

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

FORT BEND COUNTY

KP George

KP George, County Judge

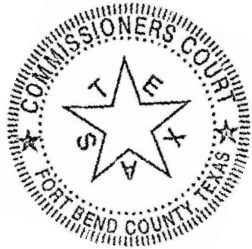
8-25-20

Date

ATTEST:

Laura Richard

Laura Richard, County Clerk



**FORT BEND SENIORS AND MUCH,
MUCH, MORE**

Robert Hebert

Authorized Agent- Signature

Robert Hebert

Authorized Agent- Printed Name

CEO

Title

August 13, 2020

Date

EXHIBIT A: RATE SCHEDULE

EXHIBIT A

EXHIBIT A TO FIRST AMENDMENT

RATE SCHEDULE

Fort Bend Seniors Meals on Wheels shall pay to the County:

1. \$57.12 per hour for services provided in vehicles owned by the County and
2. \$62.81 per hour for services provided in vehicles owned by the County's Contractor.

Fort Bend County will notify FBS Meals on Wheels of any rate increases within five (5) business days of any changes.

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:
 2020-659729

Date Filed:
 08/21/2020

Date Acknowledged:
 08/26/2020

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
 Fort Bend Seniors Meals on Wheels
 Rosenberg, 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.
 13538
 Transportation 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)