

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

FORT BEND COUNTY



KP George, County Judge

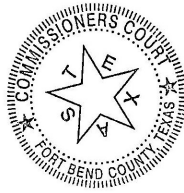
August 26, 2025

Date

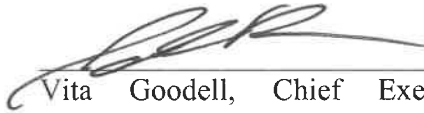
ATTEST:



Laura Richard, County Clerk



**FORT BEND COUNTY
WOMEN'S CENTER**



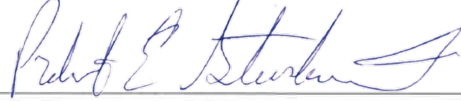
Vita Goodell, Chief Executive
Officer
Josh Brown, CEO (New Current CEO)

8/19/25

Date

AUDITOR'S CERTIFICATE

I hereby certify that funds are available in the amount of \$ 112,074.00
accomplish and pay the obligation of the Fort Bend County under this contract.

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

Robert Ed Sturdivant, County Auditor

EXHIBIT B

EXHIBIT B
REVISED PROJECT BUDGET (AUGUST 2025)
FORT BEND COUNTY WOMEN’S CENTER

I. Maximum Compensation.

It is expressly agreed and understood that the total amount to be paid for and in consideration of the Project as herein set forth by the County shall not exceed the total sum of **One-Hundred Twelve Thousand Seventy-Four 00/100 dollars (\$112,074.00)** as set forth below, “**Total ESG Funds**”, which shall be in full and total compensation allocated by the County for payment of all expenses allowed under this Agreement and the Grant Agreement with HUD.

II. Budget for ESG Funds.

Program Costs	Total ESG Funds:	Fort Bend County Women’s Center Matching Funds:	Total Program Budget:
Essential service: Client out patient health care, Shelter Case managers, Lead shelter case manager/ fringe benefits	\$66,574.00	\$66,574.00	\$133,148.00
Shelter operations: Shelter maintenance repairs, Utilities, Shelter food/supplies, Communication, Auto Insurance, Fuel	\$45,500.00	\$45,500.00	\$91,000.00
Totals:	\$112,074.00	\$112,074.00	\$224,148.00

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:
 2025-1352075

Date Filed:
 08/19/2025

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.
 Fort Bend County Women's Center
 Richmond, TX, 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 Women's Center

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.
 E-24-UC-48-0004 \$10500
 Emergency Solutions Grant Program

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)