

Population	Price Per Meal (\$)
400-449	2.216
450-499	2.075
500-549	1.962
550-599	1.869
600-649	1.792
650-699	1.727
700 and above	1.490

Trustee meals:	\$2.94
Staff Meal Price	\$3.00
Walk in Staff (non-detention staff)	\$2.50
À la carte items, as determined by SO Staff	Priced by item at Aramark’s actual cost + 10%

Section Seven B is amended to add as follows:

- B. Contractor further agrees that the Maximum Compensation for performance of Services pursuant to this Agreement will not exceed \$1,562,652.00 for service provided October 1, 2020 through September 30, 2021. Maximum Compensation will be as stated for each service year as long as the average daily population of inmates during the term of the Agreement does not exceed one thousand (1000) inmates in custody. In no case shall the amount paid by County under this Agreement exceed the Maximum Compensation without an approved change order and certification of additional funds by the Fort Bend County Auditor.
- III. Except as modified herein, any prior executed document remain in full force and effect and has not been modified or amended. In the event of conflict, the contents of the most recently executed document shall prevail.

Remainder left blank

Execution page follows

IV. Execution

IN TESTIMONY OF WHICH, THIS AMENDMENT shall be effective upon execution of all parties.

“County”

FORT BEND COUNTY

KP George
County Judge KP George

By: _____
KP George, County Judge

Date: 10-6-2020



ATTEST:

Laura Richard

Laura Richard, County Clerk

“Contractor”

ARAMARK CORRECTIONAL SERVICES, LLC

By: DocuSigned by:
Mark Adams
F8D654C2EF504E8...

Name: Mark Adams

Title: VP Finance

Date: 9/25/2020

ATTEST:

DocuSigned by:
Blase Iaconelli

Name E7BAE662B45E473...

Date: 9/25/2020

AUDITOR'S CERTIFICATE

I hereby certify that funds are available in the amount of \$1,562,652.00 to accomplish and pay the obligation of Fort Bend County under this contract.

Robert Ed Sturdivant

Robert Ed Sturdivant, County Auditor

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 2

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.

Aramark Correctional Services, LLC
Philadelphia, PA United States

Certificate Number:
2020-667573

Date Filed:
09/15/2020

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, TX

Date Acknowledged:
10/06/2020

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.

21-SO-500003-A5
Inmate Food Service

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Rambo, Robert T.	Philadelphia, PA United States	X	
	Iaconelli, Blase B.	Philadelphia, PA United States	X	
	Fleming, Paige E.	Philadelphia, PA United States	X	
	Baureis, Maureen	Philadelphia, PA United States	X	
	Tarangelo, James J.	Philadelphia, PA United States	X	
	Rapone, Patricia	Philadelphia, PA United States	X	
	Fast, Tamsin	Philadelphia, PA United States	X	
	Deitz, Robert N.	Philadelphia, PA United States	X	
	Adams, Mark R.	Philadelphia, PA United States	X	
	Barttrum, James T.	Philadelphia, PA United States	X	
	Aramark Services, Inc.	Philadelphia, PA United States	X	

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

2 of 2

Complete Nos. 1 - 4 and 6 if there are interested parties.
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 Inmate Food Service

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)