

[illegible]

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

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 **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, which was amended on August 24, 2021 (hereinafter “Agreement”) which is incorporated by reference as if set forth herein verbatim; and

WHEREAS, the Parties now desire to amend a certain portion of the Agreement; and

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 add the additional category of decedent storage, as reflected in the attached Exhibit D. Decedent storage shall be only at the request of the Fort Bend County Medical Examiner's Office and there is no guarantee of minimum service (or any service) to requested.
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


County Judge KP George

KP George, County Judge

January 11, 2022

Date

CARING TRANSPORTS LLC


Authorized Agent – Signature

Authorized Agent – Signature

Lori Lynn Hart

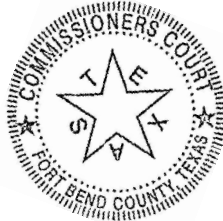
Authorized Agent – Printed Name

Owner

Title

12/20/2021

Date



ATTEST:


Laura Richard, County Clerk

Laura Richard, County Clerk

Exhibit D – Updated Caring Transports, LLC Pricing List dated November 15, 2021

AUDITOR'S CERTIFICATE

I hereby certify that funds are available in the amount of \$ 200,000.00 to accomplish and pay the obligation of Fort Bend County under this contract.


Robert Ed Sturdivant, County Auditor

Robert Ed Sturdivant, County Auditor

Exhibit D

Caring Transports, LLC

November 15, 2021

Fort Bend County
301 Jackson Street, Suite 201
Richmond, TX 77469

Attention: Assistant Purchasing Agent

Caring Transports, LLC commits to the following fee schedule in response to potential storage assistance for Fort Bend County:

- Storage Fee: \$25.00 per day per deceased
- Removal Fee: \$200 per decedent at the time of removal

Sincerely,

A handwritten signature in purple ink that reads "Lori Hart". The signature is fluid and cursive, with the first name "Lori" and last name "Hart" clearly distinguishable.

Lori Hart

Caring Transports, LLC

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.**

Caring Transports, LLC
Palacios, TX United States

Certificate Number:
2022-836700

Date Filed:
01/04/2022

Date Acknowledged:
01/11/2022

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 21-042
Transportation Services of Decedents

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Hart, Lori	Palacios, TX United States	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)