

STATE OF TEXAS §
 §
 COUNTY OF FORT BEND §

RENEWAL
AGREEMENT BETWEEN FORT BEND COUNTY
AND CHILD ADVOCATES OF FORT BEND COUNTY, INC.

This Agreement is made on this day by and between Fort Bend County (hereinafter referred to as "County"), a body corporate and politic, acting herein by and through its Commissioners' Court, and Child Advocates of Fort Bend County, Inc. (hereinafter referred to as "C.A.F.B.").

WHEREAS, C.A.F.B. occupies the building (hereinafter referred to as "property") located at 5403 Avenue N. Rosenberg, Texas; and

WHEREAS, C.A.F.B. operates the property so that all partner agencies are afforded office space to serve their needs and the needs of the children of Fort Bend County; and

WHEREAS, C.A.F.B. and County see a mutual benefit of having representatives of the Fort Bend County District Attorney's Office (hereinafter referred to as "D.A.") and the Fort Bend County Attorney's Office (hereinafter referred to as "C.A.") housed on-site at the C.A.F.B. property; and

WHEREAS, County has determined that this Agreement serves a public purpose.

NOW THEREFORE, KNOW ALL MEN BY THESE PRESENTS, that in consideration of the mutual covenants, agreements and benefits hereinafter set forth, the County and C.A.F.B mutually agree:

1.01 The building at 5403 Avenue N. Rosenberg, Texas is owned by C.A.F.B., including all contents, and shall remain the sole property of the C.A.F.B., save and except that furniture and equipment moved onto the property by the D.A. and C.A. offices. C.A.F.B. has the exclusive right to determine any and all rules, requirements, operating procedures, architectural design control, and decorating decisions with regard to the property.

1.02 C.A.F.B. will appoint a representative to make all decisions with regard to the operation (as the term "operation" is used in its broadest sense) of the property. Until notified otherwise in writing, the Executive Director of C.A.F.B. is the representative for making such decisions.

1.03 The relationship between C.A.F.B., the D.A. and C.A. Offices is not one of landlord/tenant. The D.A. and the C.A., its employees, representatives, agents or anyone on the property for the purpose of transacting business or meeting with the D.A. or C.A. are deemed to be licensees of the C.A.F.B.

1.04 The D.A. and C.A. will insure its own property. C.A.F.B.'s general liability, fire and extended coverage policies of insurance, and all other policies of insurance are for its sole benefit and protection.

1.05 While the relationship between C.A.F.B., D.A. and C.A. is not one of landlord/tenant, the parties to this Agreement recognize that certain expenses incurred in the operation, maintenance and

repair of the property will be required for the benefit of all occupants of the property. Fort Bend County shall pay the sum of **\$6,587.67** per month (\$3,702.41 for D.A. and \$2,885.26 for the C.A.) as compensation for the utilization of offices.

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

1.07 The offices utilized by D.A. and C.A. are exclusive to the operation of the D.A. and C.A. offices and are subject to rules and operating procedure established by the D.A. and C.A., 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.

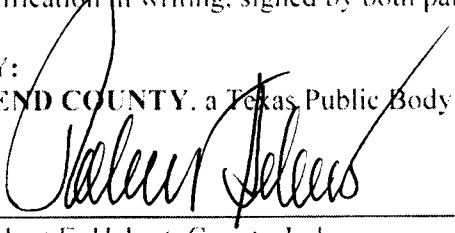
1.09 C.A.F.B. will provide D.A. and C.A. with heat and air conditioning during regular office hours. If after hours or weekend, heat and air conditioning is required, C.A.F.B. reserves the right to be reimbursed the costs associated with such services.

1.10 This Agreement shall be effective **October 1, 2017** and shall remain in effect through **September 30, 2018**, 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.

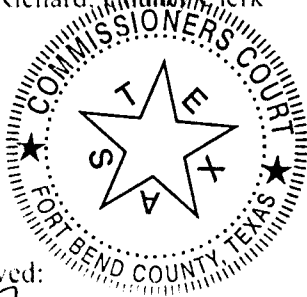
COUNTY:
FORT BEND COUNTY, a Texas Public Body

By: 
Robert E. Hebert, County Judge
Fort Bend County Commissioners Court


Date: 10-24-2017

Attest:


Laura Richard, County Clerk

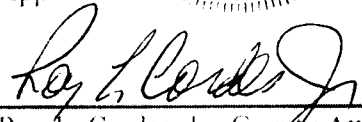


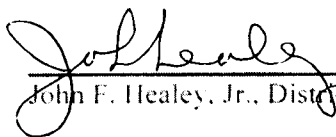
CHILD ADVOCATES OF FORT BEND COUNTY, INC.

