

STATE OF TEXAS §
 §
 COUNTY OF FORT BEND §

**FIRST AMENDMENT TO
 AGREEMENT FOR EMPLOYEE ALCOHOL AND DRUG TESTING RFP 19-001**

This FIRST AMENDMENT OF THE AGREEMENT FOR EMPLOYEE ALCOHOL AND DRUG TESTING RFP 19-001 made and entered into by and between FORT BEND COUNTY, TEXAS, a body politic, acting herein by and through its Commissioners Court and DISA Global Solutions, Inc. (fka Houston Medical Testing Services, Inc. and hereinafter "Contractor"), a company authorized to conduct business in the State of Texas.

RECITALS

WHEREAS, on or about August 14, 2018, the Parties entered in an AGREEMENT FOR EMPLOYEE ALCOHOL AND DRUG TESTING RFP 19-001 which is hereby incorporated by reference.

WHEREAS, the Parties now desire to amend a certain portion of the Agreement; and

NOW THEREFORE, for and in consideration of the mutual benefits to be derived by the parties hereto, County, and Contractor agree as follows:

- I. Any references in the Agreement to "Houston Medical Testing Services, Inc." or similar shall mean and refer to "DISA Global Solutions, Inc." upon whom all duties, obligations, and responsibilities imposed upon Houston Medical Testing Services, Inc. under the Agreement shall be imposed upon DISA Global Solutions, Inc. All agreements and representations made by Houston Medical Testing Services, Inc. in the Agreement shall be the agreements and representations of DISA Global Solutions, Inc.
- II. Section 5. "Term" is amended to reflect that this Agreement does not automatically renew; however, the Agreement is renewed for an additional one-year term beginning October 1, 2019 through September 30, 2020. The Agreement may be renewed for additional one-year terms each October 1 through September 30, 2023 under the same terms and conditions if agreed to in writing by the Parties.
- III. Terms, conditions and pricing shall remain the same as in the Agreement except that the maximum compensation available is increased to an amount not to exceed \$67,000.00 for services provided for the 2019-2020 term, with total compensation not to exceed \$139,000.00 for all services provided from first execution through the termination of this Amendment.

IV. Except as modified herein, any prior executed document remain in full force and effect and has not been modified or amended. In the event of conflict, the contents of the most recently executed document shall prevail.

V. Execution

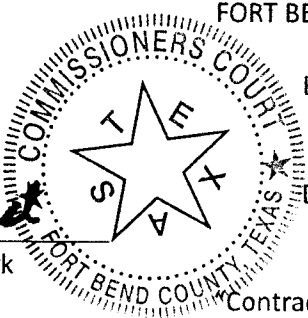
IN TESTIMONY OF WHICH, THIS AMENDMENT shall be effective upon execution of all parties.

ATTEST:
Laura Richard
Laura Richard, County Clerk

“County”
FORT BEND COUNTY

By: KP George
KP George, County Judge

Date: 9-24-2019



“Contractor”
DISA Global Solutions, Inc.

By: HMBS
Noel Trevino

Name: Noel Trevino

Title: Reg Mgr.

Date: 9/20/19

ATTEST:

Name

Date: _____

AUDITOR'S CERTIFICATE

I hereby certify that funds are available in the amount of \$ 67,000.00 to accomplish and pay the obligation of Fort Bend County under this contract.

Robert Ed Sturdivant
Robert Ed Sturdivant, County Auditor

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:
 2019-544242

Date Filed:
 09/25/2019

Date Acknowledged:
 09/25/2019

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

DISA Global Solutions, Inc.
 Houston, 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.

R19-001
 Employee Drug & Alcohol Testing

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)