

STATE OF TEXAS                   §  
  §  
COUNTY OF FORT BEND         §

**THIRD AMENDMENT TO INMATE HEALTH SERVICE AGREEMENT**

This Third Amendment is entered into on the \_\_\_ day of \_\_\_\_\_, 2016 by and between Fort Bend County, Texas, a body corporate and politic acting herein by and through its Commissioners Court (hereinafter "County"), and Correct Care Solutions LLC (hereinafter "CCS"), a company authorized to conduct business in the State of Texas.

**WHEREAS**, the parties have executed and accepted that certain Inmate Health Services Agreement pursuant to RFP 13-049 (attached as "Original Agreement") on or about July 23, 2013 which was amended on September 22, 2015 and amended again on December 8, 2015;  
**AND**

**WHEREAS**, the following changes are hereby agreed to by the Parties:

- I. County shall remit an additional \$4,430,324.00 to CCS for services provided during the October 1, 2016 to September 30, 2017 term in accordance with Section 7.04, Increase in Inmate Population.
- II. The Inmate Health Service Agreement is hereby renewed under for an additional one year period to beginning on October 1, 2016, and terminating on September 30, 2017.
- III. Base Compensation: October 1, 2016 to September 30, 2017. For services provided in the Agreement, County shall pay CCS the base price sum of \$4,430,324.00 (369,193.67 per month) per month, commencing 12:00 a.m. on October 1, 2016 until 11:59 p.m. on September 30, 2017, which includes both an operating budget and management fee to paid to CCS in accordance with the attached "Exhibit E 2016-17."
- IV. Specific changes to the Original Agreement, which will be effective October 1, 2015, are as follows:

Exhibit C of the Original Agreement shall now be replaced with the attached "Exhibit C 2016-17" for service year 2016-17.


- V. All terms and conditions of the Agreement, including any addenda or amendments, not modified herein shall remain in full force and effect and for the term of Agreement. Conflicts among documents will be resolved in favor of the most recently executed document.

IN WITNESS WHEREOF, the parties put their hands to this Amendment on the dates indicated below.

**FORT BEND COUNTY**

**CORRECT CARE SOLUTIONS, LLC**

\_\_\_\_\_  
Robert E. Hebert, County Judge

  
\_\_\_\_\_  
Patrick Cummiskey, President


\_\_\_\_\_  
Date

9/21/16  
\_\_\_\_\_  
Date

ATTEST:

\_\_\_\_\_  
Laura Richard, County Clerk  
(SEAL)

Approved:

  
\_\_\_\_\_  
Troy E. Nehls, Fort Bend County Sheriff

AUDITOR'S CERTIFICATE

I hereby certify that funds are available in the amount of \_\_\_\_\_ to accomplish and pay the obligation of the Fort Bend County under this Agreement.

\_\_\_\_\_  
Ed Sturdivant, Fort Bend County Auditor

Attached:   Original Agreement  
              Exhibit C 2016-17   Staffing Matrix  
              Exhibit E 2016-17   Fort Bend Budget

MTR:\Agreements\2015\Purchasing 09.09.16

# CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.  
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

## OFFICE USE ONLY CERTIFICATION OF FILING

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Correct Care Solutions, LLC  
Nashville, TN United States

**Certificate Number:**  
2016-113124

**Date Filed:**  
09/16/2016

**2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.**

Fort Bend County

**Date Acknowledged:**

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**

RFP 13-049  
Inmate Medical Service

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

**5 Check only if there is NO Interested Party.**

**6 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.



AFFIX NOTARY STAMP / SEAL ABOVE

*[Handwritten Signature]*  
\_\_\_\_\_  
Signature of authorized agent of contracting business entity

Sworn to and subscribed before me, by the said Assistant Secretary, this the 16<sup>th</sup> day of September, 2016, to be in full force and effect, witness my hand and seal of office.

*[Handwritten Signature]*  
\_\_\_\_\_  
Signature of officer administering oath

Alicia Vallarta  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath