

**AGREEMENT WITH FAMILY TIES  
FOR COMMUNITY SUPPORT SERVICES**

This Agreement with Family Ties for Community Support Services (“Agreement”) is entered into by and between Waller County (“County”) and Family Ties (“Vendor”), a 501(c)(3) nonprofit organization.

**WHEREAS, COUNTY** has the authority to enter into contracts with Family Ties for community support services, including treatment for victims of family violence, sexual assault, and child abuse; and

**WHEREAS, VENDOR**, desires to enter into such a contract for the provision of community support services to victims of violence and abuse.

**IT IS THEREFORE AGREED THAT:**

1. **VENDOR** will furnish community support services to victims of violence and abuse in Waller County.
2. **VENDOR** will provide personnel that are adequately trained or certified.

**TERM**

**THE TERM OF THIS AGREEMENT** shall commence on January 1, 2026 and continue for one year until December 31, 2026. This Agreement may be cancelled only by thirty (30) days advanced written notice given by the party desiring cancellation showing good cause for the cancellation of same, either party may request a hearing to give reasons for the cancellation of same, within thirty (30) days of receipt of notice desiring cancellation addressed to:

**COUNTY:**

Waller County Judge  
836 Austin Street, Suite 4300  
Hempstead, TX 77445

**VENDOR:**

Family Ties  
2114 Fields Store Road  
Waller, TX 77484

Family Ties shall indemnify and save harmless **COUNTY** and its agents and employees from all suits, actions, or claims of any character, type or description, brought or made for or on account of, any injuries or damages received or sustained by any person or property, arising out of, or occasioned by, the acts of **VENDOR** or its agents or employees, in the execution or performance of this contract.

**NO MONIES** paid to **VENDOR** shall be expended for any purpose other than for the provision of education, prevention and intervention of domestic violence and other family crisis issues.

**VENDOR** shall keep detailed financial records and shall submit to the Waller County Commissioners Court an annual financial report itemizing all income and expenditures.

**ALL BOOKS AND RECORDS** of Family Ties shall be open for audit, during normal business hours, to the Waller County Auditor, and to such persons as may be given that authority, in writing by the Waller County Auditor of the Waller County Commissioners Court.

**VENDOR** shall furnish to the **COUNTY** a copy of its Certificate of Liability Insurance stating the amount of liability coverage carried by the **VENDOR**.

**THIS AGREEMENT** is effective upon acceptance by order of the Waller County Commissioners Court.

**FAMILY TIES**

 4/7/20  
\_\_\_\_\_  
**Executive Director**

**Attested by:**

\_\_\_\_\_  
**Secretary**

\_\_\_\_\_  
**Date**

**WALLER COUNTY**

\_\_\_\_\_  
**County Judge**

**Attested by:**

\_\_\_\_\_  
**County Clerk**

\_\_\_\_\_  
**Date**