



**COUNTY JUDGE**  
Fort Bend County, Texas

Robert E. Hebert  
County Judge

(281) 341-8608  
Fax (281) 341-8609

February 10, 2015

Mr. Alan Clark  
Manager of Transportation and Air Quality  
Houston-Galveston Area Council  
PO Box 22777  
Houston, Texas 77227-2777

Subject: Letter of Commitment  
TMC Expansion

Dear Mr. Clark:

On behalf of Fort Bend County, I am pleased to submit this proposal to the Houston-Galveston Area Council for the expansion of our Texas Medical Center commuter service.

Please accept this letter as notification that Fort Bend County is fully committed to this project and will continue to provide local match support for this project for a minimum of (5) years.

Should you have any questions regarding the enclosed proposal, please contact Paulette Shelton, Transportation Director, at 281-243-6701. Fort Bend County appreciates your consideration of our proposal and we look forward to working together to continue the County's public transportation efforts.

Sincerely,

A handwritten signature in black ink that reads "Robert Hebert". The signature is written in a cursive style with a long, sweeping underline.

Robert E. Hebert  
County Judge

**STATEMENT OF CERTIFICATION  
REGARDING CONFLICT OF INTEREST**

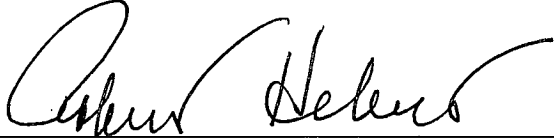
Fort Bend County

\_\_\_\_\_ certifies to the best of its knowledge and belief that there exists no potential conflict of interest under federal or state law affecting it or its subcontractors in the conduct of this project for H-GAC.

Fort Bend County

\_\_\_\_\_ affirms the truthfulness and accuracy of the contents of the statements submitted on this certification.

Robert E. Hebert



\_\_\_\_\_  
**Authorized Official**

County Judge

\_\_\_\_\_  
**Title of Authorized Official**

2-10-2015

\_\_\_\_\_  
**Date**

CONTRACT PRICING SUMMARY (RESEARCH AND DEVELOPMENT)				Office of Management and Budget Approval No. 29-R018Y	
This form is for use when (i) submission of cost or pricing data (see FPR 1-3.807-3) is required and (ii) substitution for the Optional Form 59 is authorized by the contracting officer.				PAGE NO. 1	NO. OF PAGES 2
NAME OF OFFEROR <b>Bend County</b>		Fort SUPPLIES AND/OR SERVICES TO BE FURNISHED			
HOME OFFICE ADDRESS <b>12550 Emily Court Ste 400 77478</b>		Sugar Land, TX			
DIVISION(S) AND LOCATION(S) WHERE WORK IS TO BE PERFORMED <b>County Public Transportation</b>		Fort Bend		TOTAL AMOUNT OF PROPOSAL <b>\$135,277</b>	GOVT. SOLICITATION NO.
DETAIL DESCRIPTION OF COST ELEMENTS					
1. DIRECT MATERIAL (Itemize on Exhibit A)			EST COST (\$)	TOTAL EST COST	REFERENCE
a. PURCHASED PARTS					
b. SUBCONTRACTED ITEMS					
c. OTHER -- (1) RAW MATERIAL					
(2) YOUR STANDARD COMMERCIAL ITEMS					
(3) INTERDIVISIONAL TRANSFERS (At other than cost)					
TOTAL DIRECT MATERIAL					
2. MATERIAL OVERHEAD (Rate %*\$ base = )					
3. DIRECT LABOR (Specify )		ESTIMATED HOURS	RATE/HOUR	EST COST (\$)	
TOTAL DIRECT LABOR					
4. LABOR OVERHEAD (Specify Department or Cost Center)		OH RATE	* BASE =	EST COST (\$)	
TOTAL LABOR OVERHEAD					
5. SPECIAL TESTING (Including field work at Government installations )				EST COST (\$)	
TOTAL SPECIAL TESTING					
6. SPECIAL EQUIPMENT (If direct charge ) (Itemize on Exhibit A )					
7. TRAVEL (If direct charge ) (Give details on attached Schedule )				EST COST (\$)	
a. TRANSPORTATION					
b. PER DIEM OR SUBSISTENCE					
TOTAL TRAVEL					
8. CONSULTANTS (Identify - purpose - rate )				EST COST (\$)	
TOTAL CONSULTANTS					
9. OTHER DIRECT COSTS (Itemize on Exhibit A )				\$	263,873
10. TOTAL DIRECT COST AND OVERHEAD					
11. GENERAL AND ADMINISTRATIVE EXPENSE (Rate of cost element Nos. )					
12. ROYALTIES (FARES)				-\$	128,596
13. TOTAL ESTIMATED COST					
14. FEE OR PROFIT					
15. TOTAL ESTIMATED COST AND FEE OR PROFIT				\$	135,277

OPTIONAL FORM 60

