

**1. Scope of Services**

Mothers' Milk Bank of North Texas accepts this Amendment and will revise the Work Plan to fulfill the Amendment's goals. Total funding, including this Amendment is \$30,580.00. The following contract amount changed:

Increase      \$15,820.00      Human Milk for HIV exposed infants for a total of \$30,580.00

**2. Cost**

The COUNTY will pay up to \$30,580.00 pursuant to this contract. COUNTY will pay within thirty (30) days of invoice receipt when the PROVIDER satisfies the following conditions:

- 4.1 PROVIDER will bill for services performed under this contract;
- 4.2 PROVIDER will send invoices to Tarrant County, HIV Administrative Agency, 2300 Circle Drive, Suite 2306, Fort Worth, Texas 76119; or to TCAAFinancial@tarrantcountytx.gov
- 4.3 PROVIDER will bill at the rate of \$20.00 per 200ml of human milk; one 200ml of human milk equals one unit of service;
- 4.4 PROVIDER will bill at the rate of \$20.00 per shipment for dry ice and shipping container;
- 4.5 Bill will be submitted monthly by the 22<sup>nd</sup> of each month, in an agreed upon format, in months when expenses are incurred.

**3. Special Provisions**

**Compliance with Laws**

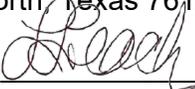
In providing the services required by this Agreement, Subrecipient must observe and comply with all applicable federal, state, and local statutes, ordinances, rules, and regulations, including, without limitation, workers' compensation laws, minimum and maximum salary and wage statutes and regulations, and non-discrimination laws and regulations. Subrecipient shall be responsible for ensuring its compliance with any laws and regulations applicable to its business, including maintaining any necessary licenses and permits.

**Remainder of page intentionally left blank**

SIGNED AND EXECUTED this \_\_\_\_\_ day of \_\_\_\_\_, 2023.

**MOTHER'S MILK BANK OF NORTH TEXAS**

7617 Benbrook Parkway  
Fort Worth, Texas 76126

By:  Leslie Leach

Title: Director of Resources

Date: 03/07/2023

**COUNTY OF TARRANT  
STATE OF TEXAS**

\_\_\_\_\_  
Tim O'Hare  
County Judge

APPROVED AS TO FORM:

  
Criminal District Attorney's Office\*

\*By law, the Criminal District Attorney's Office may only approve contracts for its clients. We reviewed this document as to form from our client's legal perspective. Other parties may not rely on this approval. Instead those parties should seek contract review from independent counsel.

CERTIFICATION OF FUNDS IN THE AMOUNT OF: \$ \_\_\_\_\_

\_\_\_\_\_  
Auditor Date: \_\_\_\_\_

# 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:  
 2022-914142

Date Filed:  
 07/25/2022

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Mothers' Milk Bank of North Texas  
 Fort Worth, 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.

Tarrant 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.

618341  
 human donor milk

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.

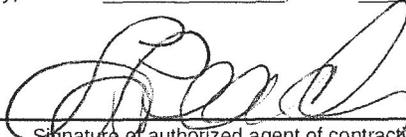
6 UNSWORN DECLARATION

My name is Leslie Leach, and my date of birth is 03/25/1963.

My address is 7617 Benbrook Parkway, Fort Worth, TX, 76126, USA.  
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Tarrant County, State of Texas, on the 25 day of July, 2022.  
(month) (year)

  
 \_\_\_\_\_  
 Signature of authorized agent of contracting business entity  
 (Declarant)