

**FIRST CONTRACT RENEWAL
PARTICIPATING ENTITY SERVICES AGREEMENT FOR THE
STATEWIDE AUTOMATED VICTIM NOTIFICATION SERVICE (SAVNS)**

Contract No. 20202144900-370-01

WHEREAS, the Office of the Attorney General (OAG) is the Texas State agency tasked with certifying a statewide vendor to provide a Statewide Automated Victim Notification Service (SAVNS) to a variety of political subdivisions of the State of Texas, including counties, county Sheriffs, clerks and attorneys, district attorneys, and courts ("Participating Entities");

WHEREAS OAG certified and contracted with **Appriss Inc. ("Vendor")** as the statewide vendor to provide SAVNS to each of the Participating Entities ("OAG Certification Agreement");

WHEREAS Fort Bend County, TX ("Named Entity") as a Participating Entity and VENDOR executed a Participating Services Agreement identified as Contract No. 20192044900-370-01 under which VENDOR would provide SAVNS to Named Entity (the "Contract");

WHEREAS SECTION 1 of the Contract permitted the Named Entity to, in its sole and absolute discretion, renew the Contract, for four (4) additional one (1) year renewal terms (each a "Renewal Term") to the extent the OAG Certification Agreement, remains in effect;

WHEREAS the OAG exercised its option to renew the OAG Certification Agreement, extending the term thereof to August 31, 2022;

NOW, THEREFORE, THIS **FIRST CONTRACT RENEWAL** is exercised by Named Entity as follows:

The Contract is set to terminate on August 31, 2020. The Contract is hereby renewed, with this First Contract Renewal Term ("First Renewal Term") to begin on September 1, 2020 and end of August 31, 2021. Pursuant to Section 1 of the Contract, this First Renewal Term and any subsequent renewals, shall be subject to all specifications and terms and conditions of the Contract, the OAG Certification Agreement, and the Incorporated Documents as defined in Section 2 therein.

Named Entity by:

KP George
Signature

9.1.2020
Date

KP George
Name

County Judge
Title

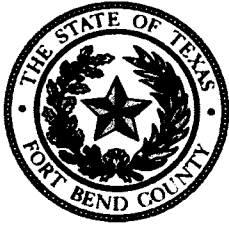
Acknowledged by Appriss Inc.

Joshua P Bruner
Signature

8/17/2020
Date

Joshua P. Bruner
Name

EVP Operations, GM Victim Services & Programs
Title



COUNTY ATTORNEY
Fort Bend County, Texas

ROY L. CORDES, Jr.
County Attorney

(281) 341-4555
Fax (281) 341-4557

REVIEW FORM

On August 26, 2020, the County Attorney's Office reviewed the following:

Texas VINE/SAVINS County Service Agreement Renewal FY2021

21-SO-100056

Comments: Approved as to legal form.

Michelle L. Turner

Michelle L. Turner
General Counsel Division Chief

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.
 Appriss Inc.
 Louisville, KY United States

Certificate Number:
 2020-661588

Date Filed:
 08/27/2020

Date Acknowledged:
 09/02/2020

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 Sheriff's Office

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.
 202021449000-370-01
 TX Statewide Automated Victim Notification Services

| 4 | Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|--------------------------|--|---------------------------------------|--------------|
| | | | Controlling | Intermediary |
| | Appriss Holdings, Inc. | Louisville, KY United States | X | |
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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)