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Maximum Compensation that Contractor may become entitled to and the total maximum sum that County may become liable to pay to Contractor under the Agreement shall not under any conditions, circumstances, or interpretations thereof exceed Fifty-Eight Thousand Four Hundred and no/100 dollars (\$58,400.00).

3. **Time of Performance.** Time for performance of the Services under this Agreement remains the same and shall terminate on September 30, 2025.
4. **Recitals.** The recitals set forth above are incorporated herein by reference and made a part of the Agreement.
5. **Modifications and Conflict.** Except as modified herein, the Agreement shall remain in full force and effect and has not been otherwise modified or amended. If there is a conflict among documents that make up the Agreement, this Amendment shall prevail with regard to the conflict.

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{Execution Page Follows}

FORT BEND COUNTY

**THE RESERVES NETWORK, INC. DBA TEAM1MEDICAL
STAFFING**

KP George, County Judge

Laura Bowen, CTS/CSP

Authorized Agent – Signature

Date

Laura Bowen, CTS/CSP

Authorized Agent – Printed Name

Chief Operating Officer

Title

April 14, 2025

Date

ATTEST:

Laura Richard, County Clerk

AUDITOR'S CERTIFICATE

I hereby certify that funds are available in the amount of \$ 23,400.00 to accomplish and pay the obligation of Fort Bend County under this contract.

Robert Ed Sturdivant, County Auditor

i:\agreements\2025 agreements\purchasing\clinical health\the reserves network, inc (25-clnchlth-100196-a1)\1st amendment to agmt w team1medical fy2025 (kcj - 4.14.2025)

EXHIBIT A-1

(Follows Behind)

REQUEST FOR BUDGET CHANGE

Department of State Health Services

Contract Management Section

Contractor Name	Fort Bend County		
Contract Number	HHS001331300020		
Program ID			
Contract Amount	\$258,364		
	Is there an Equipment Cost Change?	AMD not Needed	
	Is there an Indirect Cost Change?	AMD not Needed	
	Is there a decrease in the New Contract Amount?	AMD not Needed	
	Is there an increase in the New Contract Amount?	AMD not Needed	Change Amount Allowed
	Is the percentage over 25%	AMD not Needed	\$64,591

Cost Reimbursement Program						
Category	Approved/Current Budget (Budget Summary Page)	Dollar Change	New Revised Budget (Budget Summary Page)	Categorical Percentage	Cumulative Percentage	
Personnel	\$135,591	(\$5,476)	\$130,115	2%	#1	0%
Fringe Benefits	\$82,336	(\$5,932)	\$76,404	2%	#2	0%
Travel	\$2,749	(\$1,939)	\$810	1%	#3	1%
Equipment	\$0	\$0	\$0	0%	#4	0%
Supplies	\$6,488	(\$135)	\$6,353	0%	#5	6%
Contractual	\$31,200	\$12,510	\$43,710	5%	#6	8%
Other	\$0	\$972	\$972	0%	#7	3%
Indirect Cost	\$0	\$0	\$0	0%	#8	0%
Total	\$258,364	\$0	\$258,364	5%		18%

Changes in either Equipment or Indirect Cost require an Amendment regardless of percentage

FORM I: BUDGET SUMMARY (REQUIRED)

Legal Name of Respondent:

Fort Bend County

Budget Categories	Total Budget (1)	DSHS Funds Requested (2)	Direct Federal Funds (3)	Other State Agency Funds* (4)	Local Funding Sources (5)	Other Funds (6)
A. Personnel	\$130,115	\$130,115	\$0	\$0	\$0	\$0
B. Fringe Benefits	\$76,404	\$76,404	\$0	\$0	\$0	\$0
C. Travel	\$810	\$810	\$0	\$0	\$0	\$0
D. Equipment	\$0	\$0	\$0	\$0	\$0	\$0
E. Supplies	\$6,353	\$6,353	\$0	\$0	\$0	\$0
F. Contractual	\$43,710	\$43,710	\$0	\$0	\$0	\$0
G. Other	\$972	\$972	\$0	\$0	\$0	\$0
H. Total Direct Costs	\$258,364	\$258,364	\$0	\$0	\$0	\$0
I. Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
J. Total (Sum of H and I)	\$258,364	\$258,364	\$0	\$0	\$0	\$0
K. Program Income - Projected Earnings	\$15,000	\$15,000				

NOTE: The "Total Budget" amount for each Budget Category will have to be allocated (entered) manually among the funding sources. Enter amounts in whole dollars. After amounts have been entered for each funding source, verify that the "Distribution Total" below equals the respective amount under the "Total Budget" from column (1).

	Budget Category	Distribution Total	Budget Total	Budget Category	Distribution Total	Budget Total
Check Totals For:	Personnel	\$130,115	\$130,115	Fringe Benefits	\$76,404	\$76,404
	Travel	\$810	\$810	Equipment	\$0	\$0
	Supplies	\$6,353	\$6,353	Contractual	\$43,710	\$43,710
	Other	\$972	\$972	Indirect Costs	\$0	\$0

TOTAL FOR:	Distribution Totals	\$258,364	Budget Total	\$258,364
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*Letter(s) of good standing that validate the respondent's programmatic, administrative, and financial capability must be placed after this form if respondent receives any funding from state agencies other than DSHS related to this project. If the respondent is a state agency or institution of higher education, letter(s) of good standing are not required. *DO NOT* include funding from other state agencies in column 4 or Federal sources in column 3 that is not related to activities being funded by this DSHS project.

