

STATE OF TEXAS §
 §
COUNTY OF FORT BEND §

**SECOND AMENDMENT TO
INTERLOCAL AGREEMENT
BETWEEN FORT BEND COUNTY AND
THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON
ON BEHALF OF ITS SCHOOL OF PUBLIC HEALTH**

THIS SECOND 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 University of Texas Health Science Center at Houston, on behalf of its School of Public Health (“UTHealth”), a state agency and an institution of higher education under the laws of the State of Texas.

WHEREAS, the parties executed and accepted that certain **INTERLOCAL AGREEMENT BETWEEN FORT BEND COUNTY AND THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON ON BEHALF OF ITS SCHOOL OF PUBLIC HEALTH** on or around November 19, 2020, and was amended on or about April 12, 2022, which is incorporated by reference (collectively hereinafter “Agreement”); and

WHEREAS, the Parties desire to increase the Maximum Compensation in order to continue services under the Agreement.

NOW, THEREFORE, the Parties do mutually agree as follows:

- I. County shall pay UTHealth an additional Fifty Thousand dollars and no/100 (\$50,000.00) to continue providing services as described in the UTHealth Letter dated October 2, 2023 attached as Exhibit A under the terms and conditions of the Agreement.

- II. The Maximum Compensation payable to UTHealth for all Services rendered is hereby increased to an amount not to exceed Two Hundred Ninety-Seven Thousand Seven Hundred Fifty-Seven dollars and no/100 (\$297,757.00) calculated as follows:

Under the original Agreement:	\$122,757.00
Under First Amendment:	\$125,000.00
Under this Second Amendment:	\$50,000.00
TOTAL of all funds:	\$297,757.00

- III. In no case shall the amount paid by County for all Services under the Agreement and this Amendment exceed the Maximum Compensation without written agreement executed by both parties.
- IV. In the event of conflict, the most recently executed document shall prevail with regard to the conflict.
- V. Except as provided herein, all terms and conditions of the Agreement shall remain unchanged.

{Remainder of page intentionally left blank}


{Execution page to follow}

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.

FORT BEND COUNTY

**THE UNIVERSITY OF TEXAS
HEALTH SCIENCE CENTER AT HOUSTON**

KP George, County Judge

DocuSigned by:

27A012041C2242A...

Authorized Agent – Signature

Date

Valerie Bomben, PhD

Authorized Agent- Printed Name

ATTEST:

Director, Sponsored Contracts

Laura Richard, County Clerk

Title
10/10/2023

Date

Reviewed by:



Letosha Gale-Lowe, MD
Director of Health and Human Services

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 for services.

Robert Ed Sturdivant, County Auditor

Exhibit A: UTHealth Letter dated October 2, 2023

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Exhibit A

October 2, 2023

Honorable KP George
301 Jackson St.
Richmond, TX 77469
FBC.Judge@fortbendcountytx.gov

Dear Hon. KP George,

Thank you for the opportunity to serve the residents of Fort Bend County throughout the pandemic. Me and my colleagues at the UTHealth Houston School of Public Health are honored to be able to continue to assist Fort Bend County and make a positive impact on the health of Fort Bend residents.

The goal of the joint FBC/UTSPH public health surveillance/analytics core is to support science-based public health action to advance population health and health equity in Fort Bend County. The UTHSPH surveillance core will work in collaboration with FBC experts to advance analytics and strengthen public health infrastructure. Procedures and metrics developed will be used to monitor health indicators in real or near real time, allowing continuous identification of population subgroups with disproportionate disease burden.

Analysis goals and objectives will be directed by UTHSPH and FBC leadership, which will meet regularly to guide the analytical work. Priority documents supporting the Fort Bend County Community Health Improvement Plan and reflecting the Community Health Assessment priorities will be created consistent with the funds allotted. Specific areas of analysis include, but are not limited to:

- Conduct ongoing monitoring and surveillance analytics of diseases and conditions of concern including hospitalization, testing uptake, and vaccinations
- Conduct geospatial analysis to allow identification of priority communities disproportionately affected by select poor health outcomes
- Provide expertise to support chronic disease surveillance, disaster surveillance, Community Health Assessment, and wastewater surveillance
- Support health equity outreach activities including providing relevant materials and outreach education resources on diseases most affecting the Medicaid eligible population

In addition, if applicable, UTHSPH will provide analytical capacity and support to help with the After-Action Analyses for COVID-19 and support of other grant funded activities as directed. Data analyses are limited to datasets available to UTHealth Houston.

Fee

Personnel Costs	\$	45,000
Total Direct Cost	\$	45,000
Indirect Costs (10% TDC)	\$	5,000
Total Cost	\$	50,000

Thank you again for the opportunity to complete meaningful work in your jurisdiction.

If you have any questions about this letter, do not hesitate to contact me.

Sincerely,



Eric Boerwinkle, PhD
Dean

Certificate Of Completion

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Source Envelope:	
Document Pages: 6	Signatures: 1
Certificate Pages: 5	Initials: 0
AutoNav: Enabled	Envelope Originator:
Enveloped Stamping: Disabled	Kaitlyn Howard
Time Zone: (UTC-06:00) Central Time (US & Canada)	7000 Fannin Suite 1170D
	Houston, TX 77030
	Kaitlyn.Howard@uth.tmc.edu
	IP Address: 139.52.176.48

Record Tracking

Status: Original	Holder: Kaitlyn Howard	Location: DocuSign
10/10/2023 11:01:08 AM	Kaitlyn.Howard@uth.tmc.edu	

Signer Events

Signature	Timestamp
Dritana Marko Serbo Dritana.Marko@uth.tmc.edu Security Level: Email, Account Authentication (None)	Sent: 10/10/2023 11:12:49 AM Resent: 10/10/2023 12:55:40 PM Viewed: 10/10/2023 3:17:41 PM Signed: 10/10/2023 3:21:49 PM
Using IP Address: 139.52.176.38	

Electronic Record and Signature Disclosure:
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ID: cc92c40c-4d69-4b35-976b-242abee8046b

Valerie Bomben
Valerie.C.Bomben@uth.tmc.edu
Director, Sponsored Contracts
Security Level: Email, Account Authentication (None)



Signature Adoption: Uploaded Signature Image
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Viewed: 10/10/2023 9:24:58 PM
Signed: 10/10/2023 9:42:36 PM

Electronic Record and Signature Disclosure:
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In Person Signer Events	Signature	Timestamp
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Intermediary Delivery Events	Status	Timestamp
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Carbon Copy Events	Status	Timestamp

Camille Breaux
Camille.J.Breaux@uth.tmc.edu
Program Manager
Security Level: Email, Account Authentication (None)



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Carbon Copy Events	Status	Timestamp
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Patricia Salas
Patricia.Salas@uth.tmc.edu
Security Level: Email, Account Authentication (None)

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Patrick Pineda
Patrick.G.Pineda@uth.tmc.edu
Security Level: Email, Account Authentication (None)

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Witness Events	Signature	Timestamp
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Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
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Certified Delivered	Security Checked	10/10/2023 9:24:58 PM
Signing Complete	Security Checked	10/10/2023 9:42:36 PM
Completed	Security Checked	10/10/2023 9:42:36 PM

Payment Events	Status	Timestamps
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Electronic Record and Signature Disclosure
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You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: amy.lanier@uth.tmc.edu

To advise University of Texas Health Science Center At Houston - Campus Wide Deployment of your new email address

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at amy.lanier@uth.tmc.edu and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

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- ii. send us an email to amy.lanier@uth.tmc.edu and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

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