

STATE OF TEXAS           §  
   §  
 COUNTY OF FORT BEND   §

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

**THIS FIFTH AMENDMENT** ("Fifth 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 on September 27, 2022, and last amended and renewed on September 26, 2023 (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 renewed for an additional one (1) year term beginning October 1, 2024 and shall terminate September 30, 2025. This Agreement is renewable annually through September 30, 2026, if agreeable by the parties under the same terms and conditions.
2. 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.
3. This Amendment shall be effective as of the date signed by both Parties through the remainder of the term of the Agreement.
4. 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**

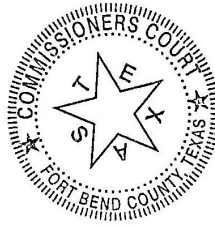
KP George  
KP George, County Judge

August 27, 2024

Date

ATTEST:

Laura Richard  
Laura Richard, County Clerk



**CARING TRANSPORTS LLC**

Lori Lynn Hart  
Authorized Agent – Signature

Lori Lynn Hart

Authorized Agent – Printed Name

Owner

Title

07/25/2024

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 E Sturdivant  
Robert Ed Sturdivant, County Auditor

i:\agreements\2024 agreements\purchasing\purchasing\caring transports llc (21-purch-100593-a1-a5)\5th amend to agmt for transportation of decedents.rfp 21-042.fy 2024-2025 (kcj - 7.23.2024)

# 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.**

Caring Transports, LLC  
Palacios, TX United States

**Certificate Number:**  
2024-1192294

**Date Filed:**  
07/25/2024

**Date Acknowledged:**  
08/27/2024

**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 Descendants

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)