

STATE OF TEXAS

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COUNTY OF FORT BEND

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**WORK AUTHORIZATION NO. 4  
AGREEMENT FOR PROFESSIONAL SERVICES**

**THIS WORK AUTHORIZATION** is made pursuant to the terms and conditions of Section II of the Professional Services Agreement entered into by and between Fort Bend County, and WSP, USA, Inc. formerly dba as Parsons Brinckerhoff, (the "Contractor"), on the 8th day of December, 2015.

**PART I.** The Contractor will perform professional services generally described as transportation planning assistance in accordance with the project description attached hereto and made a part of this Work Authorization. The Contractor's Scope of Work, Labor Estimate, and Work Schedule are further detailed in Attachments A, B, and C, respectively, which are attached hereto and made a part of the Work Authorization.

**PART II.** In accordance with the terms set in Section III, the maximum amount payable under this Work Authorization is eight thousand two hundred two dollars and no/100 (\$8,202.00). This amount is based upon fees set forth in Attachment A of this Work Authorization. In no case shall the amount paid by County under this Work Authorization No. 3 exceed the Maximum Compensation without an approved change order.

**PART III.** Payment to the Contractor for the services established under this Work Authorization shall be made in accordance with Section III of the Agreement.

**PART IV.** This Work Authorization shall become effective upon receipt of the Notice to Proceed from County and end no later than forty-five (45) days thereafter. Contractor shall complete the tasks described in the Scope of Work within this time or within such additional time as may be extended by the County.

**PART V.** This Work Authorization does not waive the parties' responsibilities and obligations provided under the Agreement.

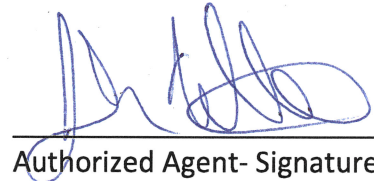
**IN WITNESS WHEREOF**, this Work Authorization is executed in duplicate counterparts and hereby accepted and acknowledged below.

*{Execution Page Follows}*

**FORT BEND COUNTY**

**WSP, USA INC.**

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

  
\_\_\_\_\_  
Authorized Agent- Signature

**Joseph Willhite**

\_\_\_\_\_  
Authorized Agent- Printed Name

**Area Manager**

ATTEST:

\_\_\_\_\_  
Title

**10/04/2017**

\_\_\_\_\_  
Laura Richard, County Clerk

\_\_\_\_\_  
Date

Reviewed By:

\_\_\_\_\_  
Paulette Shelton, Public Transportation Director

**AUDITOR'S CERTIFICATE**

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

\_\_\_\_\_  
Robert E. Sturdivant, County Auditor

# ATTACHMENT A

## **ATTACHMENT A**

### **SCOPE OF WORK**

In the wake of flooding due to Hurricane Harvey, Fort Bend County is experiencing higher than usual calls for demand response service. The higher demand is attributed to the impact of the storm on personal automobiles. It is estimated that more than a million automobiles in the greater Houston region were damaged during the storm event. The assumption is that Fort Bend County residents whose automobiles were damaged have turned to the county to provide trips access to work and other essential services.

To assist the county in developing a strategy for assisting residents and relieving the burden on limited demand response resources, WSP proposes the following:

#### **Scope**

Task 1. Develop shuttle service for high demand location and destinations

- a. Data collection – map demand response origin and destination requests, trip completions, and denials
- b. Service plan – develop a shuttle service plan based on high demand trip patterns, if needed

**Deliverable:** Map of trip patterns, proposed service plan (if needed)

# ATTACHMENT B

**ATTACHMENT B****LABOR ESTIMATE****Budget**

<b>Planning Support for Recovery Service Plan</b>	<b>Project Manager (WSP)</b>	<b>Lead Planner (WSP)</b>	<b>TOTAL LABOR HRS</b>	<b>TOTAL LABOR COSTS</b>
<b>TASK DESCRIPTION</b>				
<b>TASK 1 – Recovery Planning Support</b>				
a. Data Collection	5	22	<b>27</b>	<b>\$3,597.00</b>
b. Service Plan	5	30	<b>35</b>	<b>\$4,605.00</b>
<b>HOURS SUB-TOTALS</b>	<b>10</b>	<b>52</b>	<b>62</b>	
<b>CONTRACT RATE PER HOUR</b>	<b>\$165.00</b>	<b>\$126.00</b>		
<b>TOTAL LABOR COSTS</b>	<b>\$1,650.00</b>	<b>\$6,552.00</b>		<b>\$8,202.00</b>

# ATTACHMENT C

**ATTACHMENT C**

**WORK SCHEDULE**

Planning Support for Recovery Service Plan	OCT	NOV
Task 1. Service Planning		
a. Data collection		
b. Service plan (if needed)		

 Indicates deliverable



# 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.**

WSP USA Inc.  
Houston, TX United States

**Certificate Number:**  
2017-268181

**Date Filed:**  
10/03/2017

**Date Acknowledged:**

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

County of Fort Bend

**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 15-072 WA#4

Develop shuttle service for high demand locations and destinations, data collection mapping demand response and services plan based on high demand trip patterns.

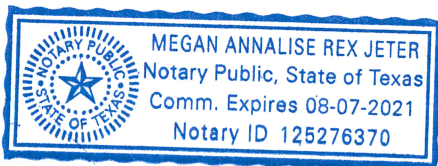
4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	WSP USA Inc.	New York City, NY United States	X	

**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

*[Signature]*  
Signature of authorized agent of contracting business entity

Sworn to and subscribed before me, by the said Frank J. Medina, this the 3rd day of October, 2017, to certify which, witness my hand and seal of office.

*[Signature]*  
Signature of officer administering oath

Megan Annalise Rex Jeter  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath