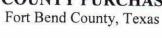
## OFFICE OF COUNTY PURCHASING AGENT





Solicitation #: Bid 16-023

Title: Term Contract for Auto Body Repairs

Contracted Vendor: Fort Bend Body Shop and Storage

Mr. Stegemiller,

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

If your company wishes to renew this contract through September 30, 2018 under the same terms and conditions, please complete the information below and return this form along with a Form 1295 by e-mail to cheryl.krejci@fortbendcountytx.gov . Purchasing will then take the matter before the Commissioner's Court of Fort Bend County for their consideration. Please respond to this email by Tuesday, July 25, 2017, 5:00 PM.

X	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: B16-023.

Description is to read: Term Contract for Auto Body Repairs .

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

Signature of Authorized Representative

Digitally signed by Robert Stegemiller Date: 2017.07.21 13:54:39 -05'00'

7/21/2017

Date

Robert Stegemiller - owner Fort Bend Body Shop

Printed Name and Title of Authorized Representative

## **CERTIFICATE OF INTERESTED PARTIES**

FORM 1295

1 of 1

Г								
	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			Certificate Number:				
l	of business. Fort Bend Body Shop			2017-239833				
l	Rosenberg, TX United States							
2		stract for which the form is	Date Filed: 07/21/2017					
	reing med.			01/21/2017				
	FORT BEND COUNTY	Date Acknowledged:						
3	Provide the identification number used by the governmental with							
ľ	description of the services, goods, or other property to be provided us	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.						
	B16-023	B16-023						
	Term Contract for Auto Body Repairs.							
4				Nature of	intorost			
ľ	A CONTRACTOR OF THE PROPERTY O	City, State, Country (place of business)		Nature of interest (check applicable)				
_				Controlling	Intermediary			
					•			
			-					
			+					
_								
			+					
			-					
5	Check only if there is NO Interested Party.							
•	X							
6	AFFIDAVIT							
1	I swear, or affirm,	under penalty of perjury, that the al	bove dis	sclosure is true	and correct.			
	AMBER DAY							
	Notary Public, State of Texas Comm. Expires 01-27-2021							
Į	Notary ID 130984318							
	Signature of authorized agent of contracting business entity							
	AFFIX NOTARY STAMP / SEAL ABOVE							
Sworn to and subscribed before me, by the said Robert Steanwiller thinks 215t Tulu								
	Sworn to and subscribed before me, by the said Kobert Stegemiller, this the 25 day of July, to certify which, witness my hand and seal of office.							
my mand and sear of office.								
	A color D							
-	Umber Day							
	Signature of officer administering oath	dministering path Title	of off	thury				
	<u> </u>	June 11the	OI OTHIC	er administering	oath			