



6. Hours. Hours of use will be as mutually agreeable between Owner and the County Health and Human Services Director. The County may access the Facility prior to the start of activities and may remain on the site after activities end to perform related necessary tasks before vacating the Facility for the day.
7. Waiver of Rent. Considering the importance of conducting these services and the health, safety and welfare benefits to its residents, Owner will waive any rental payment that it may be due for the use of the Facility.
8. Notice

- A. Each party giving any notice or making any request, demand, or other communication (each, a "Notice") pursuant to this Agreement shall do so in writing and shall use one of the following methods of delivery, each of which, for purposes of this Agreement, is a writing: personal delivery, registered or certified mail (in each case, return receipt requested and postage prepaid), or nationally recognized overnight courier (with all fees prepaid).
- B. Each party giving a Notice shall address the Notice to the receiving party at the address listed below or to another address designated by a party in a Notice pursuant to this Section:

County: Fort Bend County Health and Human Services  
Attn: Director  
4520 Reading Road, Suite A-100  
Rosenberg, Texas 77471

With a copy to: Fort Bend County  
Attn: County Judge  
401 Jackson Street  
Richmond, Texas 77469

Owner: Pennywise Resale Stores  
501 E Hwy 90 Alt, Richmond, TX 77406  
Vita Goodell, CEO - 832-755-7077  
VGoodell@fortbendwomenscenter.org

- C. Effective Date. This Agreement is effective on execution of both Parties.

FORT BEND COUNTY

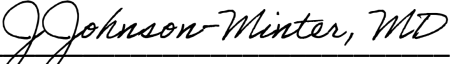
\_\_\_\_\_  
KP George, County Judge

\_\_\_\_\_  
Date

ATTEST:


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

Reviewed by:

  
\_\_\_\_\_  
Dr. Jacquelyn Johnson-Minter, MD, MBA, MPH  
Director of Health and Human Services

APPROVED AS TO LEGAL FORM<sup>1</sup>:

\_\_\_\_\_  
Michelle L. Turner  
General Counsel Division Chief  
County Attorney Office

  
\_\_\_\_\_  
Authorized Agent – Signature

\_\_\_\_\_  
Vita Goodell  
Authorized Agent- Printed Name

\_\_\_\_\_  
CEO  
Title

\_\_\_\_\_  
5/10/2021  
Date

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<sup>1</sup> Modifications to this form can only be made by the County Attorney's Office. This document is not approved for full execution until the legal form signature block has been signed. Questions about use of this form should be directed to the named attorney at 281-341-4555.