not acceptable.)*

| | | | |
|--------------|---|-----------|--------------|
| Agency Name: | Orange County Housing & Community Development | Phone: | 407-836-5150 |
| Address: | 525 East South Street | State: | FL |
| City: | Orlando | Zip Code: | 32801 |

| | |
|---|--------------|
| DBA or Management Agency, if different: | same |
| Website address: | www.ocfl.net |

2. **MAIN CONTACT INFORMATION.**

| | | | |
|-------------|--------------------------------|-------------------|-----------------------|
| Name: | Lena Brinson | Phone / Fax: | 407-836-0962 / n/a |
| Title: | Program Development Supervisor | Email: | lena.brinson@ocfl.net |
| Supervisor: | Mitchell Glasser | Supervisor Phone: | 407-836-5190 |

IN WITNESS WHEREOF, the parties have executed this Schedule A on the date indicated below.

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| <p>Agency:</p> <p>By (signature): _____</p> <p>Name (print): <u>Jerry L. Demings</u></p> <p>Title: <u>Orange County Mayor</u></p> <p>Date: _____</p> | <p>Equifax Workforce Solutions LLC, provider of Equifax Verification Services</p> <p>By (signature): _____</p> <p>Name (print): _____</p> <p>Title: _____</p> <p>Date: _____</p> |
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SCHEDULE A-1

SERVICE DESCRIPTIONS / ADDITIONAL TERMS AND CONDITIONS

1. SERVICE DESCRIPTIONS

A. The Work Number® Services.

The Work Number® Express Social Service Verification. A Social Service verification report provided via the Service (“Verification Report”) will include, without limitation and as available, the Consumer’s (i) employer name, (ii) employment status, (iii) employer address, (iv) employment dates, (v) position title, (vi) medical and dental insurance information, (vii) employer wage garnishment address, (viii) pay rate, (ix) up to three (3) years of year-to-date gross income details, and (x) up to three (3) years of pay period detail. Data provided may be from current or previous employers.

2. ADDITIONAL TERMS AND CONDITIONS

A. **Audit.** Upon request by EVS at any time, Agency shall provide Consumer authorizations to verify the Consumer’s information and Agency shall provide EVS with records as EVS may reasonably request to conduct such audit(s). Agency’s failure to fully cooperate or to produce requested consumer authorizations may result in immediate suspension of the Services until such time as Agency corrects any discrepancy revealed by such audit.

B. **Modification of Service Description.** EVS may modify this Schedule A, including pricing, on thirty (30) days’ notice to Agency. Agency may terminate the Agreement and/or this Schedule A within thirty (30) days after such modification notice by providing written notice of termination to EVS. Absence of such termination shall constitute Agency’s agreement to the modification.

C. **Compliance with Laws.** Agency will comply with all applicable laws, statutes and regulations regarding the Services, including, where applicable, the Fair Credit Reporting Act, 15 U.S.C. § 1681 et seq. (“FCRA”). Where applicable, Agency will comply with Title V of the Gramm-Leach-Bliley Act, 15 U.S.C. Sec. 6801 et seq. (“GLBA”) and the implementing regulations issued thereunder and any other applicable statutes or federal laws. Agency will not use or disclose any Information other than in accordance with Section 6802(c) or with one of the General Exceptions of Section 6802(e) of the GLBA and applicable regulations and all other United States Privacy Laws.

D. **Agency Representation.** Agency represents that it has authorization from the Consumer authorizing Agency to verify income Data. Agency need not use any particular form of authorization for an income verification, provided the authorization is auditable and demonstrates to a reasonable degree of certainty that the Consumer has authorized Agency to receive the income Data.

E. Input Requirements.

(1) **Online.** Agency shall request access to Data and Service by inputting the Consumer’s social security number at the relevant EVS website.

(2) **Batch.** Agency may request the Data and Service be delivered via batch by creating and delivering a request file of a minimum of one hundred (100) social security numbers to EVS using EVS’s standard format and secure batch website. Upon submission of a file, Agency is obligated to pay all resultant Fees in accordance with the Agreement, at the 1 Full Year rate listed in Section 2.B of Schedule A-2 below.

F. Delivery.

(3) **Online.** The Service will be delivered online, providing automated access to requested Data.

(4) **Batch.** Upon submission of a file, Agency is obligated to pay all resultant Fees in accordance with the Agreement. Following a batch submission consistent with the input requirements, above, EVS will deliver a return file of Data via the secure batch website.

