

STATE OF TEXAS §
 §
COUNTY OF FORT BEND §

**AMENDMENT TO PROFESSIONAL SERVICES AGREEMENT BETWEEN
FORT BEND COUNTY AND WILLIAM STEPHENS**

THIS 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 WILLIAM STEPHENS, DBA Osprey Research Corp. (hereinafter “Contractor”), a corporation doing business in the state of Texas.

WHEREAS, the parties have executed and accepted that certain Professional Services Agreement between Fort Bend County and William Stephens on or about June 23, 2020 (the “Agreement”); and

WHEREAS, the Sheriff’s Office has received grant funding for Intelligence Analyst Services for 2021 under the High Intensity Drug Trafficking Areas (HIDTA) Program Grant: G21HN0010A and wishes to utilize these funds towards services rendered in June 2021; 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 Maximum Compensation for the Scope of Services, including reimbursable expenses shall be increased by fifteen thousand seven hundred thirty-one dollars and 20/100 (\$15,731.20). In no case shall the amount paid by County for Scope of Services exceed the Maximum Compensation without a mutually agreed upon change in writing.
2. County shall provide all documentation necessary and submit to HIDTA for reimbursement of funds expended under Grant G21HN0010A.
3. All terms and conditions of the Agreement, including any addenda or amendments, not modified herein shall remain in full force and effect for the term of Agreement. If there is a conflict between this Amendment and the Agreement, the provisions of this Amendment shall prevail with regard to the conflict.

{Execution Page Follows}

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

FORT BEND COUNTY

**WILLIAM STEPHENS, dba
Osprey Research Corp.**

KP George

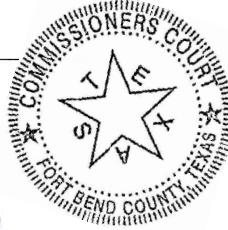
KP George, County Judge
County Judge KP George

W S

Authorized Agent- Signature

7.6.2021

Date



William STEPHENS

Authorized Agent- Printed Name

ATTEST:

Laura Richard

Laura Richard, County Clerk

PRESIDENT

Agent's Title

6/17/2021

Date

AUDITOR'S CERTIFICATE

I hereby certify to pay the obligation of Fort Bend County within the foregoing agreement in the amount of \$ 15,731.20, based on the availability of grant funds from the Office of National Drug Control Policy, grant number G21HN0010A.

Robert E Sturdivant

Robert Ed Sturdivant, County Auditor

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:
2021-768060

Date Filed:
06/17/2021

Date Acknowledged:
07/06/2021

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Osprey Research Corp
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.

22322
Amendment to contract for Professional Services

| 4 | Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|--------------------------|------------------------------------------|---------------------------------------|--------------|
| | | | Controlling | Intermediary |
| | Stephens, William | Houston, TX United States | X | |
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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)