

4. In no case shall the amount paid by County for all Services under the Agreement and this Amendment exceed the Maximum Compensation without an agreement executed by the parties.

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 Amendment and the Agreement, the provisions of this Amendment shall prevail with regard to the conflict.

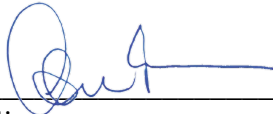
IN WITNESS WHEREOF, the parties put their hands to this Second Amendment on the dates indicated below.

FORT BEND COUNTY



KP George, County Judge

**SALVATION ARMY OF
GREATER HOUSTON**



Signature

Art Penhale, Texas Divisional
Commander

Printed Name, Title

August 26, 2025

Date

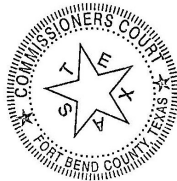
8/21/25

Date

ATTEST:

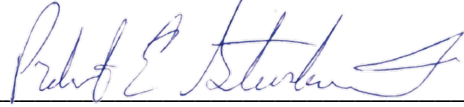


Laura Richard, County Clerk



AUDITOR'S CERTIFICATE

I hereby certify that funds are available in the amount of \$ 25,155.00
accomplish and pay the obligation of the Fort Bend County under this contract.

A handwritten signature in blue ink, appearing to read "Robert Ed Sturdivant", written over a horizontal line.

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**

Certificate Number:
 2025-1353389

Date Filed:
 08/21/2025

Date Acknowledged:
 08/26/2025

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
 The Salvation Army of Greater Houston
 Houston , TX United States

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.
 25-ComDEV-100695
 Provide rental assistance for Homeless Prevention through HUD ESG

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 _____, _____, _____, _____, _____.
(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)