

STATE OF TEXAS §
 §
 COUNTY OF FORT BEND §

**FIRST AMENDMENT TO PROFESSIONAL SERVICES AGREEMENT FOR
 INTELLIGENCE ANALYSTS BETWEEN FORT BEND COUNTY AND
 MEADOR STAFFING SERVICES, INC.**

This First Amendment to Professional Services Agreement, 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 **Meador Staffing Services Inc.** (hereinafter "Contractor"), a company authorized to conduct business in the State of Texas.

WHEREAS, the parties have executed and accepted that certain Professional Services Agreement for Intelligence Analysts between Fort Bend County and Meador Staffing Services, Inc. on or about November 27, 2024 (the "Agreement"); and

WHEREAS, the Sheriff's Office has received grant funding for Intelligence Analyst Services under the High Intensity Drug Trafficking Areas (HIDTA) Program Grant: G22HN0010A; and

WHEREAS, County desires that Contractor to continue to provide professional services for the Sheriff's Office (hereinafter "Services"); and

WHEREAS, the Agreement is expressly contingent on funding from this HIDTA grant which shall be used for the payment of Services as described in the Agreement; and

WHEREAS, the parties desire to Increase the limit of appropriation; and

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. Contractor clearly understands and agrees, such understanding and agreement being of the absolute essence of this Agreement, that the total maximum sum County shall have available is increased by one hundred fifteen thousand five hundred sixty-two dollars (\$115,562.00) specifically allocated to fully discharge any and all liabilities County may incur under the Agreement.
2. Contractor does further understand and agree, said understanding and agreement also being of the absolute essence of this Agreement, that the total maximum compensation that Contractor may become entitled to and the total maximum sum that County may become liable to pay to Contractor is hereby increased and shall not under any conditions, circumstances, or interpretations thereof exceed eight hundred sixty-four thousand three hundred twenty two dollars (\$864,322.00).

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 13 day of May, 2025.

FORT BEND COUNTY

KP George

KP George, County Judge

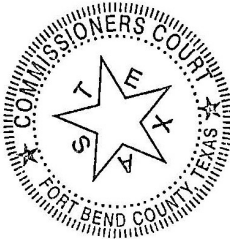
May 13, 2025

Date

ATTEST:

Laura Richard

Laura Richard, County Clerk



MEADOR STAFFING, INC.

Linda Fields

Authorized Agent- Signature

Linda Fields

Authorized Agent- Printed Name

Vice President, Executive Search

Agent's Title

5/1/2025

Date

REVIEWED:

Eric Fagan

ERIC FAGAN

FT BEND COUNTY SHERIFF

AUDITOR'S CERTIFICATE

I hereby certify that funds are available in the amount of \$864,322.00 to accomplish and pay the obligation of Fort Bend County under this contract.

Robert Ed Sturdivant

Robert Ed Sturdivant, County Auditor

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.**

Meador Staffing Services
Pasadena, TX United States

Certificate Number:
2025-1303283

Date Filed:
05/01/2025

Date Acknowledged:
05/13/2025

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.

Agreement 24-SO-101016-A1
Staffing

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)