

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

FORT BEND COUNTY



County Judge KP George

KP George, County Judge

2/23/2021

Date

ATTEST:



Laura Richard, County Clerk



TRAPEZE SOFTWARE GROUP, INC.



Authorized Agent- Signature

Thomas Cooper

Authorized Agent- Printed Name

Director of Finance

Title

February 4, 2021

Date

EXHIBIT A: Maintenance Schedule

AUDITOR'S CERTIFICATE

I hereby certify that funds in the amount of \$ 29,630.00 are available to pay the obligation of Fort Bend County within the foregoing Agreement.



Robert Ed Sturdivant, County Auditor

EXHIBIT A

Maintenance Schedule 2021-2022

Fort Bend County - Maintenance Schedule for 2021 - 2022

Product	Term	Operational Metric	Maintenance Value
NOVUS-DRM & Escrow	March 01, 2021 - February 28, 2022	799 Booked Trips	\$ 25,850
NOVUS-FLEX	March 01, 2021 - February 28, 2022	5 FLEX Runs	\$ 3,780

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:
2021-714825

Date Filed:
02/08/2021

Date Acknowledged:
02/23/2021

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
Trapeze Software Group, Inc.
Cedar Rapids, IA 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.
RFP 06-101
Software related Services

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Trapeze Software ULC	Mississauga Ontario Canada	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)