STATE OF TEXAS

COUNTY OF FORT BEND

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## ELEVENTH AMENDMENT TO AGREEMENT FOR INMATE FOOD SERVICES PURSUANT TO FORT BEND COUNTY RFP 15-058

THIS ELEVENTH 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, October 4, 2022, February 14, 2023, and October 24, 2023; 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. The parties agree that the aforementioned amendments to the Agreement are incorporated herein by reference as if written herein verbatim. This amendment shall extend the Agreement effective from October 1, 2024 through September 30, 2025, in all respects. The Parties acknowledge and agree that services will be supported by good and valuable consideration during the Term of this Amendment, the sufficiency of which is acknowledged by the Parties.
- 2. Pricing. In accordance with Exhibit C of the Agreement, the parties agree that the price per meal charged to the County by Contractor for the Inmate meal shall be changed as set forth on <u>Attachment A</u> as a result of changes in the Consumer Price Index. This price shall be effective from October 1, 2024 through September 30, 2025 and shall supersede in all respects any prior price per meal.
- Maximum Compensation Increase for FY2024. The parties agree, due to an increase in inmates, that the Compensation for performance for services provided from October 1,

2023 through September 30, 2024, pursuant to this Amendment shall be increased to, and therefore shall not exceed, Two-Million Forty-Two Thousand Three Hundred Eighteen dollars and 00/100 (\$2,042,318.00). 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.

- 4. Maximum Compensation for FY2025. Contractor further agrees that the Compensation for performance for services provided from October 1, 2024 through September 30, 2025, pursuant to this Amendment shall not exceed Two-Million Two Hundred Ninety-Nine Thousand Five Hundred Seventy dollars and 00/100 (\$2,299,570.00). 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.
- 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.

**EXECUTION PAGE FOLLOWS** 

obligation of Fort Bend County under this contract.

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.

i:\agreements\2025 agreements\sheriff's office\aramark (21-so-500003-a11)\eleventh amendment for inmate food service.(21-so-500003-a11).docx bo

Robert Ed Sturdivant, County Auditor

## Attachment A

Fort Bend, Texas

Effective October 1, 2024 through September 30, 2025

Population		Oct 1, 2024 to September 30, 2024		
Low	High	Proj	posed Pricing	
100	149	\$	7.906	
150	199	\$	5.647	
200	249	\$	4.519	
250	299	\$	3.841	
300	349	\$	3.389	
350	399	\$	3.067	
400	449	\$	2.825	
450	499	\$	2.636	
500	549	\$	2.925	
550	599	\$	2.363	
600	649	\$	2.261	
650	699	\$	2.174	
700	749	\$	2.099	
750	799	\$	2.075	
800	849	\$	2.055	
850	899	\$	2.036	
900	949	\$	2.006	
950	999	\$	1.973	
1000	1049	\$	1.936	
1050	1099	\$	1.925	
1100	1149	\$	1.900	
1150	1199	\$	1.875	
1200	1249	\$	1.854	
1250	1299	\$	1.835	
1300	1349	\$	1.807	

<sup>\*</sup>Population will be determined by dividing total inmate meals per week by 21

Trustee Meals
Staff Meals
Walk in Staff Meals
Ala Carte items

\$3.968 per meal \$4.049 per meal \$4.049 per meal

Priced by item at Aramark's actual cost + 10%

## **CERTIFICATE OF INTERESTED PARTIES**

FORM **1295** 

					1 of 1		
	mplete Nos. 1 - 4 and 6 if there are interested parties. mplete 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 coun		Certificate Number:				
_	of business.	-	2024-1226117				
	Aramark Correctional Services, LLC		Data Filad.				
2	Philadelphia, PA United States  Name of governmental entity or state agency that is a party to the	ntity or state agency that is a party to the contract for which the form is			Date Filed: 10/14/2024		
_	being filed.						
	Fort Bend County			ate Acknowledged: 0/22/2024			
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi		CK or identity the	e contract, and pro	vide a		
	RFP 15-058						
	Inmate Food Service						
		Nature o	Nature of interest				
4	Name of Interested Party City, State, Country (place of b		lace of business	iness) (check applicable)			
				Controlling	Intermediary		
Αı	ramark Services, Inc.	Philadelphia, PA United States		Х			
_							
_							
_							
_							
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	h is					
	My address is						
	(street)	(city)	(state	) (zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and corre	ct.					
	Executed inCount	ty, State of	, on the	day of	, 20		
				(month)	(year)		
		Signature of authorized agent of contracting business entity (Declarant)					