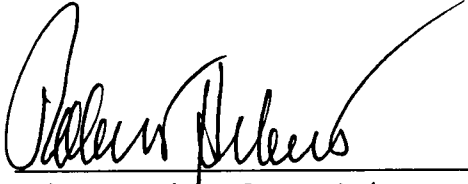




Except as provided herein, all terms and conditions of the Agreement shall remain unchanged.

FORT BEND COUNTY

FIRST TRANSIT, INC.



Robert E. Hebert, County Judge

1-2-2018

  
Authorized Agent- Signature

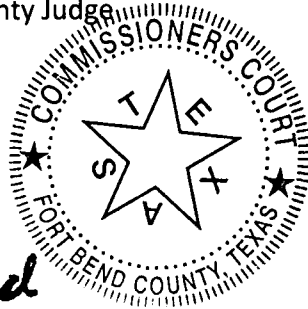
John Mathews  
Authorized Agent- Printed Name

Senior Vice President  
Title

12/20/17  
Date

ATTEST:

  
Laura Richard, County Clerk



**AUDITOR'S CERTIFICATE**

I hereby certify that funds in the amount of \$ 5,000,000.00 are available to pay the obligation of Fort Bend County within the foregoing Agreement.


  
Robert E. Sturdivant, County Auditor

EXHIBIT A: 6<sup>th</sup> Amendment New Rate Schedule  
EXHIBIT B: Transportation Agreement with First Transit including:  
First Amendment to Transportation Agreement,  
Second Amendment to Transportation Agreement,  
Third Amendment to Transportation Agreement,  
Fourth Amendment to Transportation Agreement and  
Fifth Amendment to Transportation Agreement



