

STATE OF TEXAS §
 §
 COUNTY OF FORT BEND §

**SECOND AMENDMENT TO PROFESSIONAL
 ENGINEERING SERVICES AGREEMENT
 PROJECT NO: 709 – GOLFVIEW DRIVE**

THIS SECOND AMENDMENT is made and entered into by and between FORT BEND COUNTY, TEXAS, a public body corporate and politic of the State of Texas acting by and through the Fort Bend County Commissioners Court (hereinafter referred to as “County”) and KELLY R. KALUZA & ASSOCIATES, INC., (hereinafter referred to as “Engineer,”) authorized to conduct business in the State of Texas.

RECITALS

WHEREAS, County and Engineer entered an agreement for the Project, Agreement for Professional Engineering & Surveying Services dated August 23, 2011, (the “Agreement”) and a First Amendment dated May 8, 2012, (the “First Amendment”) attached hereto as Exhibit B & C, incorporated by reference as if set forth herein verbatim. County and Engineer desire to amend the Agreement to provide for additional services and extend the time for performance as set forth below.

County and Engineer desire to amend said Agreement as set forth in Exhibit A and incorporated herein by reference as if set forth verbatim.

NOW, THEREFORE, in consideration of the foregoing, the Agreement between County and Engineer is hereby amended to read:

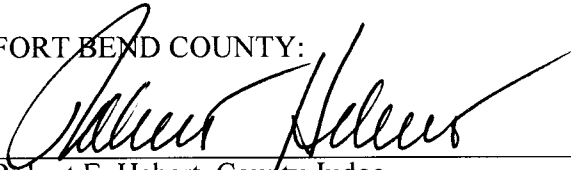
- A. An additional amount not-to-exceed \$60,000.00 shall be available for construction phase services provided by Engineer in connection with the Project as described in Exhibit A.
- B. Engineer’s compensation for the Project shall not exceed \$737,000.00, which includes the original scope of work under the Agreement (\$600,000), services provided under the First Amendment (\$77,000) and the additional services described in Exhibit A.
- C. This Second Amendment shall extend the time for Engineer to provide approved services for the Project until March 31, 2015.
- D. No additional funding shall be available for services without prior written consent of County.
- E. Except as modified herein, the Agreement and First Amendment remains in full force and effect and has not been modified or amended.
- F. If there is a conflict between this Second Amendment and the Agreement and First Amendment, the provisions of this Second Amendment shall prevail.

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK

EXECUTION


This Second Amendment shall become effective upon execution by County.

FORT BEND COUNTY:

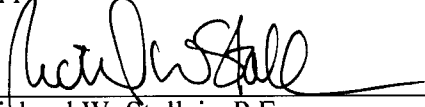

Robert E. Hebert, County Judge

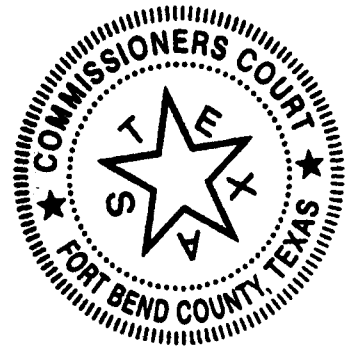
5-7-2013
Date

Attest:


Dianne Wilson, County Clerk

Approved: COUNTY PROJECT MANAGER


Richard W. Stolleis, P.E.
Fort Bend County Engineer




ENGINEER: KELLY R. KALUZA & ASSOCIATES, INC.


Kelly R. Kaluza, PE, President

5/2/13.
Date

Attest:


Gail Oliver

MER:Engineering Services Agreement.Kelly Kaluza.3791-709.2nd.AMEND

AUDITOR'S CERTIFICATE

I hereby certify that funds are available in the amount of \$737,000.00 to accomplish and pay the obligation of the Fort Bend County under this contract.


