

**STATE OF TEXAS****COUNTY OF FORT BEND****AMENDMENT TO AGREEMENT FOR CLINIC SERVICES**

This AMENDMENT ("Amendment") is entered into by and between Fort Bend County, Texas, a body corporate and politic acting herein by and through its Commissioners Court ("County"), and Fort Bend County Family Health Center Inc., dba AccessHealth ("AccessHealth").

WHEREAS, the County and AccessHealth executed the AGREEMENT FOR CLINIC SERVICES ("Agreement") on or about December 20, 2016, amended on November 6, 2018 and again on February 13, 2018, all of which are incorporated herein by reference;

WHEREAS, the County and AccessHealth would like to extend the Agreement an additional twelve (12) months, through September 30, 2020.;

WHEREAS, the following changes are incorporated as if a part of the original Agreement incorporated by reference in the same as if fully set forth verbatim herein:

1. **Term.** The time for performance of the Services under the Agreement is extended from October 1, 2019 – September 30, 2020.
2. **Compensation.** The Maximum Compensation for the performance of Services under this Amendment is one million two hundred seven thousand eight hundred forty-one dollars and no/100 (\$1,207,841.00) for services beginning October 1, 2019. In no case shall the amount paid by County under this Agreement exceed the Maximum Compensation without an approved change order.
3. **Agreement to Not Boycott Israel Chapter 2270 Texas Government Code:** By signature below, Contractor verifies Contractor does not boycott Israel and will not boycott Israel during the term of this Agreement.
4. **Texas Government Code Section 2251.152 Acknowledgment:** By signature below, Contractor represents pursuant to Section 2252.152 of the Texas Government Code, that Contractor is not listed on the website of the Comptroller of the State of Texas concerning the listing of companies that are identified under Section 806.051, Section 807.051 or Section 2253.153.
5. **Understanding, Fair Construction.** By execution of this Amendment, the parties acknowledge that they have read and understood each provision, term and obligation contained in this Amendment. This Amendment, although drawn by one party, shall be construed fairly and reasonably and not more strictly against the drafting party than the nondrafting party.

All terms and conditions of the Agreement, including any addenda, not modified herein shall remain in full force and effect for the term of Agreement. If there is a conflict between this Amendment and the Agreement, the provisions of this Amendment shall prevail with regard to the conflict.

*Execution page follows*

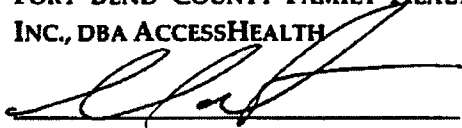
**Remainder left blank**

IN WITNESS WHEREOF, this Amendment is signed, accepted, and agreed to by all parties by and through the parties or their agents or authorized representatives. All parties hereby acknowledge that they have read and understood this Amendment and the attachments and exhibits hereto. All parties further acknowledge that they have executed this legal document voluntarily and of their own free will.

**FORT BEND COUNTY**

**FORT BEND COUNTY FAMILY HEALTH CENTER  
INC., DBA ACCESSHEALTH**





Grady Prestage, Commissioner, Precinct 2  
Presiding Officer, Commissioners Court, November 26, 2019

Authorized Agent-Signature

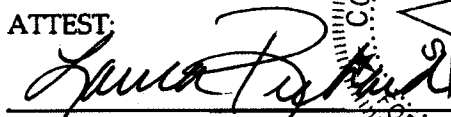
MICHAEL R. DAWSON

Authorized Agent-Printed Name

Date

C.E.O.

ATTEST:

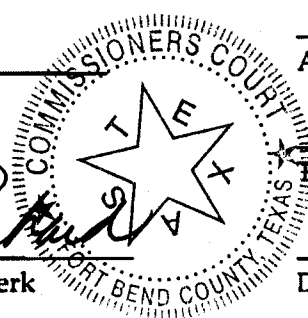


Laura Richard, County Clerk

Title

11/6/19

Date



**AUDITOR'S CERTIFICATE**

I hereby certify that funds in the amount of \$ 1,207,841.00 are available to pay the obligation of Fort Bend County within the foregoing Amendment.



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:  
 2019-558500

Date Filed:  
 11/05/2019

Date Acknowledged:  
 11/26/2019

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**  
 Fort Bend Family Health Center, Inc.  
 Richmond, 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.**  
 13552  
 Fort Bend Family Health Center, Inc.

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)