

STATE OF TEXAS           §  
  §  
COUNTY OF FORT BEND    §

**SECOND AMENDMENT TO AGREEMENT FOR DRAINAGE REVIEW ASSISTANCE  
BETWEEN FORT BEND COUNTY DRAINAGE DISTRICT AND FREESE AND NICHOLS, INC.**

**THIS SECOND AMENDMENT**, is made and entered into by and between Fort Bend County Drainage District, (hereinafter "Drainage District"), a body corporate and politic under the laws of the State of Texas, and Freese and Nichols, Inc. (hereinafter "Consultant"), a company authorized to conduct business in the State of Texas.

WHEREAS, the parties executed and accepted that certain Agreement for Professional Engineering Services on December 10, 2019 (hereinafter "Agreement"), and as amended on April 17, 2020, (hereinafter "Amendment"); and

WHEREAS, the parties desire to amend the Agreement and increase the total Maximum Compensation for the completion of Services;

**NOW, THEREFORE**, the parties do mutually agree as follows:

1. The Maximum Compensation payable to Contractor for Services rendered is hereby increased to an amount not to exceed one hundred twenty-five thousand dollars and 00/100 (\$125,000.00), authorized as follows:
  - \$50,000.00 under the Agreement; and
  - \$40,000.00 under the First Amendment;
  - \$35,0000.00 under the Second Amendment.
  
2. In no case shall the amount paid by the County for all Services under the Agreement and this Second Amendment exceed the Maximum Compensation without further written agreement.

Except as provided herein, the parties agree that all terms and conditions of the Agreement remain unchanged.

*{Execution Page Follows}  
{Remainder Intentionally Left Blank}*

FORT BEND COUNTY DRAINAGE DISTRICT

FRESE AND NICHOLS, INC.

*KP George*

*Michael Reedy*

\_\_\_\_\_  
KP George, County Judge

\_\_\_\_\_  
Michael Reedy

8/11/2020

**07/31/2020**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

ATTEST:

*Laura Richard*



\_\_\_\_\_  
Laura Richard, County Clerk

**AUDITOR'S CERTIFICATE**

I hereby certify that funds are available in the amount of \$ 125,000.00 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:**  
2020-649675

**Date Filed:**  
07/28/2020

**Date Acknowledged:**  
08/11/2020

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

Freese & Nichols, Inc.  
Fort Worth, 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.**

20603  
Consulting Services

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Johnson, Kevin	Dallas, TX United States	X	
	Nichols, Mike	Fort Worth, TX United States	X	
	Coltharp, Brian	Fort Worth, TX United States	X	
	Greer, Alan	Fort Worth, TX United States	X	
	Milrany, Cindy	Fort Worth, TX United States	X	
	Cole, Scott	Fort Worth, TX United States	X	
	Taylor , Jeff	Houston, TX United States	X	
	Wolfhope, John	Austin, TX United States	X	
	Pence, Robert	Fort Worth, 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)