

STATE OF TEXAS §
 §
 COUNTY OF FORT BEND §

FIFTH AMENDMENT TO
 AGREEMENT BETWEEN FORT BEND COUNTY AND STAFFING
 SOLUTIONS, INC.
 FOR CONTINGENCY MEDICAL STAFF SERVICES
 COVID 19

This FIFTH AMENDMENT TO THE AGREEMENT BETWEEN FORT BEND COUNTY AND STAFFING SOLUTIONS, INC. FOR CONTINGENCY MEDICAL STAFF SERVICES COVID 19 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 Staffing Solutions, Inc. (hereinafter "Contractor"), a company authorized to conduct business in the State of Texas.

RECITALS

WHEREAS, on or about April 25, 2020, the Parties entered into AGREEMENT BETWEEN FORT BEND COUNTY AND STAFFING SOLUTIONS, INC. FOR CONTINGENCY MEDICAL STAFF SERVICES COVID 19 which was amended on or about May 4, 2020, on or about June 23, 2020, August 5, 2020 and last on or about January 12, 2021; all documents collectively referred to as the "Agreement" and incorporated by reference;

WHEREAS, the Parties now desire to amend a certain portion of the Agreement to reflect a total maximum compensation inclusive of all funds approved by County as of January 21, 2021; and

NOW THEREFORE, for and in consideration of the mutual benefits to be derived by the parties hereto, County, and Contractor agree as following changes to be effective as of January 12, 2021.

I. Amendments

Section 4. Limit of Appropriation is amended to reflect the additional funding of \$300,000.00 approved on January 12, 2021 and shall read as follows:

- A. Contractor clearly understands and agrees, such understanding and agreement being of the absolute essence of this Agreement, that County shall have available the total maximum sum of \$2,050,000.00 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

\$2,050,000.00.

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


County Judge KP George

KP George
County Judge

1-26-2021

Date

ATTEST:



Laura Richard, County Clerk

STAFFING SOLUTIONS



Authorized Agent – Signature

Munther Almohsin

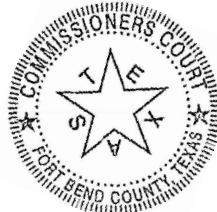
Authorized Agent- Printed Name

Chief Operating Officer

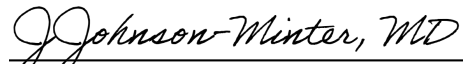
Title

19-01-2021

Date



Reviewed by:



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 \$ 2,050,000.00 to accomplish and pay the obligation of Fort Bend County under this contract.



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**

Certificate Number:
2021-707432

Date Filed:
01/19/2021

Date Acknowledged:
01/26/2021

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

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.
28169
Medical Staffing 5th amendment

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)