



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

**FORT BEND COUNTY**

**WSP USA, Inc.**

*KP George*  
County Judge KP George

*James Caughorn*  
Authorized Agent- Signature

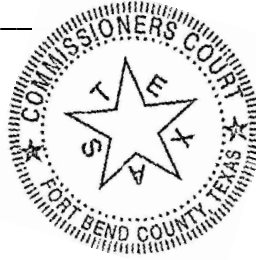
\_\_\_\_\_  
KP George, County Judge

James Caughorn  
Authorized Agent- Printed Name

1-12-2021  
Date

Vice President  
Title

ATTEST:



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

1/6/2021  
Date

**AUDITOR'S CERTIFICATE**

I hereby certify that funds are available in the amount of \$ 44,549.02 to accomplish and pay the obligation of Fort Bend County under this contract.

*Robert Ed Sturdivant*  
\_\_\_\_\_  
Robert Ed Sturdivant, County Auditor

# ATTACHMENT B

Cost Proposal



WSP USA

wsp.com

## Attachment B: Cost Proposal

The cost proposal has been revised as below:

	Hourly Rate	Task 1	Task 2	Total
		Labor (Hours)		
<b><i>Nancy R. Edmonson</i></b>				
Principal	\$150.00	33	47	80
Analyst	\$65.00	28	53	81
Subtotal		\$6,770.00	\$10,495.00	\$17,265.00
<b><i>WSP</i></b>				
Senior Planning Manager	\$297.30	1		1
Project Manager	\$149.15	25	21	46
Senior Project Accountant	\$101.18	5	5	10
Lead Planner/Grant Specialist	\$129.59	84	34	118
Transportation Planner	\$80.78	20	13	33
Lead Financial Planner	\$261.58	2	1	3
Subtotal		\$17,556.27	\$9,355.83	\$26,912.10
<b>Total Labor Cost</b>		<b>\$24,326.27</b>	<b>\$19,850.83</b>	<b>\$44,177.10</b>
<b><i>Nancy R. Edmonson</i></b>				
Direct Expenses				\$250.00
<b><i>WSP</i></b>				
Direct Expenses				\$121.92
<b>Total Direct Expense</b>				<b>\$371.92</b>
<b>Total Cost</b>				<b>\$44,549.02</b>

# 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:  
2021-703346

Date Filed:  
01/06/2021

Date Acknowledged:  
01/12/2021

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**  
WSP USA Inc.  
Houston, 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, Texas

**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.**  
RFP 15-072, WA 8  
With regard to the fifth amendment of WA8 of RFP 15-072 and the mutually agreed upon replacement of Attachment B, Cost Proposal with "Revised Attachment B, Cost Proposal".

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	WSP USA Inc.	New York, NY United States	X	

**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)