STATE OF TEXAS §

§ KNOW ALL BY THESE PRESENTS:

COUNTY OF FORT BEND

SECOND AMENDMENT TO AGREEMENT FOR TRANSPORTATION SERVICES WITH FORT BEND SENIORS

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 Fort Bend Seniors Meals on Wheels & Much, Much, More (hereinafter "FBS").

WHEREAS, the parties have executed and accepted that certain Agreement for Transportation Services with Fort Bend Seniors (the "Agreement"), on or about January 29, 2019, and as amended on August 25, 2020; and

WHEREAS, the following changes are incorporated as if a part of the original Agreement incorporated by reference in the same as if fully set forth verbatim herein;

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

1. The rates described in the Scope of Services shall be increased as described in the attached Exhibit A "Rate Schedule".

Except as provided herein, all terms and conditions of the Agreement, including any addenda or amendments, not modified shall remain in full force and effect. If there is a conflict between this Second Amendment and the Agreement, the provisions of this Second Amendment shall prevail with regard to the conflict.

{Execution Page Follows}
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IN WITNESS WHEREOF, the parties put their hands to this Amendment on the dates indicated below.

FORT BEND COUNTY

FORT BEND SENIORS AND MUCH, MUCH, MORE

Authorized Agent- Signature

Robert Hebert

Authorized Agent- Printed Name

ATTEST:

Executive Divector

Title

2/24/21

Date

Date

EXHIBIT A: RATE SCHEDULE

EXHIBIT A

EXHIBIT B RATE SCHEDULE

Fort Bend Seniors Meals on Wheels shall pay to the County:

- 1. \$58.38 per hour for services provided in vehicles owned by the County and
- 2. \$66.93 per hour for services provided in vehicles owned by the County's Contractor.

Fort Bend County will notify FBS Meals on Wheels of any rate increases within five (5) business days of any changes.

CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

			••			1 of 1	
	Complete Nos. 1 - 4 and 6 if there are interested parties.				OFFICE USE ONLY		
	complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			CERTIFICATION OF FILING			
1	lame of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number:			
	Fort Bend Seniors Meals on Wheels				2021-720316		
	osenberg, TX United States			Date Filed:			
2	-	of governmental entity or state agency that is a party to the contract for which the form is			02/25/2021		
_	being filed.	g filed.					
	Fort Bend County			Date Acknowledged: 03/02/2021			
					_ <u> </u>		
3	rovide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a escription of the services, goods, or other property to be provided under the contract.						
	13538 Transportation Services						
4			/mlna= =£ l!		Nature of interest		
	Name of Interested Party	City, State, Country (place of busin		ess) -	(check applicable)		
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5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
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	My address is	·		,		.1	
	(street)	(city)	(st	ate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct.						
	Executed inCounty	y, State of	on the	da	ıv of	. 20	
	County		, on the		(month)	(year)	
	Signature of authorized agent of contracting business entity						
		(Declarant)					