



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

**FORT BEND COUNTY**

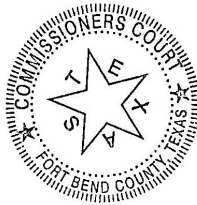
**MPACT STRATEGIC CONSULTING, LLC**

KP George  
KP George, County Judge

November 12, 2024  
Date

**ATTEST:**

Laura Richard  
Laura Richard, County Clerk



\_\_\_\_\_  
Authorized Agent – Signature

Spurgeon Robinson

\_\_\_\_\_  
Authorized Agent – Printed Name  
Spurgeon Robinson

\_\_\_\_\_  
Title  
President

\_\_\_\_\_  
Date  
09/30/2024

**AUDITOR'S CERTIFICATE**

I hereby certify that funds are available in the amount of \$ 33,329,929.95 to accomplish and pay the obligation of Fort Bend County under this contract.

Robert E Sturdivant  
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.**

MPACT Strategic Consulting, LLC  
Houston, TX United States

**Certificate Number:**  
2024-1230970

**Date Filed:**  
10/24/2024

**Date Acknowledged:**  
11/12/2024

**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.**

28490  
Professional Consulting Services (a12)

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)