By: 
Ruthanne Mefford, Executive Director

Date: _____

Approved:


Roy L. Cordes, Jr., County Attorney


John F. Healey, Jr., District Attorney

Auditor's Certificate

This is to certify that funds are available in the amount of **\$79,052.05** to cover the County's obligation.

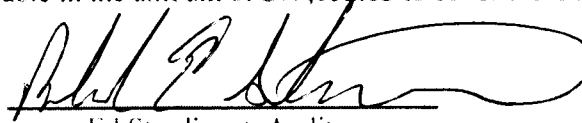

Ed Sturdivant, Auditor

Exhibit A: Breakdown of costs

Exhibit A

CASE PARTNER REIMBURSEMENT 2017
Lower Area Calculation for Partner Reimbursement

Area	Agency	Office SF	%	Common Area		Total SF	Total Area	Share of Common Area Expenses @ 1.25 %	Total Partner Charges/Year	Last Year 2015
				Allocation	Area					
Area 1	CR 10	2,044	66.54%	4,133	11,463	15,597	15,597	\$3,258.74	\$3,258.74	\$ 46,428.89
Area 2	United A.M.	248	11.95%	317	2,083	2,399	2,399	\$453.03	\$453.03	\$ 36,028.16
Area 3	Crucy A.M.	911	36.95%	636	1,523	2,159	2,159	\$453.03	\$453.03	\$ 32,580.08
Area 4	433	926	18.95%	523	1,587	2,110	2,110	\$453.03	\$453.03	\$ 33,956.54
Area 5	CASA (248)	150	10.15%	71	583	753	753	\$168.94	\$168.94	\$ 11,460.22
Area 6	WATER FRONT	713	10.75%	71	583	753	753	\$168.94	\$168.94	\$ 11,460.22
Area 7	CR 10	716	12.97%	348	385	734	734	\$168.94	\$168.94	\$ 11,460.22
Area 8	CR 10	111	10.95%	348	385	734	734	\$168.94	\$168.94	\$ 11,460.22
Area 9	CR 10	111	10.95%	348	385	734	734	\$168.94	\$168.94	\$ 11,460.22
Area 10	CR 10	111	10.95%	348	385	734	734	\$168.94	\$168.94	\$ 11,460.22
Area 11	CR 10	111	10.95%	348	385	734	734	\$168.94	\$168.94	\$ 11,460.22
Area 12	CR 10	111	10.95%	348	385	734	734	\$168.94	\$168.94	\$ 11,460.22
Area 13	CR 10	111	10.95%	348	385	734	734	\$168.94	\$168.94	\$ 11,460.22
Area 14	CR 10	111	10.95%	348	385	734	734	\$168.94	\$168.94	\$ 11,460.22
Area 15	CR 10	111	10.95%	348	385	734	734	\$168.94	\$168.94	\$ 11,460.22
Area 16	CR 10	111	10.95%	348	385	734	734	\$168.94	\$168.94	\$ 11,460.22
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Area 19	CR 10	111	10.95%	348	385	734	734	\$168.94	\$168.94	\$ 11,460.22
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Area 22	CR 10	111	10.95%	348	385	734	734	\$168.94	\$168.94	\$ 11,460.22
Area 23	CR 10	111	10.95%	348	385	734	734	\$168.94	\$168.94	\$ 11,460.22
Area 24	CR 10	111	10.95%	348	385	734	734	\$168.94	\$168.94	\$ 11,460.22
Area 25	CR 10	111	10.95%	348	385	734	734	\$168.94	\$168.94	\$ 11,460.22
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Area 28	CR 10	111	10.95%	348	385	734	734	\$168.94	\$168.94	\$ 11,460.22
Area 29	CR 10	111	10.95%	348	385	734	734	\$168.94	\$168.94	\$ 11,460.22
Area 30	CR 10	111	10.95%	348	385	734	734	\$168.94	\$168.94	\$ 11,460.22
Area 31	CR 10	111	10.95%	348	385	734	734	\$168.94	\$168.94	\$ 11,460.22
Area 32	CR 10	111	10.95%	348	385	734	734	\$168.94	\$168.94	\$ 11,460.22
Area 33	CR 10	111	10.95%	348	385	734	734	\$168.94	\$168.94	\$ 11,460.22
Area 34	CR 10	111	10.95%	348	385	734	734	\$168.94	\$168.94	\$ 11,460.22
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Area 41	CR 10	111	10.95%	348	385	734	734	\$168.94	\$168.94	\$ 11,460.22
Area 42	CR 10	111	10.95%	348	385	734	734	\$168.94	\$168.94	\$ 11,460.22
Area 43	CR 10	111	10.95%	348	385	734	734	\$168.94	\$168.94	\$ 11,460.22
Area 44	CR 10	111	10.95%	348	385	734	734	\$168.94	\$168.94	\$ 11,460.22
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Area 62	CR 10	111	10.95%	348	385	734	734	\$168.94	\$168.94	\$ 11,460.22
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Area 79	CR 10	111	10.95%	348	385	734	734	\$168.94	\$168.94	\$ 11,460.22
Area 80	CR 10	111	10.95%	348	385	734	734	\$168.94	\$168.94	\$ 11,460.22
Area 81	CR 10	111	10.95%	348	385	734	734	\$168.94	\$168.94	\$ 11,460.22
Area 82	CR 10	111	10.95%	348	385	734	734	\$168.94	\$168.94	\$ 11,460.22
Area 83	CR 10	111	10.95%	348	385	734	734	\$168.94	\$168.94	\$ 11,460.22
Area 84	CR 10	111	10.95%	348	385	734	734	\$168.94	\$168.94	\$ 11,460.22
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Area 99	CR 10	111	10.95%	348	385	734	734	\$168.94	\$168.94	\$ 11,460.22
Area 100	CR 10	111	10.95%	348	385	734	734	\$168.94	\$168.94	\$ 11,460.22
Area 101	CR 10	111	10.95%	348	385	734	734	\$168.94	\$168.94	\$ 11,460.22
Area 102	CR 10	111	10.95%	348	385	734	734	\$168.94	\$168.94	\$ 11,460.22
Area 103	CR 10	111	10.95%	348	385	734	734	\$168.94	\$168.94	\$ 11,460.22
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Area 110	CR 10	111	10.95%	348	385	734	734	\$168.94	\$168.94	\$ 11,460.22
Area 111	CR 10	111	10.95%	348	385	734	734	\$168.94	\$168.94	\$ 11,460.22
Area 112	CR 10	111	10.95%	348	385	734	734	\$168.94	\$168.94	\$ 11,460.22

