

STATE OF TEXAS §
 §
 COUNTY OF FORT BEND §

**SECOND AMENDMENT TO AGREEMENT FOR LABORATORY SERVICES BETWEEN
 FORT BEND COUNTY AND BAYLOR MIRACA GENETICS LABORATORIES**
 (EXTENSION OF SERVICES)

THIS SECOND AMENDMENT, is made and entered into by and between Fort Bend County (hereinafter "County"), a body corporate and politic under the laws of the State of Texas, and Baylor Miraca Genetics Laboratories, LLC, (hereinafter "Contractor"), a company authorized to conduct business in the State of Texas.

WHEREAS, the parties executed and accepted that certain Baylor Miraca Genetics Laboratories, LLC Laboratory Services Agreement on or about July 23, 2020 (hereinafter collectively the "Agreement") pursuant to execution by the Fort Bend County Judge as Emergency Management Director; and

WHEREAS, the parties desire to extend the term of the Agreement in order to continue services.

NOW, THEREFORE, the parties do mutually agree as follows:

1. The Agreement is hereby renewed; effective as of January 1, 2021 and shall terminate on September 30, 2021 unless terminated sooner as provided for in the Agreement. Terms, conditions, pricing, additional renewal periods and termination shall remain the same, except as noted herein.
2. The Maximum Compensation payable to Contractor for all Services rendered shall be increased to an amount not to exceed the amounts certified to date by the Fort Bend County Auditor and additional amounts of funds from time to time certified available (if any) authorized as follows:
 - a. \$500,00.00 as of under the Agreement and First Amendment combined; and
 - b. An additional amount not to exceed \$200,000.00 under this Second Amendment as certified below by the County Auditor effective as of the date certified; and
 - c. Any additional amounts that may be certified by the County Auditor (if any) during the term of this Agreement, which shall only be effective as of the date certified and in the amount not to exceed that is so certified.
3. In no case shall the amount paid by County for all Services under the Agreement and all executed Amendments exceed the Maximum Compensation without an agreement executed by the parties.

4. In the event of conflict the most recently executed document shall prevail with regard to the conflict.
5. Except as provided herein, all terms and conditions of the Agreement shall remain unchanged.

IN WITNESS WHEREOF, the parties hereto have signed or have caused their respective names to be signed to multiple counterparts to be effective on the date signed by the final party.

FORT BEND COUNTY


County Judge KP George

KP George, County Judge

1/12/2021

Date



BAYLOR MIRACA GENETICS
LABORATORIES, LLC

Kengo
Takishima

Digitally signed by Kengo Takishima
DN: cn=Kengo Takishima, ou=Baylor Genetics,
ou=miraca, email=k.takishima@baylorgenetics.com,
c=US
Date: 2021.01.07 13:03:16 -0500

Authorized Agent

January 7th, 2021

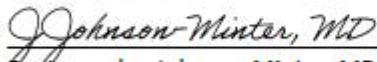
Date

ATTEST:



Laura Richard, County Clerk

Reviewed by:



Dr. Jacquelyn Johnson-Minter, MD, MBA, MPH
Director of Health and Human Services

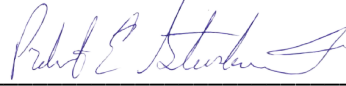
APPROVED AS TO LEGAL FORM:



Michelle L. Turner
General Counsel Division Chief
County Attorney Office

AUDITOR'S CERTIFICATE

I hereby certify that funds are available in the amount of \$ 700,000.00 to accomplish and pay the obligation of Fort Bend County under this contract for services provided through January 30, 2021.



Robert Ed Sturdivant, County Auditor

January 13, 2021

Date

AUDITOR'S CERTIFICATE

I hereby certify that funds are available in the amount of \$_____ to accomplish and pay the obligation of Fort Bend County under this contract for services provided by **Baylor Miraca Genetics Laboratories, LLC**, for the below time period:

Service period

Robert Ed Sturdivant

Date Certified

AUDITOR'S CERTIFICATE

I hereby certify that funds are available in the amount of \$_____ to accomplish and pay the obligation of Fort Bend County under this contract for services provided by **Baylor Miraca Genetics Laboratories, LLC**, for the below time period:

Service period

Robert Ed Sturdivant

Date Certified

AUDITOR'S CERTIFICATE

I hereby certify that funds are available in the amount of \$_____ to accomplish and pay the obligation of Fort Bend County under this contract for services provided by **Baylor Miraca Genetics Laboratories, LLC**, for the below time period:

Service period

Robert Ed Sturdivant

Date Certified

AUDITOR'S CERTIFICATE

I hereby certify that funds are available in the amount of \$_____ to accomplish and pay the obligation of Fort Bend County under this contract for services provided by **Baylor Miraca Genetics Laboratories, LLC**, for the below time period:

Service period

Robert Ed Sturdivant

Date Certified

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:
2020-670962

Date Filed:
09/23/2020

Date Acknowledged:
10/27/2020

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
Baylor Miraca Genetics Laboratories, LLC
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

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.
29290
Baylor Genetics-COVID

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Baylor College Of Medicine	Houston, TX 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)