

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

FORT BEND COUNTY

KP George
KP George, County Judge

October 25, 2022
Date

ATTEST:

Laura Richard
Laura Richard, County Clerk



**FORT BEND SENIORS AND MUCH,
MUCH, MORE**

Robert Hebert
Authorized Agent- Signature

Robert Hebert
Authorized Agent- Printed Name

CEO
Title

10-12-2022
Date

EXHIBIT A: RATE SCHEDULE

EXHIBIT A

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RATE SCHEDULE**

Fort Bend Seniors Meals on Wheels shall pay to the County:

- 1. \$66.24 per hour for services provided in vehicles owned by the County and**
- 2. \$75.29 per hour for services provided in vehicles owned by the County's Contractor.**

Fort Bend County will notify FBS Meals on Wheels of any rate increases within five (5) business days of any changes.

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:
2022-943502

Date Filed:
10/12/2022

Date Acknowledged:
10/26/2022

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
Fort Bend Seniors Meals on Wheels
Rosenberg, 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.
13538
Transportation 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)