

## AMENDMENT TO AGREEMENT FOR CLINIC SERVICES

This AMENDMENT ("Amendment") is entered into by and between Fort Bend County, Texas, a body corporate and politic acting herein by and through its Commissioners Court ("County"), and Fort Bend County Family Health Center Inc., dba AccessHealth ("AccessHealth") (collectively referred to as the "parties").

WHEREAS, the County and AccessHealth executed the AGREEMENT FOR CLINIC SERVICES, (the "Agreement"), on or about December 20, 2016, amended on November 6, 2018, February 13, 2018, November 26, 2019, and amended again on November 3, 2020, all of which are fully incorporated herein by reference;

WHEREAS, the County and AccessHealth would like to extend the Agreement through December 31, 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:

1. **Term.** The time for performance of the Services under the Agreement is extended from October 1, 2021 - December 31, 2021.
2. **Compensation.** The Maximum Compensation for the performance of Services under this Amendment is Three Hundred Twenty-Two Thousand, Nine Hundred Fifty-One Dollars and 17/100 (\$322,951.17) for Services from October 1, 2021 - December 31, 2021. In no case shall the amount paid by County under this Agreement exceed this Maximum Compensation without an approved change order.
3. **Agreement to Not Boycott Israel Chapter 2271 Texas Government Code:** By signature below, AccessHealth verifies that AccessHealth does not boycott Israel and will not boycott Israel during the term of this Agreement.
4. **Texas Government Code Section 2252.152 Acknowledgment:** By signature below, AccessHealth represents pursuant to Section 2252.152 of the Texas Government Code, that AccessHealth is not listed on the website of the Comptroller of the State of Texas concerning the listing of companies that are identified under Section 806.051, Section 807.051 or Section 2252.153.
5. **Human Trafficking.** BY ACCEPTANCE OF CONTRACT, ACCESSHEALTH ACKNOWLEDGES THAT FORT BEND COUNTY IS OPPOSED TO HUMAN TRAFFICKING AND THAT NO COUNTY FUNDS WILL BE USED IN SUPPORT OF SERVICES OR ACTIVITIES THAT VIOLATE HUMAN TRAFFICKING LAWS.
6. **Understanding, Fair Construction.** By execution of this Amendment, the parties acknowledge that they have read and understood each provision, term and obligation contained in this Amendment. This Amendment, although drawn by one party, shall be construed fairly and reasonably and not more strictly against the drafting party than the nondrafting party.
7. **Severability.** If any provision of this Agreement is determined to be invalid, illegal, or unenforceable, the remaining provisions remain in full force, if the essential terms and conditions of this Agreement for each party remain valid, binding, and enforceable.

All terms and conditions of the Agreement, including any addenda, 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.

IN WITNESS WHEREOF, this Amendment is signed, accepted, and agreed to by all parties by and through the parties or their agents or authorized representatives. All parties hereby acknowledge that they have read and understood this Amendment and the attachments and exhibits hereto. All parties further acknowledge that they have executed this legal document voluntarily and of their own free will.

FORT BEND COUNTY

  
County Judge KP George

KP George  
County Judge

11-9-2021

Date

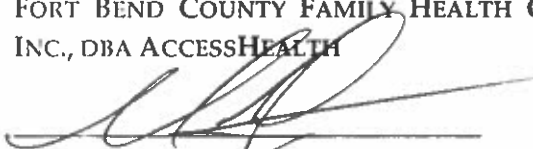
ATTEST:



Laura Richard, County Clerk



FORT BEND COUNTY FAMILY HEALTH CENTER  
INC., DBA ACCESSHEALTH

  
Authorized Agent Signature

Michael R Dtsen  
Authorized Agent -Printed Name


C.E.O.

Title

10/28/21  
Date

#### AUDITOR'S CERTIFICATE

I hereby certify that funds in the amount of \$ 322,951.17 are available to pay the obligation of Fort Bend County within the foregoing Amendment.

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

Fort Bend Family Health Center, Inc.  
RICHMOND/FORT BEND, TX United States

**Certificate Number:**  
2021-818113

**Date Filed:**  
10/28/2021

**Date Acknowledged:**  
11/09/2021

**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.**

13552  
Care Coordination Services

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)