

STATE OF TEXAS                   §  
   §  
 COUNTY OF FORT BEND       §

**SECOND AMENDMENT TO PURCHASE AGREEMENT FOR  
 EMERGENCY OPERATIONS CENTER  
 IN ACCORDANCE WITH OMNIA PARTNERS CONTRACT NUMBER: R191811**

**THIS SECOND AMENDMENT** is made and entered into by and between **FORT BEND COUNTY**, a body corporate and politic under the laws of the State of Texas, and **LETOURNEAU INTERESTS, INC.** (hereinafter "Contractor"), a company authorized to conduct business in the State of Texas.

WHEREAS, on or about January 4, 2022, the Parties entered into *Purchase Agreement for Emergency Operations Center In Accordance with Omnia Partners Contract Number: R191811*, and as last amended on March 22, 2022, which is incorporated by reference as if set forth herein verbatim (hereinafter "Agreement"); and

WHEREAS, the parties desire to amend the Agreement to increase the Total Maximum Compensation under the Agreement for the completion of such additional services to be provided thereunder;

WHEREAS, County desires to purchase equipment to be used at the Fort Bend County Emergency Operations Center as will be more specifically described in this Agreement (hereinafter "Services");

WHEREAS, Contractor is an authorized dealer of National Office Furniture, Inc. who holds the contract for Furniture, Installation, and Related Services for the US Communities Government Purchasing Alliance (Omnia Partners) Contract Number: R191811 (hereinafter "Contract Number: R191811");

WHEREAS, Contractor has provided County with a Furniture Proposal reflecting pricing that does not exceed the amounts approved in Contract Number: R191811;

NOW THEREFORE, in consideration of the mutual covenants and conditions set forth below, the parties agree:

1. County shall pay Contractor an additional one thousand five hundred fifty and 00/100 dollars (\$1,550.00) to continue providing Services under the terms and conditions of the Agreement.
2. The Maximum Compensation payable to Contractor for Services rendered is hereby increased to an amount not to exceed one hundred fifty-one thousand two hundred forty-nine and 22/100 dollars (\$151,249.22), authorized as follows:

\$149,699.22 under the Agreement; and  
\$1,550.00 under this Amendment.

3. 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.
4. The parties agree the terms and conditions of the Agreement have remained in effect to date.

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

**FORT BEND COUNTY**

KP George  
County Judge KP George  
KP George, County Judge

June 7, 2022  
Date

Attest:

Laura Richard  
Laura Richard, County Clerk



**LETOURNEAU INTERESTS, INC.**

Gary Brisendine  
Authorized Agent - Signature

GARY BRISENDINE  
Authorized Agent - Printed Name

ACCOUNT EXECUTIVE  
Title

5/18/2022  
Date

### AUDITOR'S CERTIFICATE

I hereby certify that funds are available in the amount of \$ 151,249.22 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:  
2022-888439

Date Filed:  
05/19/2022

Date Acknowledged:  
06/07/2022

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

LetourneauKeller  
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.**

34611  
Labor for furniture

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)