

EXECUTION

This Fourth Amendment shall become effective upon execution by County.

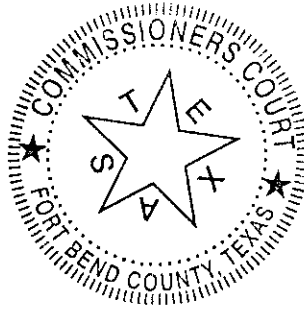
FORT BEND COUNTY, TEXAS:

Robert E. Hebert
Robert E. Hebert, County Judge

April 5, 2016
Date

ATTEST:

Laura Richard
Laura Richard, County Clerk



APPROVED: COUNTY ENGINEER

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

3/29/16
Date

ENGINEER: KLOTZ ASSOCIATES, INC.

Tom Ramsey
Authorized Agent - Signature

March 24, 2016
Date

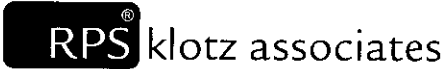
Tom Ramsey Sr VP
Authorized Agent - Printed Name and Title

AUDITOR'S CERTIFICATE

I hereby certify that funds are available in the amount of \$1,318,262³⁶ to accomplish and pay the obligation of the Fort Bend County under this contract.

Robert Ed Sturdivant
Robert Ed Sturdivant, County Auditor

EXHIBIT A



1160 Dairy Ashford, Suite 500, Houston, Texas 77079
T 281 589 7257 E email@klotz.com W www.rpsgroup.com | www.klotz.com

January 13, 2016

Mr. Richard Stolleis, P.E.
Fort Bend County Engineering
301 Jackson Street, 4th Floor
Richmond, Texas 77469

Re: Proposal for Supplemental Services on the 2007 Bond Projects
(PO # 13703)
RPS Klotz Associates Project No.: 0262.014.000

Dear Mr. Stolleis:

I am pleased to submit this proposal to provide project management, engineering, and other general services at the request of Fort Bend County. We propose the following scope and fee on a time and material basis:

Trammel Fresno Project Management and Design Services (746)	\$ 180,000.00
Crabb River Road Project Management (X28)	\$ 70,000.00
SH 99 U-Turns at Harlem Project Management (X27)	\$ 60,000.00
<u>Chimney Rock Extension Project Management (X20)</u>	<u>\$ 10,000.00</u>
Total Services:	\$ 320,000.00

Thank you for the opportunity to submit this proposal and we look forward to successful projects. Should you have any questions, please call me at 281-589-7257.

Sincerely,

Donald M. Durgin, P.E.
Mobility Department Manager

DMD:azm

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY CERTIFICATION OF FILING

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Klotz Associates, Inc. (dba RPS Klotz Associates)
Houston, TX United States

Certificate Number:
2016-30628

Date Filed:
03/24/2016

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Fort Bend County

Date Acknowledged:

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the goods or services to be provided under the contract.

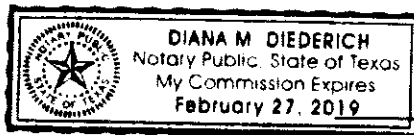
PO13703
2007 Mobility Bond projects within Precincts 1, 2, 3 and 4

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.

6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.



D. Dugan
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Don Dugan, this the 24th day of March, 2016, to certify which, witness my hand and seal of office.

Diana Diederich
Signature of officer administering oath

Diana Diederich
Printed name of officer administering oath

Exec. Admin. Mgr.
Title of officer administering oath

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FORM 1295

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2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
 Fort Bend County

Date Acknowledged:
 04/05/2016

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the goods or services to be provided under the contract.
 PO13703
 2007 Mobility Bond projects within Precincts 1, 2, 3 and 4

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check if there is NO Interested Party.

6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

 Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath