

AMENDMENT NO. 2 to RISKMASTER Accelerator AWS SaaS Access Agreement

This amendment (“Amendment”) is deemed effective October 1, 2025 (the “Amendment Effective Date”) and is hereby made a part of and incorporated into Work Order No. 8 for RISKMASTER Accelerator AWS SaaS Access Agreement (the “Access Agreement”) dated effective September 1, 2018, by and between **Computer Sciences Corporation**, a wholly owned subsidiary of DXC Technology Company (“CSC” or “DXC”) and **Lexington-Fayette Urban County Government** (“Customer”). In the event that any provision of this Amendment and any provision of the Access Agreement are inconsistent or conflicting, the inconsistent or conflicting provision of this Amendment shall be and shall constitute an amendment of the Access Agreement and shall control, but only to the extent that such provision is inconsistent or conflicting with the Access Agreement. Capitalized terms not defined herein shall have the meaning ascribed to them in the Access Agreement.

WHEREAS, CSC and Customer entered into the Access Agreement dated September 1, 2018.

WHEREAS, CSC and Customer desire to extend the term of the Access Agreement for additional three (3) year period in accordance with this Amendment;

NOW THEREFORE, CSC and Customer agree to amend the Access Agreement as follows:

1. Section 7(a) - Fees is modified to add the below period as follows:

- October 1, 2025 to September 30, 2028 - \$60,039.30 USD per year.

2. Delete and replace Section 8 – CPI index annual increase and replace it with the following:

The annual fee for the first year of the Extended Term is \$60,039.30 USD with a not to exceed 4% annual increase for the second and third year.

3. Except as modified herein, all other terms and conditions of the Access Agreement shall remain in full force and effect.

The parties certify by their undersigned authorized agents that they have read this Amendment and the Access Agreement and agree to be bound by their terms and conditions.

CSC

Computer Sciences Corporation

By:

(Authorized Signature)
(in non-black ink, please)

(Name)

(Title)

(Execution Date)

CUSTOMER

**Lexington-Fayette Urban County
Government**

By:

(Authorized Signature)
(in non-black ink, please)

(Name)

(Title)

(Execution Date)