STATE OF TEXAS §

COUNTY OF FORT BEND §

TWELFTH AMENDMENT TO AGREEMENT FOR PROFESSIONAL CONSULTING SERVICES EMERGENCY MANAGEMENT AND GRANT MANAGEMENT SERVICES COVID-19

THIS TWELFTH AMENDMENT ("Twelfth 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 MPACT Strategic Consulting, LLC (hereinafter "Contractor"), a company authorized to conduct business in the State of Texas.

WHEREAS, the parties executed and accepted that certain Agreement for Professional Consulting Services Emergency Management and Grant Management Services COVID-19, on or about April 14, 2020, as amended on June 23, 2020, August 4, 2020, October 13, 2020, December 15, 2020, March 23, 2021, June 22, 2021, September 28, 2021, September 7, 2022, December 23, 2022, August 8, 2023 and December 5, 2023 (collectively the "Agreement"); and

WHEREAS, County wishes to amend the Agreement to extend the Time of Performance and add additional funding;

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

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

1. The Maximum Compensation payable to Contractor for the performance of Services is hereby increased to an amount not to exceed thirty-three million two hundred nine thousand nine hundred twenty-nine dollars and ninety-five cents (\$33,209,929.95) authorized as follows:

\$32,230,821.95 under the Agreement; and \$924,300.00 under this Twelfth Amendment.

- 2. In no case shall the amount paid by County for all Services under the Agreement and this Twelfth Amendment exceed the Maximum Compensation without written agreement executed by both parties.
- The parties agree the terms and conditions of the Agreement have remained in effect to date and are hereby extended to end no later than June 30, 2025

Except as provided herein, all terms and conditions of the Agreement, including any addenda or amendments, not modified shall remain in full force and effect. If there is a conflict between this Twelfth Amendment and the Agreement, the provisions of this Twelfth Amendment shall prevail regarding the conflict.

IN WITNESS WHEREOF, the parties put their hands to this Twelfth Amendment on the dates indicated below.

FORT BEND COUNTY		MPACT STRATEGIC CONSULTING, LLC			
Kllicorge					
KP George, County Judge A		Authorized Agent – Signature			
		Spurgeon Robinson			
November 12, 2024					
Date Date		Authorized Agent – Printed Name			
		Spurgeon Robinson			
ATTEST:	S A A S S S S S S S S S S S S S S S S S	Title			
Kaura Richard	BEND COUNTY	President			
Laura Richard, County Clerk		Date			
		09/30/2024			
	AUDITOR'S CERTIF	ICATE			
I hereby certify that	funds are available in	the amount of \$ 33,329,929.95 to			
accomplish and pay the obli	gation of Fort Bend Co	unty under this contract.			
Put & Sturley I					
Robert Ed Sturdivant, County Auditor					

CONFIDENTIAL INFORMATION HAS BEEN REMOVED

(pages 3 - 6)

PLEASE CALL

281-341-8640 WITH ANY QUESTIONS.

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.			Certificate Number: 2024-1230970			
	MPACT Strategic Consulting, LLC		202	4-1230970			
	Houston, TX United States		Date	e Filed:			
2	Name of governmental entity or state agency that is a party to the contract for which the form is			10/24/2024			
	being filed. Fort Bend County		Date	e Acknowledged:			
	Fort Bend County			L2/2024			
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provide	contract, and prov	vide a				
	28490						
	Professional Consulting Services (a12)						
4				Nature of interest			
-	Name of Interested Party City, State, Country (place of busing		siness)	(check ap			
				Controlling	Intermediary		
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, and my date of birth is					
	Mu addusas is						
	My address is(street)	(city)	(state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct	t.					
	Executed inCounty	v, State of, on t	he	_day of	, 20		
				(month)	(year)		
	Signature of authorized agent of contracting business entity (Declarant)						