OFFICE OF COUNTY PURCHASING AGENT

Fort Bend County, Texas

Term Contract Renewal Form

Solicitation #: Bid 14-013

Title: Term Contract for Hydro-Insensitive Polyurethane Foam Materials and Labor

Contracted Vendor: Uretek, USA

Mr. Jim Reid,

Our contract with your company for the above referenced expires <u>September 30, 2017</u>. Contract provisions allow for renewal of this contract if mutually agreeable.

If your company wishes to renew this contract through <u>September 30, 2018</u> under the same terms and conditions, please complete the information below and return this form along with a Form 1295 by e-mail to <u>cheryl.krejci@fortbendcountytx.gov</u>. Purchasing will then take the matter before the Commissioner's Court of Fort Bend County for their consideration. Please respond to this email by <u>Wednesday</u>, <u>June 7, 2017, 5:00 PM</u>.

Yes, I agree to renewing our agreement with Fort Bend County under the same terms and conditions.

No, I do not wish to renew our agreement with Fort Bend County.

If Yes, please provide a Form 1295 along with this renewal form by replying to this email.

Effective January 1, 2016 all contracts executed by Commissioners Court, regardless of the dollar amount, will require completion of Form 1295 "Certificate of Interested Parties", per the new Government Code Statute §2252.908. All vendors submitting a response to a formal Bid, RFP, SOQ or any contracts, contract amendments, extensions or renewals are required to complete the Form 1295 online through the State of Texas Ethics Commission website. Please visit:

https://www.ethics.state.tx.us/whatsnew/elf_info_form1295.htm.

On-line instructions:

Name of governmental entity is to read: Fort Bend County . Identification number used by the

governmental entity is: <u>B14-013</u>. Description is to read: <u>Term Contract for Hydro-Insensitive</u>

Polyurethane Foam Materials and Labor .

After receiving the Form 1295 with the Certification Number and Date Filed, please print the form, have notarized and sign, then email the Form 1295 and this Term Contract Renewal Form to cheryl.krejci@fortbendcountytx.gov.

Signature of Authorized Representative

Date

Printed Name and Title of Authorized Representative

CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

1 of 1

| _ | | | | | 1011 | |
|---|---|--|--------------------|--------------------|--------------|--|
| | 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. | | CEF | OFFICE USE | | |
| 1 | Name of business entity filing form, and the city, state and country of the business entity's place of business. | | | icate Number: | | |
| | URETEK USA, INC. | | | 2017-219682 | | |
| | Tomball, TX United States | | | Date Filed: | | |
| 2 | Name of governmental entity or state agency that is a party to the contract for which the form is | | | 06/06/2017 | | |
| | being filed. Fort Bend County | | Date Acknowledged: | | | |
| | Tort Bend County | | Date | Acknowledged: | | |
| 3 | rovide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a escription of the services, goods, or other property to be provided under the contract. | | | | | |
| | B14-013 | | | | | |
| | Term Contract for Hydro-Insensitive Polyurethane Foam Mater | rials and Labor | | | | |
| _ | Nature of interest | | | | | |
| 4 | Name of Interested Party | City, State, Country (place of busine | | | | |
| | | | | Controlling | Intermediary | |
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| 5 | Check only if there is NO Interested Party. | | | | | |
| 6 | AFFIDAVIT I swear, or a | affirm, under penalty of perjury, that the | above | disclosure is true | and correct | |
| | THERESA UHLMANN MY COMMISSION EXPIRES October 26, 2019 | Signature of authorized agent of contracting business entity | | | | |
| | • | | | | | |
| | FFIX NOTARY STAMP / SEAL ABOVE | | | | | |
| | Sworn to and subscribed before me, by the said Michael R. Vintor, this the day of June, 20_17, to certify which, witness my hand and seal of office. Here's a Manager Ast. Meralins N Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath | | | | | |
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| | Signature of officer administering oath Printed name of of | fficer administering oath Ti | tle of c | fficer administeri | ng oath / | |
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