

the property will be required for the benefit of all occupants of the property. Fort Bend County shall pay the sum of **six hundred fifty nine dollars and 67/100 (\$659.67)** per month as compensation for the utilization of offices in **Area 8**.

1.06 C.A.F.B. will provide the individual telephone handsets and wiring for the property. The S.O. will provide any additional equipment for its telephone service and will be responsible for any and all charges associated with the S.O.'s telephone usage. The S.O. will supply all office supplies, furniture and equipment their employees will use in the performance of their duties.

1.07 The offices utilized by S.O. are exclusive to the operation of the S.O. and are subject to rules and operating procedure established by the County and the S.O., save and except those that conflict with C.A.F.B. rules and regulations. In such instances, if any, C.A.F.B. rules and regulations will control.

1.08 Non-exclusive common area of the building (hallways, kitchen, break-out room, conference and meeting rooms, bathroom, etc.) are available to all occupants of the property in conformity with the rules and regulations of C.A.F.B., as may be established from time to time without prior notice to any party.

1.09 C.A.F.B. will provide the S.O. with heat and air conditioning during regular office hours. If after hours or weekend, heat and air conditioning is required, C.A.F.B. reserves the right to be reimbursed the costs associated with such services.

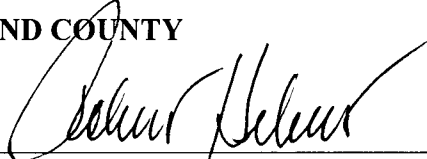
1.10 This Agreement shall be effective **October 1, 2016** and shall remain in effect through **September 30, 2017**, unless terminated by either party giving thirty (30) days written notice to the other party.

EXECUTION PAGE TO FOLLOW

This instrument contains the entire Agreement between the parties relating to the rights herein granted and the obligations herein assumed and supercedes any prior agreements or understandings, either written or oral, between the parties. Any oral representation or modification concerning this instrument is of no force and effect excepting a subsequent modification in writing, signed by both parties hereto.

FORT BEND COUNTY

By:


Robert E. Hebert, County Judge

Date:

12-6-2016

Attest:


Laura Richard, County Clerk

CHILD ADVOCATES OF FORT BEND COUNTY, INC.

By:


Ruthanne Mefford, Executive Director

Date:

11/7/16

Reviewed by


Troy E. Nehls, County Sheriff



Auditor's Certificate

This is to certify that funds are available in the amount of \$ 7916.04 to cover the County's obligation.

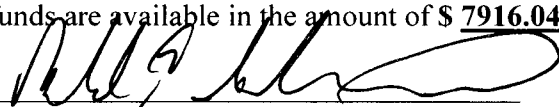

Robert E. Sturdivant, Auditor

Exhibit A: Breakdown of costs

EXHIBIT A

CAFB PARTNER REIMBURSEMENT 2016 (Changes Sept 2016)
 Lease Area Calculations for Partner Reimbursement

Area	Agency	Office SF	%	Common Area Allocation	Total SF	% of Total Bldg Area	Space Reimbursement @ 1.25 SF	Share of Add'l Expenses/ Month*	Total Partner Charge/ Month	Total Partner Charge/ Year
Area 1	CAFB	7,044	64.92%	4,732	11,776	65%	\$6,288.39			
Area 2	District Attys.	1,246	11.48%	837	2,083	11%	\$2,603.88	\$1,098.53	\$3,702.41	\$44,428.89
Area 3	County Attys.	971	8.95%	652	1,623	9%	\$2,029.19	\$856.08	\$2,885.26	\$34,623.16
Area 4	CPS	928	8.55%	623	1,551	9%	\$1,939.32	\$740.10	\$2,679.42	\$32,153.06
Area 5	CASA (CAFB)	109	1.00%	73	182	1%	\$227.79	\$96.10	\$323.89	\$3,886.64
Area 6	Viewing Room	115	1.06%	77	193	1%	\$240.93	\$101.64	\$342.58	\$4,110.92
Area 7	CAFB	216	1.99%	145	360	2%	\$450.60	\$190.10	\$640.70	\$7,688.41
Area 8	FBCSO	111	1.02%	75	186	1%	\$231.97	\$97.86	\$329.83	\$3,957.95
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Net SF		10,851	100.00%	7,290	18,141	100%	\$7,955.64	\$9,566.67	\$11,233.92	\$134,807.09
Common Area		7,290								
Gross SF		18,141								

*ADDITIONAL EXPENSES TO BE SHARED:

	BUDGETED AMT
WATER	\$4,800.00
ELECTRIC	\$27,000.00
SECURITY	\$4,500.00
BUILDING MAINT - includes Janitor, lawn service, phone, pest service, property insurance & bldg. repairs	\$78,500.00
TOTAL:	\$114,800.00
	Estimate
Janitor	\$19,000.00
Lawn	\$9,300.00
Phone	\$18,000.00
Bldg. Repairs & Supplies	\$21,000.00
Property Insurance	\$11,200.00
Total	\$78,500.00

10/1/16 # 659.67

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.
Fort Bend County Child Advocates, Inc.
Rosenberg, TX United States

Certificate Number:
2016-133569

Date Filed:
11/07/2016

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

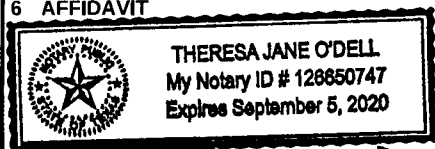
Date Acknowledged:

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 services, goods, or other property to be provided under the contract.
14384
Child Advocates of Fort Bend, Inc.

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.

Ruthanne Mefford

Signature of authorized agent of contracting business entity

Theresa Jane O'Dell
AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Ruthanne Mefford*, this the *7th* day of *November*, 20*16*, 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

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Rosenberg, TX United States

Certificate Number:
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Date Filed:
11/07/2016

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:
12/06/2016

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 services, goods, or other property to be provided under the contract.
14384
Child Advocates of Fort Bend, Inc.

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.

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