ADDITIONAL EXPENSES TO BE CHARGED	EXPENSES TO BE CHARGED
1. REPAIRS 2. BUILDINGS MAINT. - include Jan. M. floor service, phone, fire service activity 3. Misc. service & misc. activity	\$5,000.00 \$2,000.00 \$4,000.00 \$11,000.00
TOTAL	\$14,000.00
1. Laborer 2. Clean 3. Phone 4. Equip. Repairs & Supplies 5. Police & Insurance	\$1,000.00 \$1,000.00 \$1,000.00 \$2,000.00 \$2,000.00

On 20th January 1991, the "Tourist" began to fly over

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

Certificate Number:
2017-269675

Date Filed:
10/09/2017

Date Acknowledged:

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

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

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

Agreement for use of office space- District Attorney and County Attorney

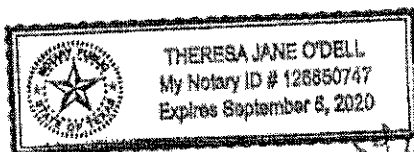
4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Ruthanne McFFord
Signature of authorized agent of contracting business entity

Sworn to and subscribed before me, by the said *Ruthanne McFFord* this the 9 day of October 2017, 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

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:
2017-269675

Date Filed:
10/09/2017

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:
10/24/2017

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
Agreement for use of office space- District Attorney and County Attorney

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