

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 the Agreement. If there is a conflict between this Amendment and the Agreement for Professional Services Agreement for Intelligence Analysts, the provisions of this Amendment shall prevail with regard to the conflict.

EXECUTION FOLLOWS

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

FORT BEND COUNTY

KP George
County Judge KP George
KP George, County Judge

THE KACE COMPANY, LLC.

Courtney Coombs
Authorized Agent- Signature

February 22, 2022
Date



Courtney Coombs
Authorized Agent- Printed Name

Contracts Manager
Title

ATTEST:

Laura Richard
Laura Richard, County Clerk

January 20, 2022
Date

Approved:

Eric Fagan
Eric Fagan, Fort Bend County Sheriff

AUDITOR'S CERTIFICATE

I hereby certify that funds are available in the amount of \$280,000.00 to accomplish and pay the obligation of Fort Bend County under this contract.

Robert Ed 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:
2022-847258

Date Filed:
02/04/2022

Date Acknowledged:
02/22/2022

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

Kace Company
Ashburn, VA United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

High Intensity Drug Trafficking Areas

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.

G19HN0010A
Grant funding for Intelligence Analyst Services for 2021 under the High Intensity Drug Trafficking Areas (HIDTA) program. The County of Fort Bend desires professional Services for the Sheriff's Office

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)