



2812 S. Bus. Hwy 2811
Edinburg, Texas 78539
Phone: (956) 318-2626
Fax: (956) 318-2629
www.co.hidalgo.tx.us/purchasing

TRANSMITTAL FORM

Today's Date:	<u>08/02/2021</u>	Department:	<u>110 - County Judge</u>
Contract No.:	<u>C-20-609-10-27</u>	Effective Date:	<u>10.27.2020</u>
Description of Project:	<u>Amendment - Curative MOU</u>		
Awarded Vendor:	<u>Curative</u>		
CC Approval on	<u>07/27/2021</u>	AI-	<u>81788</u>

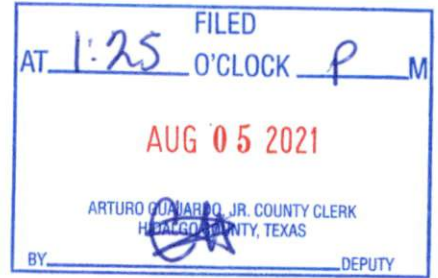
Routing of documents:

- 1. Executive Office – Attn: Monica Salinas
- 2. District Attorney's Office – Attn: Josephine Ramirez-Solis
- 3. County Judge's Office – Attn: Richard F. Cortez
- 4. County Clerk's Office – Attn: Arturo Guajardo, Jr.
- 5. Purchasing Department – Attn: Heidi Ortiz ext. 4877

ATTENTION COUNTY CLERK'S OFFICE:

Please do not attach the following to the minutes of this agenda due to the confidential nature of the information contained herein:

- Contract/Agreement
- Exhibit A – RFB Procurement Packet
- Exhibit B – Fee Schedule/Bid Page (Pgs. _____ to _____)
- Exhibit C – Certificate of Liability Insurance
- Other: _____



THE STATE OF TEXAS §
 §
COUNTY OF HIDALGO §

**FIRST AMENDMENT TO
MEMORANDUM AGREEMENT BETWEEN THE COUNTY OF
HIDALGO AND CURATIVE**

THIS FIRST AMENDMENT TO THE MEMORANDUM AGREEMENT (“Agreement”) is made and entered the 30th day of June, 2021 by and between **HIDALGO COUNTY, TEXAS**, (“County”) and **CURATIVE, INC.** (“Vendor”).

WITNESSETH:

WHEREAS, on October 27, 2021, County and Vendor entered into a memorandum Agreement to provide testing for COVID-19 in direct response to the COVID-19 public health emergency; and

WHEREAS, County is a unit of local government of the State of Texas, charged with responding to the public health emergency on behalf of its citizens; and

WHEREAS, Vendor and the County (together, the “Parties”) have chosen to collaborate on COVID-19 testing; and

WHEREAS, the County finds that this collaboration, as it relates to the providing additional COVID testing programs to individuals and families of the County that have been directly impacted by the COVID-19 public health emergency, serves a public purpose for the health, safety, and wellbeing of the residents of the County of Hidalgo; and

WHEREAS, County has agreed to permit Vendor to utilize public spaces and/or locations to provide services during the above referenced public health emergency/declared disaster; and

WHEREAS, County and Vendor now desire to amend the Agreement to specify the County locations which may be utilized by the Vendor to provide services during the public health emergency/declared disaster and to further clarify the services to be provided at said locations;

NOW, THEREFORE, for and in consideration of the terms and provisions set forth herein, for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, County and Vendor hereby agree to the following amendment to the Agreement.

1. The locations where services are to be provided as per the Agreement between the parties is further clarified to include the attached as **Exhibit A**, which is incorporated herein for all purposes. Vendor may provide services during the public health emergency/declared disaster at the locations provided in the attached **Exhibit A**.

2. The services to be provided by Vendor shall include COVID-19 testing kits which will allow for screening of other respiratory viruses and infections including but not limited to the SARS-CoV-2.

3. Except as modified herein, all terms and conditions of the Agreement, remain in full force and effect. County and Vendor ratify and confirm the terms and provisions of the Agreement as amended herein.

EXECUTED and effective as of the day and year first written above.

COUNTY OF HIDALGO, TEXAS

By: *Richard F. Cortez*
 Richard F. Cortez, County Judge

CURATIVE, INC.

By: *Ryan Souders*
 Vendor
 Ryan Souders, General Counsel

ATTEST:

Arturo Guajardo Jr.
 Arturo Guajardo Jr., County Clerk



Approved by Commissioners Court on: _____

APPROVED BY
 COMMISSIONERS COURT
 ON: *7-27-21 MM*

APPROVED AS TO FORM:
 Office of the Hidalgo County Criminal District Attorney
 Ricardo Rodriguez, Jr.
 By: *WM Rodriguez Jr.* JAS
 Assistant District Attorney

First Amendment to Memorandum Agreement between Hidalgo County and Curative

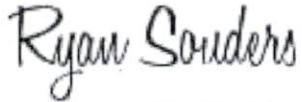
EXHIBIT A

The locations where services are to be provided as per the Agreement between the parties are updated as follows:

- a. McAllen Public Library- 4001 N. 23rd St. McAllen, TX 78501
- b. The Endowment Center- San Carlos 107 Sunflower Rd. Edinburg, TX 78539
- c. Hidalgo County Administration Building (Old K-Mart Building)- 2804 S. Business Hwy 281 parking lot, Edinburg, TX 78539

Signatures

For Curative Inc.
Name Ryan Souders
Title General Counsel



Signed on 2021-07-03 00:43:28 GMT

Secured by Concord™
DocumentID: NDBnNDA2NTMfMh
SigningID: ZGU1ZmFjODgtYT
Signing date: 7/3/2021
IP Address: 108.185.168.94
Email: ryansouders@curative.com

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.

Curative Inc.
 San Dimas, CA United States

Certificate Number:
 2021-783672

Date Filed:
 07/27/2021

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Hidalgo County Health and Human Services

Date Acknowledged:
 08/02/2021

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.

C-20-609 Second Amendment
 COVID-19 Testing Service

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Wilson-Ciranna, Tami	San Dimas, TX United States	X	

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)

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

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4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Wilson-Ciranna, Tami	San Dimas, TX United States	X	

5 Check only if there is NO Interested Party.


6 UNSWORN DECLARATION

My name is Tami Wilson-Ciranna and my date of birth is June 19, 1965.

My address is 435 Stanford Dr. Arcadia CA 91007 USA.
(street) (city) (state) (zip code) (country)

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

Executed in Los Angeles County, State of CA, on the 27 day of July, 2021.
(month) (year)



 Signature of authorized agent of contracting business entity
 (Declarant)