SCHEDULE A-2

PAYMENT TERMS AND PRICING

1. PAYMENT TERMS AND CONDITIONS.

A. Agency Billing Address and Contact Information.

(1) **Address.** *(If different from information above in Schedule A, however here a P.O. Box is acceptable, otherwise leave blank)*

| | | | |
|----------|--------------------------------|-----------|-----------------------|
| Attn: | Simone Brown | Email: | CEDSInvoices@ocfl.net |
| Address: | 450 E. South Street, Suite 315 | State: | FL |
| City: | Orlando | Zip Code: | 32801 |

(2) **Contact.** *(If different from information above in Schedule A, otherwise leave blank)*

| | | | |
|--------|------------------------|--------|-----------------------|
| Name: | Simone Brown | Phone: | 407-836-5262 |
| Title: | Sr. Fiscal Coordinator | Email: | CEDSInvoices@ocfl.net |

B. Payments. Payment for Services under this Schedule will be made directly to Carahsoft Technology Corporation in the manner agreed to by Agency and Carahsoft Technology Corporation.

C. Agency Purchase Orders. If the use of a Purchase Order ("PO") or similar ordering document is required by Agency, the following information must be provided as part of the Agreement. Failure to include this information reflects Agency's agreement that a PO shall not be required by Agency. Agency shall provide notice of any PO changes no less than thirty (30) days prior to the expiration of the current PO. No additional terms and conditions shall be included in the PO unless expressly agreed to in writing by the parties. If there is a conflict between language in the PO and the Agreement, the Agreement shall control. The PO Amount or dollar limit, if applicable, of initial PO does not limit or otherwise impact any minimum ordering obligations or purchase commitments specified herein. The PO effective dates (as defined below) does not impact the Effective Date(s) or Term(s) specified herein. Purchases Orders, notices of PO changes, and any questions related to Purchase Orders should be sent to: Equifax@Carahsoft.com.

| | | | |
|-------------------------|-----|-------------------|--|
| PO Number (or similar): | n/a | PO Amount: | |
| PO Start Date: | | PO End Date: | |
| PO Contact Name: | | PO Contact Email: | |

D. Taxes. Except to the extent that Agency has provided an exemption certificate, direct pay permit or other such appropriate documentation, EVS shall add to each invoice any sales, use, excise, value-added, gross receipts, services, consumption and other similar transaction taxes however designated that are properly levied by any taxing authority upon the provision of the Services, excluding, however, any state or local privilege or franchise taxes, taxes based upon EVS's net income and any taxes or amounts in lieu thereof paid or payable by EVS as a result of the foregoing excluded items.

2. SERVICE PRICING.

A. Third Party Fees Applicable To All Services.

- (1) **Third Party Fee.** EVS will pass along any fees incurred by third parties to Agency, including program fees implemented by the IRS. EVS will post these third party fees as a separate line item on the invoices.
- (2) **Technology Portal Delivery Fee.** EVS will pass along any delivery fees incurred for the use of a technology portal connection, as specified by Agency, to Agency. EVS will post these technology portal delivery fees as a separate line item on the invoices.

B. The Work Number® Services.

| Express Social Service Verification | Internal EFX Use | | Price per Transaction | | | | |
|---|------------------|------------------------------------|-----------------------|---------------|-------------|--------------|--------------|
| Date Range Transactions | 3 Full Months | Web Only 0210112497 | 3 Full Months | 6 Full Months | 1 Full Year | 3 Full Years | Purchase All |
| | 6 Full Months | Web Only 0210112511 | | | | | |
| | 1 Full Year | Web Batch 0210112512 0210100112 | | | | | |
| | 3 Full Years | Web Only 0210112513 | | | | | |
| | Purchase All | Web Only 0210112514 | | | | | |
| Additional Records | 0210111384 | | \$38.95 | | | | |
| The Work Number® Services Pricing Terms and Conditions | | | | | | | |
| Transaction Fees will be assessed based on the Date Range selected. Each employer returned in a Verification Report constitutes a separate "Transaction." For example, two (2) employers returned in a Verification Report will count as two (2) separate Transactions. | | | | | | | |
| The above pricing is based on one use/decision per Verification Report. | | | | | | | |
| Based on the Date Range selected by Agency, there may be an option to view additional records ("Additional Records"). Additional Records are not applicable with Purchase All, as Purchase All will include all records. | | | | | | | |
| Any Additional Records selected will be reflected as "Social Service Transactions-PA" on the applicable invoice. | | | | | | | |

3. ADDITIONAL SERVICE FEES.

| | Internal EFX Use | |
|---|------------------|----------|
| Annual Setup Fee | 0210100037 | \$125.00 |
| Monthly Security Monitoring Services Fee | 0210100067 | \$4.99 |
| Monthly Account Servicing Fee | 0210100693 | \$10.00 |

