

STATE OF TEXAS                   §  
   §  
 COUNTY OF FORT BEND       §

**FY19 RENEWAL AGREEMENT BETWEEN FORT BEND COUNTY  
 AND CHILD ADVOCATES OF FORT BEND COUNTY, INC.,  
 FOR LEASE SPACE FOR FORT BEND COUNTY SHERIFF'S OFFICE**

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."), a 501(c)(3) non-profit organization.

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 Sheriff's Office (hereinafter referred to as "S.O.") 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 S.O. 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. and the S.O. is not one of landlord/tenant. The Sheriff, his employees, representatives, agents or anyone on the property for the purpose of transacting business or meeting with the S.O. are deemed to be licensees of the C.A.F.B.

**1.04** The S.O. 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. and the S.O. 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 **SEVEN HUNDRED SEVENTY FIVE DOLLARS AND 99/100 (\$775.99)** 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.

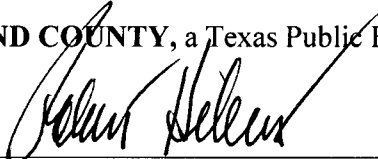
**1.10** This Agreement shall be effective **October 1, 2018** and shall remain in effect through **September 30, 2019**, unless terminated by either party giving thirty (30) days written notice to the other party.

*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, a Texas Public Body**

By:

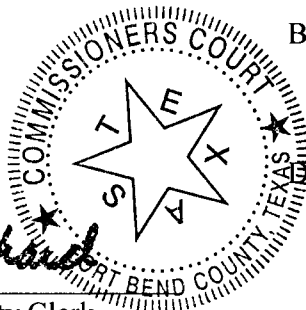
  
Robert E. Hebert, County Judge  
Fort Bend County Commissioners Court

Date:

11-27-2018

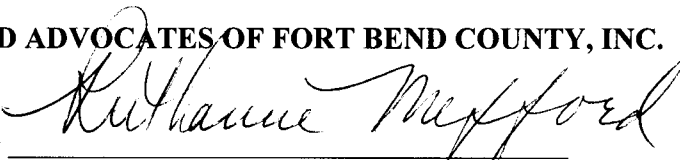
Attest:

  
Laura Richard, County Clerk



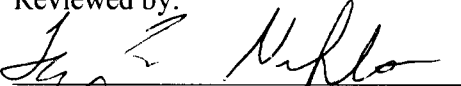
**CHILD ADVOCATES OF FORT BEND COUNTY, INC.**

By:

  
Ruthanne Mefford, Executive Director

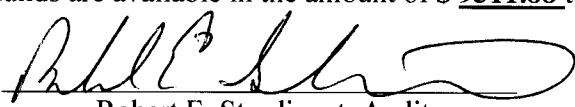
Date:

Reviewed by:

  
Troy E. Nehls, County Sheriff

**Auditor's Certificate**

This is to certify that funds are available in the amount of \$ **9311.88** to cover the County's obligation.

  
Robert E. Sturdivant, Auditor

**Exhibit A: Breakdown of costs**

**CAFB PARTNER REIMBURSEMENT 2018**  
**Lease Area Calculations for Partner Reimbursement**

						%of Total Bldg Area	Space Reimburs ement @ 1.50 SF	Share of Add'l Expenses/ Month*	Total Partner Charge/ Month	Total Partner Charge/ Year
Agency	Office SF	%	Common Area Allocation	Total SF						
Area 1	CAFB	7,044	64.92%	4,732	11,776	64.92%		\$6,956.86		
Area 2	District Attys.	1,246	11.48%	837	2,083	11.48%	\$3,124.65	\$1,230.58	\$4,355.24	\$52,262.84
Area 3	County Attys.	971	8.95%	652	1,623	8.95%	\$2,435.02	\$958.99	\$3,394.01	\$40,728.10
Area 4	CPS	928	8.55%	623	1,551	8.55%	\$2,327.19	\$916.52	\$3,243.71	\$38,924.49
Area 5	CASA (CAFB)	109	1.00%	73	182	1.00%	\$273.34	\$107.65	\$381.00	\$4,571.95
Area 6	Viewing Room	115	1.06%	77	193	1.06%	\$289.12	\$113.86	\$402.98	\$4,835.78
Area 7	CAFB	216	1.99%	145	360	1.99%	\$540.72	\$212.95	\$753.67	\$9,044.07
Area 8	FBCSO	111	1.02%	75	186	1.02%	\$278.36	\$109.63	\$387.99	\$4,655.84
Area 8	FBCSO	111	1.02%	75	186	1.02%	\$278.36	\$109.63	\$388.00	\$4,655.96
Net SF		10,851	100.00%	7,290	18,141	100%	\$9,546.77	\$10,716.67	\$13,306.59	\$159,679.02
Common Area		7,290								
Gross SF		18,141								

**\*ADDITIONAL EXPENSES TO BE SHARED:**

**BUDGETED AMT**

WATER	\$5,600.00
ELECTRIC	\$23,000.00
SECURITY	\$3,500.00
BUILDING MAINT - includes Janitor, lawn service, phone, pest service, property insurance & bldg. repairs	\$96,500.00
<b>TOTAL:</b>	<b>\$128,600.00</b>
	<b>Estimate</b>
Janitor	\$18,500.00
Lawn	\$8,000.00
Phone	\$21,000.00
Bldg.Repairs & Supplies	\$34,000.00
Property Insurance	\$15,000.00
<b>Total</b>	<b>\$96,500.00</b>

# 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:  
2018-425797

Date Filed:  
11/14/2018

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:  
11/27/2018

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  
Lease of Office Space (Area 8)

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 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)