

STATE OF TEXAS                   §  
   §  
COUNTY OF FORT BEND       §

**NINTH AMENDMENT TO AGREEMENT FOR INMATE FOOD SERVICES  
PURSUANT TO FORT BEND COUNTY RFP 15-058**

**THIS NINTH AMENDMENT** ("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, acting herein by and through its Commissioners Court ("County"), and Aramark Correctional Services, LLC ("Contractor"), a Delaware limited liability company, authorized to conduct business in the State of Texas, having its principal place of business located at 2400 Market St., Philadelphia, PA 19103 (collectively referred to as the "Parties").

WHEREAS, on or about July 2, 2015, the parties entered into an agreement for Inmate Food Services pursuant to Fort Bend County RFP 15-058 (as amended, the "Agreement"), which was amended on October 28, 2015, August 1, 2017, June 26, 2018, October 1, 2019, October 1, 2020, October 21, 2021, July 20, 2022, and October 4, 2022; and

WHEREAS, the aforementioned amendments to the Agreement are incorporated herein by reference as if written herein verbatim; and

WHEREAS, County and Contractor desire to amend said Agreement as hereinafter set forth.

**NOW, THEREFORE**, in consideration of the foregoing and of the mutual promises in the Agreement and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties agree as set forth below:


1.     **Extension.** This amendment was effective and shall extend the Agreement effective from January 1, 2023 through September 30, 2023, in all respects. The Parties acknowledge and agree that services were and will be supported by good and valuable consideration during the Term of this Amendment, the sufficiency of which is acknowledged by the Parties.
2.     **Maximum Compensation.** Contractor's fees shall be calculated at the rates set forth in the attached Exhibit A. Contractor further agrees that the Compensation for performance for services provided from January 1, 2023 through September 30, 2023, pursuant to this Amendment, shall not exceed One Hundred Fifty Thousand dollars and 00/100 (\$150,000.00). Maximum Compensation for the Agreement shall be increased to not more than One-Million Eight Hundred Ninety-Two Thousand Three Hundred Eighteen dollars and 00/100 (\$1,892,318.00). Maximum Compensation for each service year shall remain as stated herein if the average daily population of inmates during the term of the Agreement does not exceed one thousand (1000) inmates in custody. In no case shall the amount paid by County under this Amendment exceed the Maximum Compensation

without an approved change order and certification of additional funds by the Fort Bend County Auditor.

3. **Effect of Amendment.** Except as specifically set forth herein, all other terms and provisions of the Agreement shall remain unaffected by this Amendment and shall continue in full force and effect.


IN WITNESS WHEREOF, the parties hereto have signed or have caused their respective names to be signed to multiple counterparts to be effective on the date signed by the final party.

FORT BEND COUNTY

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

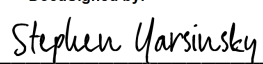
February 14, 2023  
Date

ATTEST:

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



ARAMARK CORRECTIONAL SERVICES, LLC

DocuSigned by:  
  
\_\_\_\_\_  
8DD54D02B0CD4AA...  
Authorized Agent  
Stephen Yarsinsky, VP-Finance

January 30, 2023  
Date

#### AUDITOR'S CERTIFICATE

I hereby certify that funds are available in the amount of \$ 1,892,318.00 to accomplish and pay the obligation of Fort Bend County under this contract.

  
\_\_\_\_\_  
Robert Ed Sturdivant, County Auditor

Exhibit A: Contractor's Price Scale

# Exhibit A

**Attachment A**

**Fort Bend, Texas**  
**Effective January 1, 2023 through September 30, 2023**

<b>Population</b>		<b>January 1, 2023 through September 30, 2023</b>
<b>Low</b>	<b>High</b>	<b>Proposed Pricing</b>
100	149	\$7.138
150	199	\$5.099
200	249	\$4.080
250	299	\$3.468
300	349	\$3.060
350	399	\$2.769
400	449	\$2.551
450	499	\$2.380
500	549	\$2.641
550	599	\$2.133
600	649	\$2.041
650	699	\$1.962
700	749	\$1.895
750	799	\$1.873
800	849	\$1.855
850	899	\$1.838
900	949	\$1.811
950	999	\$1.781
1000	1049	\$1.748
1050	1099	\$1.738
1100	1149	\$1.715
1150	1199	\$1.693
1200	1249	\$1.674
1250	1299	\$1.657
1300	1349	\$1.632

\*The population will be determined by dividing total inmate meals served per week by 21.

**Trustee meals:** \$3.583 per meal

**Staff Meals:** \$3.656 per meal

**Walk-in Staff Meals:** \$3.656 per meal

**A la carte items, as determined by SO Staff:** Priced by item at Aramark's actual cost + 10%

# 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.**

Aramark Correctional Services, LLC  
Philadelphia, PA United States

**Certificate Number:**  
2023-977106

**Date Filed:**  
01/28/2023

**Date Acknowledged:**  
02/14/2023

**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 Jail

**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 15-058  
Inmate Food Service

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Aramark Services, Inc.	Philadelphia, PA United States	X	

**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)