

Contractor: SWCA, Inc.
Attn: Michael S. Crow, M.A., RPA 10245
West Little York Rd., Suite 600
Houston, Texas 77040

Except as provided herein, all terms and conditions of the Agreement, including any addenda or amendments, not modified shall remain in full force and effect. If there is a conflict between this Third Amendment and the Agreement, the provisions of this Third Amendment shall prevail regarding the conflict.

{Execution Page Follows}

{Remainder Intentionally Left Blank}


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, County Judge

SWCA, INC.



Michael Crow, M.A. RPA
SWCA Vice President, Gulf Coast

October 25, 2022
Date

10/13/2022
Date

ATTEST:






Laura Richard, County Clerk

AUDITOR'S CERTIFICATE

I hereby certify that funds are available in the amount of \$ 120,000.00 to accomplish and pay the obligation of Fort Bend County under this contract.



Robert E. 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:
2022-946451

Date Filed:
10/19/2022

Date Acknowledged:
10/25/2022

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
SWCA, Incorporated
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.
21-PURCH-100331-A3
Environmental 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)