

STATE OF TEXAS                   §  
    §  
 COUNTY OF FORT BEND         §

**RENEWAL OF AGREEMENT FOR FFP FUNDING  
 BETWEEN JUSTICE BENEFITS, INC. AND FORT BEND COUNTY**

This Renewal is made and entered into by and between Fort Bend County, (hereinafter "County"), a body corporate and politic under the laws of the State of Texas, and Justice Benefits, Inc. as the general partner of JBI, LTD., a Texas limited partnership (hereinafter referred to as "JBI" or "Contractor").

WITNESSETH

WHEREAS, the parties have executed and accepted that certain *Agreement For FFP Funding Between Justice Benefits, Inc. And Fort Bend County* (the "Agreement,") on or about June 23, 2020, as renewed by document executed on August 3, 2021 and August 32, 2022; and

WHEREAS, County desires to renew the Agreement for an additional year; and

WHEREAS, the following changes are incorporated as if a part of the original Agreement by reference in the same as if fully set forth verbatim therein:

**NOW, THEREFORE**, the parties do mutually agree as follows:

The Agreement is hereby renewed for an additional one year period effective June 23, 2023, and will terminate on June 22, 2024.

Except as provided herein, all terms and conditions of the Agreement, including any addenda or amendments, not modified herein shall remain in full force and effect for the term of Agreement. If there is a conflict between this Renewal and the Agreement for FFP Funding Between Justice Benefits, Inc. and Fort Bend County, the provisions of this Renewal shall prevail with regard to the conflict.

IN TESTIMONY OF WHICH, THIS AGREEMENT shall be effective upon execution of all parties.

{Execution Page Follows}  
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FORT BEND COUNTY

JBH, LTD

KP George  
County Judge KP George

KP George, County Judge

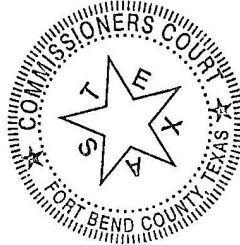
June 27, 2023

Date

ATTEST:

Laura Richard

Laura Richard, County Clerk



Kelsey Frye

Authorized Agent- Signature

Kelsey Frye

Authorized Agent- Printed Name

Vice President

Title

6-5-2023

Date

Reviewed by:

J. Johnson-Minter MD  
Jacquelyn Johnson-Minter, MD, MBA, MPH  
Director and Local Health Authority

### AUDITOR'S CERTIFICATE

I hereby certify that funds are available in the amount of \$ 90,000.00 to accomplish and pay the obligation of Fort Bend County under this contract.

Robert E. Sturdivant

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

JBI, Ltd. dba Justice Benefits, Inc.  
Coppell, TX United States

**Certificate Number:**  
2023-1030201

**Date Filed:**  
06/05/2023

**Date Acknowledged:**  
06/28/2023

**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

**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.**

28739  
MAC Reimbursements

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Brewer, Alexander N.	Coppell, TX United States	X	
	Liu, C. Robin	Coppell, TX United States	X	
	Brewer, Donald E.	Coppell, TX United States	X	
	Brewer, Edward A.	Coppell, TX United States	X	
	Wolf, Teresa	Coppell, TX 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)