Ed Sturdivant, Fort Bend County Auditor

Exhibit A



April 24, 2013

Mr. Richard W. Stolleis, P.E.
County Engineer
Fort Bend County
1124 Blume Road
Rosenberg, Texas 77471

Re: Golfview Drive, Phases 1 and 2 (Project No. 709)
Contract Amendment for Kelly R. Kaluza & Associates, Inc.

Project No. 300701.14

Dear Mr. Stolleis:

Consistent with other projects, Kelly Kaluza's design contract for Golfview did not include construction phase services. As of now, the Golfview Phase 1 construction contract has been awarded by Commissioners Court and will begin construction in early May, Phase 2 construction is imminent, and Rabbs Bayou will include some construction by an independent contractor. Therefore, Kelly Kaluza's contract needs to be amended to add construction phase services.

We recommend that their contract be amended in the amount of \$60,000.00, to include construction phase services for all three projects. Their services will be billed to Fort Bend County on a time-and-materials basis, not to exceed this maximum amount. If approved, this amendment will increase their total contract amount to \$737,000.00.

Thank you for your consideration of this request. Please call me if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark C. Dessens".

Mark C. Dessens, P.E.
Project Manager

MCD/md



CERTIFICATE OF LIABILITY INSURANCE

KELLY-3 OP ID: KW

DATE (MM/DD/YYYY)
03/26/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER SIG/ McDonald & Wessendorff 811 Morton Street Richmond, TX 77469 Charles P. McDonald	Phone: 281-342-2857 Fax: 281-342-7367	CONTACT NAME: Kathryn Williams PHONE (A/C, No, Ext): 281-762-5215 FAX (A/C, No): 281-342-7367 E-MAIL ADDRESS: kathryn.williams@sig4you.com
INSURED Kelly R. Kaluza & Associates, Inc. 3014 Avenue I Rosenberg, TX 77471		INSURER(S) AFFORDING COVERAGE INSURER A: Allied Insurance Co INSURER B: Utica National Ins Co INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	X	ACP 7205718496	07/09/2012	07/09/2013	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 1,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPOP AGG \$ 2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							
	A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS	X	X	ACP 7205718496	07/09/2012	07/09/2013	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		<input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						
A		<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB	X	X	ACP 7205718496	07/09/2012	07/09/2013	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
		<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	X	X				
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		X	4552633	07/09/2012	07/09/2013	WC STATUTORY LIMITS E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000	
	Y/N <input type="checkbox"/> N/A							

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

The above referenced indicated policies include a blanket waiver of subrogation and automatic additional insured endorsement that provides additional insured status to the certificate holder only when there is a written contract between the named insured and the certificate holder that requires such status. The above policies also include an endorsement

CERTIFICATE HOLDER

FBCOROS

Fort Bend County
Purchasing Department
Travis Annex
301 Jackson St., Suite 201
Richmond, TX 77469

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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NOTEPAD:

HOLDER CODE **FBCOROS**
INSURED'S NAME **Kelly R. Kaluza &**

KELLY-3
OP ID: KW

PAGE **2**
DATE **03/26/13**

providing that 60 days notice of cancellation or coverage change will be
furnished to the certificate holder.

ACORD™

Client#: 161892

KELLYKAL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/11/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER USI Southwest Three Memorial City 840 Gessner, Suite 600 Houston, TX 77024	CONTACT NAME: PHONE (A/C, No, Ext): 713 490-4600 FAX (A/C, No): 713-490-4700 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Beazley Insurance Company, Inc. NAIC # 37540 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Kelly R. Kaluza & Assoc., Inc. 3014 Avenue I Rosenberg, TX 77471	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

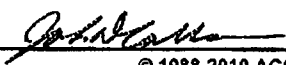
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INSR LTR	TYPE OF INSURANCE	ADOL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory In NH) if yes, describe under DESCRIPTION OF OPERATIONS below	N/A				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability		V15TC5110601	05/27/2012	05/27/2013	\$1,000,000 per claim \$2,000,000 annl aggr.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CANCELLATION

Fort Bend County Facilities Management & Planning Attn: Don Brady 1517 Eugene Helman Cir #500 Richmond, TX 77469	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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