

STATE OF TEXAS           §  
  §  
COUNTY OF FORT BEND   §

**THIRD AMENDMENT TO AGREEMENT FOR DIRECTLY OBSERVED THERAPY**  
**FISCAL YEAR 2022**

THIS THIRD AMENDMENT is made and entered into by and between Fort Bend County (hereinafter “County”), a body corporate and politic under the laws of the State of Texas, and The Reserves Network, Inc., dba Team1Medical Staffing (hereinafter “Contractor”).

WHEREAS, on or about January 25, 2021, the parties entered into an Agreement for Directly Observed Therapy (DOT) services for patients with tuberculosis, which was subsequently amended on or about April 27, 2021 and March 8, 2022, and is collectively referred to as (the “Agreement”), which is incorporated by reference; and

WHEREAS, the parties now desire to further amend the agreement to allow Contractor to provide additional services under the Agreement.

NOW THEREFORE, for and in consideration of the mutual benefits to be derived by the parties hereto, County and Contractor agree to the following changes, which are incorporated as if a part of the original Agreement:

1. Contractor shall expand its Scope of Services to include Medical Assistants.
2. In no case shall the amount paid by County for all Services under the Agreement and any subsequently executed amendment exceed the Maximum Compensation without further agreement executed by the parties.

Except as provided herein, all terms and conditions of the Agreement and any subsequently executed amendment shall remain unchanged.

IN WITNESS WHEREOF, the parties hereto have signed or have caused their respective names to be signed to multiple counterparts to be effective on the date signed by the final party.

*{EXECUTION PAGE FOLLOWS}*

*{REMAINDER OF PAGE INTENTIONALLY LEFT BLANK}*

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

**FORT BEND COUNTY**

**THE RESERVES NETWORK, INC., d/b/a  
TEAM1MEDICAL STAFFING**

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Laura Bowen  
Authorized Agent- Printed Name

ATTEST:

\_\_\_\_\_  
President  
Title

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

\_\_\_\_\_  
9/6/2022  
Date

**AUDITOR'S CERTIFICATE**

I hereby certify that funds in the amount of \$\_\_\_\_\_ are available to pay the obligation of Fort Bend County within the foregoing Agreement.

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