

STATE OF TEXAS           §  
   §  
 COUNTY OF FORT BEND   §

**AMENDMENT TO AGREEMENT FOR PROFESSIONAL CONSULTING SERVICES  
 FOR COMPENSATION STUDY PURSUANT TO RFP 21-089**

THIS AMENDMENT to Agreement for Professional Consulting Services for Compensation Study ("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, ("COUNTY"), and The Segal Company, Inc., d/b/a Segal ("SEGAL") (hereinafter collectively referred to as the "parties").

WHEREAS, on or about October 26, 2021, the parties previously executed and accepted the Consulting Agreement, pursuant to RFP 21-089, for professional consulting services related to a Compensation Study for Fort Bend County (the "Agreement"); and

WHEREAS, the parties now desire to add additional consulting Services, and to increase the maximum compensation amount; and

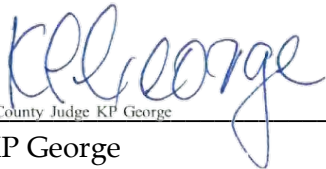
WHEREAS, the parties agree that this Amendment, the Statement of Work (attached as Exhibit "A1"), and the previous Agreement (executed 10/26/21), are incorporated into each other and, when read together, shall constitute one integrated document ("the Agreement"). Any inconsistency, conflict, or ambiguity between or among the aforementioned documents shall be resolved by giving precedence and effect first to this Amendment, then to the previous Agreement, then to the Statement of Work (attached as Exhibit "A1").

NOW THEREFORE, for and in consideration of the mutual benefits to be derived by the parties hereto, County and SEGAL agree to the following changes, which are incorporated as if a part of the original Agreement:

- A. Additional Scope of Services.** Subject to the terms of the Agreement, and any subsequent Amendments, SEGAL shall provide additional consulting services to County to update the EMS Pay Structure, finalize costing to reflect market position, and programming and installation of Pay Calculator (the "Additional Services"), as described in SEGAL's Statement of Work, attached hereto as Exhibit A1, and incorporated by reference as if set forth herein verbatim.
- B. Term.** This Agreement is effective upon execution by County, and shall terminate on December 31, 2022. This Agreement shall not automatically renew but can be renewed upon written agreement of the parties.

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

FORT BEND COUNTY

  
County Judge KP George  
\_\_\_\_\_  
KP George

September 27, 2022  
\_\_\_\_\_  
Date

ATTEST:

  
\_\_\_\_\_  
Laura Richard, County Clerk



**THE SEGAL COMPANY, INC.**  
**d/b/a SEGAL**

  
\_\_\_\_\_  
Authorized Agent- Signature

Ruth Ann Eledge  
\_\_\_\_\_  
Authorized Agent- Printed Name

Vice President  
\_\_\_\_\_  
Title

09/22/2021  
\_\_\_\_\_  
Date

**AUDITOR'S CERTIFICATE**

I hereby certify that funds in the amount of \$ 228,000.00 are available to pay the obligation of Fort Bend County within the foregoing Agreement.


  
\_\_\_\_\_  
Robert E. Sturdivant, County Auditor

EXHIBIT A1: Statement of Work

**EXHIBIT A1**  
SEGAL STATEMENT OF WORK

# Fort Bend County, TX

## Statement of Work for EMS Pay Structure Update and Pay Calculator Programming and Implementation

### Timing

**Start Date:** Upon receipt of signed agreement

### Fees and Expenses

Segal is fully aware of the sensitivity of budget allocations for employers. We believe that you will find our approach focused toward achieving the County's objectives in the most cost-effective manner consistent with quality, accuracy, and timeliness.

Project Step	
<b>1. Update of EMS Pay Structure</b> <ul style="list-style-type: none"><li>Using market data provided by Fort Bend, adjust the pay structure for EMS positions to achieve a market position of 105% of market average</li></ul>	
<b>2. Finalize costing to reflect market position desired by Fort Bend</b> <p>Assumptions:</p> <ul style="list-style-type: none"><li>Update pay structure in costing analysis to reflect revised ranges</li><li>Provide time in position analysis to allow varying percentages (separate from the General structure methodology) to calculate time in position adjustments</li><li>Update costing for vacant EMS positions</li><li>Revise Cost Summary to update revised EMS costing scenarios</li><li>Provide an updated spreadsheet documenting all changes</li><li>Virtual briefing and collaboration with HR staff to finalize costing</li></ul>	
<b>3. Programming and installation of Pay Calculator</b> <ul style="list-style-type: none"><li>Inputting data into the calculator to tailor to the agreed upon Fort Bend County methodology</li><li>Modifying application of graphing comparisons to allow selection of comparable position</li><li>Uploading all initial Fort Bend census and structure for use in analysis (Fort Bend County to maintain updated data tables in backend of tool)</li></ul>	
<b>Fees: Anticipate up to thirty-five (36) hours of time at a combined hourly rate of \$350 per hour</b>	<b>Not to exceed \$12,600</b>

**Authority.** The signatures below indicate agreement by the Parties to the terms and conditions set forth in this SOW. This SOW may be executed in any number of counterparts using ink or electronic signatures, each of which will be deemed an original. This signed SOW constitutes

authorization for Segal to begin provision of the Services described herein and Segal agrees to commence such Services promptly upon receipt of a full-executed copy of this SOW.

\* \* \* \* \*

IN WITNESS WHEREOF, the Parties have executed this SOW as of the Effective Date.

**Segal, Inc.**

**Fort Bend County, TX**

By: R Eledge  
\_\_\_\_\_

By: KP George  
\_\_\_\_\_

Name: Ruth Ann Eledge

Name: KP George

Title: Vice President

Title: Fort Bend County Judge

Date: 09/22/2022

Date: September 27, 2022

# 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.**

The Segal Group  
New York, NY United States

**Certificate Number:**  
2022-938651

**Date Filed:**  
09/27/2022

**Date Acknowledged:**  
09/27/2022

**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 21-089 Compensation Study  
Professional Consulting 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)