

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

FORT BEND COUNTY

KP George
County Judge KP George

KP George, County Judge

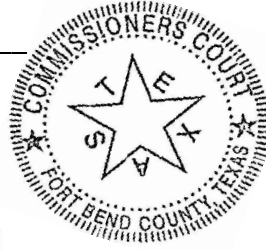
6-23-2020

Date

ATTEST:

Laura Richard

Laura Richard, County Clerk



**MPACT STRATEGIC CONSULTING,
LLC**

Spurgeon Robinson

Authorized Agent- Signature

Spurgeon Robinson

Authorized Agent- Printed Name

President

Title

06/16/2020

Date

AUDITOR'S CERTIFICATE

I hereby certify that funds are available in the amount of \$ 450,000.00 to accomplish and pay the obligation of Fort Bend County under this contract.



Robert Ed Sturdivant, County Auditor

EXHIBIT A



FORT BEND COUNTY, TEXAS

TASK ORDER NO. 0002

In accordance with the Contract Award Notice dated April 14, 2020 issued by **Fort Bend County, Texas** (County) to **MPACT Strategic Consulting (MPACT)** the following is a proposed Amendment to the Agreement for an additional Task Order Scope.

PROJECT: COVID-19 Emergency Management and Grant Management Services for Fort Bend County, Texas

TASK 2: Technical Assistance

2.2. Provide implementation activities as necessary to ensure compliance and operational support for programs developed and designed for COVID-19 response due to the public health emergency with respect to COVID-19. These activities may include:

- Training and development of operating procedures or protocols in compliance with CARES ACT;
- Call center and/or case management support and operations;
- Development, review and/or implementation of policies and procedures;
- Activities necessary to support compliance with programs implemented using CARES ACT or multiple funding sources; and/or
- Document management support.

COMPENSATION

For this Task and Scope Amendment, the additional fee for these services is \$200,000.00 for the County's Coronavirus (COVID-19) Relief Program thereby increasing the Agreement's and Consultant's Total Fee to a not to exceed amount of \$450,000.00.

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.
 MPACT Strategic Consulting LLC
 Houston, TX United States

Certificate Number:
 2020-632914

Date Filed:
 06/16/2020

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:
 06/23/2020

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.
 N/A
 COVID-19 Emergency Management and Grant Administration Services

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)