

STATE OF TEXAS §
 §
 COUNTY OF FORT BEND §

**FOURTH AMENDMENT TO AGREEMENT FOR
 TRANSPORTATION SERVICES OF DECEDENTS
 RFP 21-042**

THIS FOURTH Amendment to Agreement for Transportation Services of Decedents (“Amendment”) 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 **CARING TRANSPORTS, LLC** (hereinafter “Contractor”), a company authorized to conduct business in the State of Texas; (collectively referred to herein as “Parties”).

WHEREAS, the Parties executed and accepted that certain Agreement For RFP 21-042 Transportation Services of Decedents on March 23, 2021, which was amended and renewed on August 24, 2021, and on January 11, 2022, and last amended and renewed on September 27, 2022 (hereinafter collectively referred to as “Agreement”), which is incorporated by reference as if set forth herein verbatim; and

WHEREAS, the Parties now desire to amend the Agreement by increasing the costs for transportation, and renewing the Agreement for an additional term.

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

1. The Agreement shall be amended to increase the cost for transportation from death scene/health care facility, or funeral home to the Fort Bend County Medical Examiner’s Office (including body bag) from \$175.00 to \$200.00 per transport, and increase the cost for transportation to/from the Medical Examiner’s Office to Oak Bend Medical Center in Richmond, Texas from \$75.00 to \$100.00 per transport, as reflected in the Proposed Pricing schedule attached as Exhibit A-4, and incorporated by reference.
2. The Agreement shall be renewed for an additional one (1) year term beginning October 1, 2023 and shall terminate September 30, 2024. This Agreement is renewable annually through September 30, 2026, if agreeable by the parties under the same terms and conditions.
3. In no case shall the amount paid by County for all Services under the Agreement and this Amendment exceed the Maximum Compensation as certified by the Fort Bend County Auditor.
4. This Amendment shall be effective as of the date signed by both Parties through the remainder of the term of the Agreement.

5. Except as provided herein, all terms and conditions of the Agreement, and any subsequent amendments that are not amended herein, shall remain unchanged.

{EXECUTION FOLLOWS}

IN WITNESS WHEREOF, this Amendment is signed, accepted, and agreed to by all Parties by and through the Parties or their agents or authorized representatives. All Parties hereby acknowledge that they have read and understood this Amendment. All Parties further acknowledge that they have executed this legal document voluntarily and of their own free will.

FORT BEND COUNTY

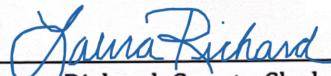

County Judge KP George

KP George, County Judge

September 26, 2023

Date

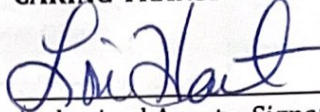
ATTEST:



Laura Richard, County Clerk



CARING TRANSPORTS LLC



Authorized Agent - Signature

LORI HART

Authorized Agent - Printed Name

OWNER


Title

9/7/2023

Date

AUDITOR'S CERTIFICATE

I hereby certify that funds are available in the amount of \$ 140,000.00 to accomplish and pay the obligation of Fort Bend County under this contract.



Robert Ed Sturdivant, County Auditor

Pricing

Table 4

Proposed Pricing		
Item No.	Description	Price Per Decedent
26.1	Transportation from death scene/health care facility, or funeral home to Fort Bend Medical Examiner Office	\$200.00 **
26.6	Transportation to/from Medical Examiner to/from Oak Bend Medical Center, Richmond.	\$100.00

**Price includes body bag.

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:
 2023-1071512

Date Filed:
 09/13/2023

Date Acknowledged:
 09/26/2023

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
 Caring Transports, LLC
 Palacios, 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.
 RFP 21-042
 Transportation of Decedents

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Hart, Lori	Palacios, 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)