# EXHIBIT A

m

2

| SERVICE DESCRIPTION                                       | AUGUST 1, 2013 THROUGH SEPTEMBER 30, 2013 |                                  | SEPTEMBER 1, 2013 THROUGH DECEMBER 31, 2013 |                                  | SEPTEMBER 1, 2013 THROUGH DECEMBER 31, 2013 |                                  | SEPTEMBER 1, 2013 THROUGH DECEMBER 31, 2013 |                                  | SEPTEMBER 1, 2013 THROUGH DECEMBER 31, 2013 |                                  | SEPTEMBER 1, 2013 THROUGH DECEMBER 31, 2013 |                                  | SEPTEMBER 1, 2013 THROUGH DECEMBER 31, 2013 |                                  | SEPTEMBER 1, 2013 THROUGH DECEMBER 31, 2013 |                                  | SEPTEMBER 1, 2013 THROUGH DECEMBER 31, 2013 |                                  | SEPTEMBER 1, 2013 THROUGH DECEMBER 31, 2013 |                                  |
|---|---|----------------------------------|---|----------------------------------|---|----------------------------------|---|----------------------------------|---|----------------------------------|---|----------------------------------|---|----------------------------------|---|----------------------------------|---|----------------------------------|---|----------------------------------|
|   | CONTRACTOR VEHICLE                        | TRIP COUNTY VEHICLE              | CONTRACTOR VEHICLE                          | TRIP COUNTY VEHICLE              | CONTRACTOR VEHICLE                          | TRIP COUNTY VEHICLE              | CONTRACTOR VEHICLE                          | TRIP COUNTY VEHICLE              | CONTRACTOR VEHICLE                          | TRIP COUNTY VEHICLE              | CONTRACTOR VEHICLE                          | TRIP COUNTY VEHICLE              | CONTRACTOR VEHICLE                          | TRIP COUNTY VEHICLE              | CONTRACTOR VEHICLE                          | TRIP COUNTY VEHICLE              | CONTRACTOR VEHICLE                          | TRIP COUNTY VEHICLE              | CONTRACTOR VEHICLE                          | TRIP COUNTY VEHICLE              |
| ALL SERVICES - RATE PER VEHICLE PER SERVICE HOUR          |   |                                  |   |                                  |   |                                  |   |                                  |   |                                  |   |                                  |   |                                  |   |                                  |   |                                  |   |                                  |
| COMBINED COUNTY OWNED/CONTRACTOR OWNED FACILITY           | RESPONSE POINT DEVIATION                  | FIELD ROUTE COMMUTER PARK & RIDE | RESPONSE POINT DEVIATION                    | FIELD ROUTE COMMUTER PARK & RIDE | RESPONSE POINT DEVIATION                    | FIELD ROUTE COMMUTER PARK & RIDE | RESPONSE POINT DEVIATION                    | FIELD ROUTE COMMUTER PARK & RIDE | RESPONSE POINT DEVIATION                    | FIELD ROUTE COMMUTER PARK & RIDE | RESPONSE POINT DEVIATION                    | FIELD ROUTE COMMUTER PARK & RIDE | RESPONSE POINT DEVIATION                    | FIELD ROUTE COMMUTER PARK & RIDE | RESPONSE POINT DEVIATION                    | FIELD ROUTE COMMUTER PARK & RIDE | RESPONSE POINT DEVIATION                    | FIELD ROUTE COMMUTER PARK & RIDE | RESPONSE POINT DEVIATION                    | FIELD ROUTE COMMUTER PARK & RIDE |
|   | \$50.91                                   | \$59.04                          | \$49.01                                     | \$47.74                          | \$58.03                                     | \$56.35                          | \$46.69                                     | \$44.91                          | \$55.97                                     | \$54.19                          | \$44.63                                     | \$43.85                          | \$52.80                                     | \$51.12                          | \$43.10                                     | \$40.82                          | \$52.89                                     | \$52.74                          | \$42.19                                     | \$41.54                          |
| TAKE COMMUTER SERVICE - RATE PER VEHICLE PER SERVICE HOUR |   |                                  |   |                                  |   |                                  |   |                                  |   |                                  |   |                                  |   |                                  |   |                                  |   |                                  |   |                                  |
| COMBINED COUNTY OWNED/CONTRACTOR OWNED FACILITY           |   |                                  |   |                                  |   |                                  |   |                                  |   |                                  |   |                                  |   |                                  |   |                                  |   |                                  |   |                                  |
| GUARANTEED RIDE HOME RATE                                 |   |                                  |   |                                  |   |                                  |   |                                  |   |                                  |   |                                  |   |                                  |   |                                  |   |                                  |   |                                  |
| PRICE PER TRIP FOR REGISTER USERS                         | \$45.00                                   | \$45.00                          | \$45.00                                     | \$45.00                          | \$45.00                                     | \$45.00                          | \$45.00                                     | \$45.00                          | \$45.00                                     | \$45.00                          | \$45.00                                     | \$45.00                          | \$45.00                                     | \$45.00                          | \$45.00                                     | \$45.00                          | \$45.00                                     | \$45.00                          | \$45.00                                     | \$45.00                          |

# 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:  
2017-295829

Date Filed:  
12/20/2017

Date Acknowledged:

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

First Transit, Inc  
Cincinnati, OH 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

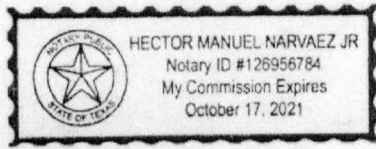
3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

RFP 11-079  
Bus Service

| 4 | Name of Interested Party | City, State, Country (place of business) | Nature of interest<br>(check applicable) |              |
|---|--------------------------|--|--|--------------|
|   |                          |  | Controlling                              | Intermediary |
|   |                          |  |  |              |
|   |                          |  |  |              |
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|   |                          |  |  |              |
|   |                          |  |  |              |

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.



*md hr*  
\_\_\_\_\_  
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Michael David Honer, this the 20<sup>th</sup> day of December 20 17, to certify which, witness my hand and seal of office.

*[Signature]* Signature of officer administering oath  
 Hector M. Narvaez Jr. Printed name of officer administering oath  
 Notary Public of Texas Title of officer administering oath

# CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

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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

**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.**

RFP 11-079  
Bus Service

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

**5 Check only if there is NO Interested Party.**

**6 UNSWORN DECLARATION**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of authorized agent of contracting business entity  
(Declarant)