

STATE OF TEXAS §
 §
 COUNTY OF FORT BEND §

**SECOND AMENDMENT [RENEWAL] TO AGREEMENT FOR CONTINGENCY
 MEDICAL STAFF SERVICES BETWEEN FORT BEND COUNTY AND
 DONALD L. MOONEY ENTERPRISES LLC DBA NURSES'S ETC STAFFING
 PURSUANT TO RFP 17-030**

THIS SECOND AMENDMENT is made and entered into by and between Fort Bend County, (hereinafter "County"), a body corporate and politic under the laws of the State of Texas, and Donald L. Mooney Enterprises, LLC DBA Nurse's Etc. Staffing (hereinafter "Contractor"), a company authorized to conduct business in the State of Texas.

WITNESSETH

WHEREAS, the parties have executed and accepted that Agreement for Contingency Medical Staff Services (hereinafter "Agreement") pursuant to RFP 17-030, on or about January 10, 2017 ("Agreement"), and renewed on July 24, 2018, and incorporated by reference as if set herein verbatim;

WHEREAS, County and Contractor desire to renew the Agreement for a second term as provided herein.

NOW, THEREFORE, in consideration of the foregoing, the Agreement between County and Contractor is hereby renewed and amended to provide as follows:

- A. **Term.** This Agreement shall renew on October 1, 2019 and shall terminate on September 30, 2020, unless terminated sooner as provided in the Agreement. Thereafter, this Agreement may be renewable annually for three (3) years (through September 30, 2022) under the same pricing, if mutually agreeable in writing by both parties.
- B. **Non-appropriation.** It is specifically understood and agreed that in the event no funds or insufficient funds are appropriated by Fort Bend County under this Agreement, Fort Bend County shall notify all necessary parties that this Agreement shall thereafter terminate and be null and void on the last day of the fiscal period for which appropriations were made without penalty, liability or expense to Fort Bend County.
- C. **Conflict.** Except as modified herein, the Agreement remains in full force and effect and has not been modified or amended. If there is a conflict between this Second

Amendment and the Agreement and any prior amendments, the provisions of this Second Amendment shall prevail.

IN WITNESS WHEREOF, the parties hereto have signed or have caused their respective names to be signed to multiple counterparts to be effective on the 12th day of August, 2019. 24 September

FORT BEND COUNTY

DONALD L. MOONEY ENTERPRISES LLC
DBA NURSE'S ETC STAFFING

KP George
KP George, County Judge

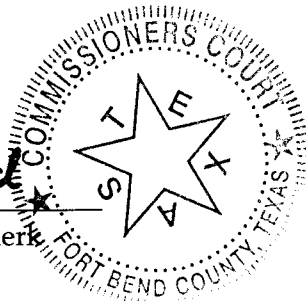
Daniel V. Moore
Authorized Agent- Signature

9-24-2019
Date

Daniel V. Moore
Authorized Agent- Printed Name

ATTEST:

Laura Richard
Laura Richard, County Clerk



COO
Title
08/12/2019
Date

AUDITOR'S CERTIFICATE

I hereby certify that funds are available in the amount of \$100,000.00 to accomplish and pay the obligation of Fort Bend County under this contract.

Robert Edward Sturdivant
Robert Edward Sturdivant, County Auditor

AS PER ORIGINAL

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:
2019-532133

Date Filed:
08/22/2019

Date Acknowledged:
09/24/2019

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
Donald L Mooney Enterprises, LLC dba NURSES Etc ST
San Antonio, 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.
R17-030
Term Contract for Medical Staff Services

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Mooney, Donald	San Antonio, TX United States	X	

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)