

STATE OF TEXAS §
 §
 COUNTY OF FORT BEND §

FOURTH AMENDMENT AND RENEWAL OF AGREEMENT
 (Deer Oaks EAP Services, LLC dba AllOne Health – FY 2026)

This Fourth Amendment and Fourth Renewal of Agreement (“Fourth Renewal”) is made and entered into by and between FORT BEND COUNTY, TEXAS (“County”), a political subdivision of the state of Texas, and DEER OAKS EAP SERVICES, LLC dba AllOne Health (“Contractor”), a Delaware limited liability company. County and Contractor may be referred to individually as a “Party” or collectively as the “Parties.”

WHEREAS, Contractor is a national employee assistance and work/life company that provides services to improve the health and well-being of employees; and

WHEREAS, Pursuant to RFP 22-027, County and Contractor entered into that certain Agreement (the “Agreement”) on March 16, 2022 to provide such health and wellness services to County employees (the “Services”), and as amended and renewed on February 28, 2023 and February 13, 2024 and last amended and renewed on March 25, 2025 (collectively the “Renewal”); and

WHEREAS, County and Contractor desire to renew the Agreement for the continuation of such services, to amend certain terms, and to otherwise ratify and confirm all the terms and conditions as set forth therein; and

NOW, THEREFORE, in consideration of the foregoing, the Parties do mutually agree that the Agreement between the Parties is hereby renewed and amended as follows:

- (1) **Term.** The term of this Fourth Renewal shall begin on April 1, 2026 and shall terminate at 11:59 pm on March 31, 2027 unless sooner terminated in accordance with the terms and conditions of the Agreement.
- (2) **Limit of Appropriation.** Contractor understands and agrees that the Maximum Compensation for the performance of services by Contractor under this Fourth Renewal is Eighty-Seven Thousand and 00/100 Dollars (\$87,000.00). In no event shall the amount paid by County under this Fourth Renewal exceed the Maximum Compensation without a County approved change order.

Contractor clearly understands and agrees, such understanding and agreement being of the absolute essence of this Agreement, that County shall have available the total maximum sum of Eighty-Seven Thousand and 00/100 Dollars (\$87,000.00) specifically allocated to fully discharge any and all liabilities County may incur under this Agreement.

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 under this Agreement shall not under any conditions, circumstances, or interpretations thereof exceed Eighty-Seven Thousand and 00/100 Dollars (\$87,000.00).

Contractor further understands and agrees that this Limit of Appropriations is not a guarantee that Contractor will receive the entire amount of Eighty-Seven Thousand and 00/100 Dollars (\$87,000.00), but a statement that all fees and additional costs for this Agreement, when combined, shall not exceed said amount.

- (3) **Recitals.** The recitals set forth above are incorporated herein by reference and made a part of this Agreement.
- (4) **Human Trafficking.** BY ACCEPTANCE OF THIS RENEWAL, CONTRACTOR ACKNOWLEDGES THAT FORT BEND COUNTY IS OPPOSED TO HUMAN TRAFFICKING AND THAT NO COUNTY FUNDS WILL BE USED IN SUPPORT OF SERVICES OR ACTIVITIES THAT VIOLATE HUMAN TRAFFICKING LAWS.
- (5) **Modifications.** Except as modified herein, the Agreement shall remain in full force and effect and has not been otherwise modified or amended. All other terms, conditions, pricing, and additional renewal terms provided in the Agreement shall remain the same.
- (6) **Conflict.** If there is a conflict among documents that make up the Agreement, this Fourth Renewal shall prevail with regard to the conflict.
- (7) **Multiple Counterparts.** This Renewal may be executed in multiple counterparts, each of which will be deemed an original for all intents and purposes.

{Execution Page Follows}

IN WITNESS WHEREOF, this Fourth Renewal is signed, accepted, and agreed to by all Parties by and through the Parties or their agents or authorized representatives. All Parties hereby acknowledge that they have read and understood this Fourth Renewal. All Parties further acknowledge that they have executed this legal document voluntarily and of their own free will.

FORT BEND COUNTY, TEXAS

DEER OAKS EAP SERVICES, LLC DBA ALLONE HEALTH

KP George
KP George, County Judge

Keith Wasley (Jan 12, 2026 12:57:16 EST)

February 12, 2026
Date

Authorized Agent – Signature

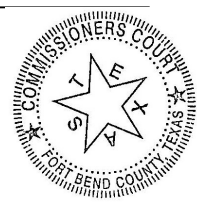
Keith Wasley
Authorized Agent- Printed Name

President
Title

ATTEST:

Laura Richard
Laura Richard, County Clerk

12/01/2026
Date



AUDITOR'S CERTIFICATE

I hereby certify that funds in the amount of \$ 87,000.00 are available to pay the obligation of Fort Bend County, Texas within the foregoing Agreement.

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**

Certificate Number:
2025-1400442

Date Filed:
12/15/2025

Date Acknowledged:
02/12/2026

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
Deer Oaks EAP Services LLC, dba AllOne Health
Wilkes-Barre, PA 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.
R22-027
Employee Assistance 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)