



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

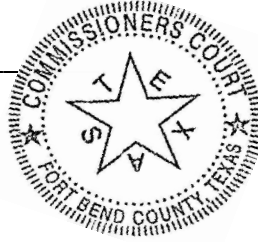
8-4-2020

\_\_\_\_\_  
Date

ATTEST:

*Laura Richard*

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



**MPACT STRATEGIC CONSULTING,  
LLC**

*Spurgeon Robinson*

\_\_\_\_\_  
Authorized Agent- Signature

Spurgeon Robinson

\_\_\_\_\_  
Authorized Agent- Printed Name

President

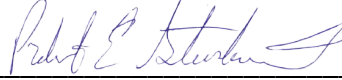
\_\_\_\_\_  
Title

07/29/2020

\_\_\_\_\_  
Date

**AUDITOR'S CERTIFICATE**

I hereby certify that funds are available in the amount of \$ 2,463,000.00 to accomplish and pay the obligation of Fort Bend County under this contract.



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Robert Ed Sturdivant, County Auditor

# EXHIBIT A



## **FORT BEND COUNTY, TEXAS**

### **TASK ORDER NO. 0003**

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 include all of the following:

- Increase of staffing and case management resources to support significant increase and volume of new applications (~10,000) due to spike in unmet needs and request for assistance in the County. This increase is primarily due to the significant rise and spike in COVID-19 cases in the County and region;
- Expanded call center and case management support and operations to meet surge and demand;
- Additional staffing for review and quality assurance of payments and fund distribution in compliance with the CARES Act;
- Development, review and/or implementation of policies and procedures;
- Activities necessary to support review, submission and compliance with additional programmatic needs using CARES ACT or multiple funding sources; and
- Document management support.

#### **COMPENSATION**

For this Task and Scope Amendment, the additional fee for these services is \$2,013,500.00 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 \$2,463,500.00.

#### **BUDGET / FEE SCHEDULE**



**Fort Bend County MPACT TASK ORDER BUDGET REQUEST**

**PNC Resources**

<b>Position</b>	<b>FTEs</b>	<b>Rate/Hr</b>	<b>Hrs/Wk</b>	<b># Wks</b>	<b>Est Total</b>
Manager	2	\$ 115	45	10	\$ 103,500.00
Senior/Staff 1	2	\$ 110	45	10	\$ 99,000.00
Senior/Staff 2	2	\$ 110	45	10	\$ 99,000.00
Senior/Staff 3	2	\$ 110	45	10	\$ 99,000.00
<b>Est Total</b>					<b>\$ 400,500.00</b>

**MPACT RESOURCES**

July	\$ 350,000.00
August	\$ 631,500.00
September	\$ 631,500.00
	<b>\$ 1,613,000.00</b>

**Total** **\$ 2,013,500.00**

# 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:**  
 2020-650379

**Date Filed:**  
 07/29/2020

**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:**  
 08/04/2020

**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)