Exhibit A

Agency Information

(To be completed by Agency prior to Services being provided)

| | |
|---|------------------------------------|
| Physical address of where verifications will be performed (if different than above). | same |
| Onsite contact for onsite inspection. | Lena Brinson |
| Onsite contact email and phone number. | Lena.brinson@ocfl.net 407-836-0962 |

Additional User Information

IMPORTANT: All individuals who will use the service must be registered below. All fields are mandatory.

| | Name | E-mail Address |
|--------|----------------------------|-----------------------|
| User1: | Lena Brinson (Web Manager) | lena.brinson@ocfl.net |
| User2: | | |
| User3: | | |
| User4: | | |
| User5: | | |

Please provide the names and e-mail addresses of up to five (5) additional users. Note: The "Main Contact" above will have the ability to add users via the **webManager** function. WebManagers have the ability to add, manage and approve users within the organization. If Agency has additional users, once Agreement is accepted, Agency will receive more information on how to register users.

Billing Information

| | | | |
|-------------------------------|------------------------|-------------------------|-------------------------------|
| Billing Contact: | Simone Brown | Department: | Accounts Payable |
| Billing Contact Title: | Sr. Fiscal Coordinator | Billing Address: | 450 E. South Street Suite 315 |
| Billing Phone #: | 407-836-5262 | City: | Orlando |
| Billing Fax #: | n/a | State: | FL |
| Billing E-mail: | CEDSInvoices@ocfl.net | Zip Code: | 32801 |

Is Agency Tax Exempt? Yes No

If Yes, Please submit tax exemption certificate.

Agency Type:

| | | | |
|--------------------------|--|-------------------------------------|--|
| <input type="checkbox"/> | Federal/State/County/City/Local/Government | <input type="checkbox"/> | Social Security Administration |
| <input type="checkbox"/> | Non- Profit Organization | <input checked="" type="checkbox"/> | Housing Authority |
| <input type="checkbox"/> | For-Profit Organization | <input type="checkbox"/> | Third Party Vendor for Government Agency |
| <input type="checkbox"/> | Apartment Complex/Property Management | | |
| <input type="checkbox"/> | Other (Please specify): | | |

Each program requires documented proof. Select the specific program(s) that will use this service:

| | | | |
|-------------------------------------|------------------------------|--------------------------|-------------------------|
| <input type="checkbox"/> | Food Stamps | <input type="checkbox"/> | TANF |
| <input type="checkbox"/> | Child Support Enforcement | <input type="checkbox"/> | Daycare Assistance |
| <input type="checkbox"/> | Low-Income Energy Assistance | <input type="checkbox"/> | Work-related Assistance |
| <input checked="" type="checkbox"/> | Low-Income Housing | <input type="checkbox"/> | MEDICAID |

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|--------------------------|---|
| <input type="checkbox"/> | Other: (Please indicate other program(s) that will use this service): |
| | |

If Agency is an **Apartment Complex** or **Property Management Agency**, please answer the following questions:

How many units does Agency have? 1263 How many of those are subsidized units? 1263

Note: Subsidized units are those in which the owner receives funds from Federal, State, County or Local Government.

Is Agency affiliated with City/State Housing Authority? Yes No

If yes, please include the name: Orange County

Qualifications: In order to process Agency's application, Agency's agency/organization is required to provide proof (supporting documentation) of Agency's need for employment and income verifications. Please provide the following:

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| Federal/State/County/City/Local/Government | Social Security Administration |
| Copy of program's application Income guidelines to determine eligibility | Copy of program's application Income guidelines to determine eligibility |
| Non-Profit / For-Profit Organizations | Third Party Vendor for Government Agency |
| Copy of program's application Income guidelines to determine eligibility Affiliation (contract) with a Federal/State/County/City/Local/Government Funding source | Copy of program's application Income guidelines to determine eligibility Affiliation (contract) with a Federal/State/County/City/Local/Government Funding source. |
| Housing Authority | Apartment Complex/Property Management |
| Copy of tenant's application Income guidelines for low-income housing Complete HUD Schedule or Rural Development Rent Schedule or L.U.R.A. (Land Use Restriction Agreement) | Copy of tenant's application Income guidelines for low-income housing Complete HUD Schedule or Rural Development Rent Schedule or L.U.R.A. (Land Use Restriction Agreement) |

Failure to provide supporting documentation, which must include the name of Agency's agency/organization/Agency name, may delay processing of Agency's agreement or disqualify Agency's application.