STATE OF TEXAS §
COUNTY OF FORT BEND §

AMENDMENT TO AGREEMENT FOR RFP 21-042 TRANSPORTATION SERVICES OF DECEDENTS

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 **CARING TRANSPORTS LLC** (hereinafter "Contractor"), a company authorized to conduct business in the State of Texas.

WHEREAS, the parties executed and accepted that certain *Agreement For RFP 21-042 Transportation Services of Decedents* on March 23, 2021, (hereinafter "Agreement") which is incorporated by reference as if set forth herein verbatim; and

WHEREAS, County desires that Contractor continue to provide transportation services for decedents (hereinafter "Services") pursuant to and in accordance with RFP 21-042; and

WHEREAS, Contractor represents that it is qualified and desires to perform such services; and

WHEREAS, Contractor has requested an increase to price based on actual increase cost to Contractor to provide the service; which County has agreed to provide the completion of such additional services to be provided thereunder.

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

- 1. The pricing list provided in Exhibit B attached to the Agreement shall be amended to increase the cost for transportation from death scene/health care facility, or funeral home to Fort Bend Medical Examiner Office (including body bag) from \$150.00 to \$175.00 per transport as reflected in the attached Exhibit C.
- 2. In no case shall the amount paid by County for all Services under the Agreement and this Amendment exceed the Maximum Compensation without written agreement executed by both parties.
- 3. This Amendment shall be effective as of the date signed by both Parties through the remainder of the term of the Agreement.

Except as provided herein, all terms and conditions of the Agreement shall remain unchanged.

FORT BEND COUNTY	CARING TRANSPORTS LLC				
KP. GRYLIGE R. Coupty Judge	Authorized Agent - Signature				
County Judge RP George	1				
8.24.2021	LORI HART				
Date ONERS CONTRACTOR	Authorized Agent – Printed Name				
1/E 2	DWNEE				
	Title				
A A A A A A A A A A A A A A A A A A A	8-10-21 Date				
ATTEST Juna Richard					
Laura Richard, County Clerk					
AUDITOR'S CERTIFICATE					
accomplish and pay the obligation of For	rt Bend County under this contract.				
	Robert Ed Sturdivant, County Auditor				

Exhibit C - Updated Caring Transports, LLC Pricing List



Pricing

Table 4

Proposed Pricing						
Item No.	Description	Price Per Decedent				
26.1	Transportation from death scene/health care facility, or funeral home to Fort Bend Medical Examiner Office	\$175.00 **				
26.6	Transportation to/from Medical Examiner to/from Oak Bend Medical Center, Richmond.	\$75.00				

^{**}Price includes body bag.

CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

					1 0f 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.	CE	OFFICE USE ONLY CERTIFICATION OF FILING					
1	Name of business entity filing form, and the city, state and count of business.	ne of business entity filing form, and the city, state and country of the business entity's place						
	Caring Transports, LLC		202.	1-792000				
	Palacios, TX United States		Date	Filed:				
2	Name of governmental entity or state agency that is a party to th	e contract for which the form is		18/2021				
_	being filed.		00/10/2021					
	Fort Bend County			Date Acknowledged: 08/24/2021				
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided		fy the c	contract, and prov	vide a			
	RFP 21-042							
	Transportation Services of Decedents							
4		City, State, Country (place of business		Nature of interest				
•	Name of Interested Party			· ` ` ` ` 				
				Controlling	Intermediary			
Ha	art, Lori	Palacios, TX United States		Х				
5	Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION							
	My name is	, and my date o	of birth is	s	·			
	My address is		,	·	,·			
	(street)		(state)	(zip code)	(country)			
	I declare under penalty of perjury that the foregoing is true and correct	ot.						
	Executed inCounty	y, State of on th	e	_day of	, 20			
		,,		(month)	(year)			
		Signature of authorized agent of contracting business entity (Declarant)						
	(Declarant)							