



maximum sum of \$1,500,000.00 specifically allocated to fully discharge any and all liabilities County may incur.

B. Contractor does further understand and agree, said understanding and agreement also being of the absolute essence of this Agreement, that the total maximum compensation that Contractor may become entitled to and the total maximum sum that County may become liable to pay to Contractor shall not under any conditions, circumstances, or interpretations thereof exceed \$1,500,000.00.

II. 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.

III. Execution

IN WITNESS WHEREOF, the parties hereto have signed or have caused their respective names to be signed to multiple counterparts to be effective as agreed to herein.

FORT BEND COUNTY

STAFFING SOLUTIONS

*KP George*  
County Judge KP George

*grace rubio*

\_\_\_\_\_  
KP George/ County Judge  
Emergency Management Director

\_\_\_\_\_  
Authorized Agent – Signature

1-12-2021

**Gracie D. Rubio**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Agent- Printed Name

ATTEST:

**CEO**

*Laura Richard*

\_\_\_\_\_  
Title

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

**9 DEC 2020**

\_\_\_\_\_  
Date

Reviewed by:

*J Johnson-Minter, MD*

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

AUDITOR'S CERTIFICATE

I hereby certify that funds are available in the amount of \$ 1,500,000.00 to accomplish and pay the obligation of Fort Bend County under this contract.



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Robert Ed Sturdivant, County Auditor

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# 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.**  
 Staffing Solutions Incorporated  
 Alief, TX United States

**Certificate Number:**  
 2020-697067

**Date Filed:**  
 12/08/2020

**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

**Date Acknowledged:**  
 01/12/2021

**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.**  
 28169  
 4th Amendment Medical Staffing

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)