

IN WITNESS WHEREOF, the parties put their hands to this Amendment on the dates indicated below.

FORT BEND COUNTY


County Judge KP George

KP George, County Judge

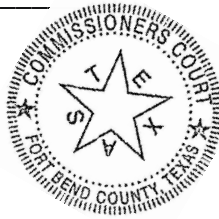
5/27/2020

Date

ATTEST:



Laura Richard, County Clerk



WSP USA, Inc.



Authorized Agent- Signature

James Caughorn

Authorized Agent- Printed Name

Vice President

Title

5/11/2020

Date

AUDITOR'S CERTIFICATE

I hereby certify that funds are available in the amount of \$ 44,549.02 to accomplish and pay the obligation of Fort Bend County under this contract.



Robert E. Sturdivant, County Auditor

ATTACHMENT B



WSP USA

wsp.com

ATTACHMENT B

COST PROPOSAL

The cost proposal has been revised as below:

	Hourly Rate	Task 1	Task 2	Total
		Labor (Hours)		
<i>Nancy R. Edmonson</i>				
Nancy Edmonson	\$150.00	33	47	80
Ross Griffey	\$65.00	28	53	81
Subtotal		\$6,770.00	\$10,495.00	\$17,265.00
<i>WSP</i>				
Sina Raouf	\$297.30	2	2	4
Bin Wang	\$149.15	4	4	8
Joseph Boateng	\$101.18	3	3	6
Russell Koff	\$129.59	10	10	20
Sean Libberton	\$261.58	35	46	81
Subtotal		\$11,945.94	\$14,823.32	\$26,769.26
Total Labor Cost		\$18,715.94	\$25,318.32	\$44,034.26
<i>Nancy R. Edmonson</i>				
Direct Expenses				\$250.00
<i>WSP</i>				
Direct Expenses				\$264.76
Total Direct Expense				\$514.76
Total Cost				\$44,549.02

ATTACHMENT C



ATTACHMENT C

WORK SCHEDULE

	2019						2020											
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Task 1																		
Task 2																		

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.
 WSP USA INC.
 Houston, TX United States

Certificate Number:
 2020-617654

Date Filed:
 05/11/2020

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:
 05/26/2020

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.
 RFP-072 WA#8 Amendment #3
 Professional Planning Services - Long Term Financial Strategies

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	WSP USA INC.	New York, NY 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)