## OFFICE OF COUNTY PURCHASING AGENT Fort Bend County, Texas



Solicitation #: Bid 14-031

Title: Term Contract for Fuel Treatment Program

Contracted Vendor: Certified Labs

Toni Boyd and/or Shea Holder,

Our contract with your company for the above referenced expires <u>March 31, 2018</u>. Contract provisions allow for renewal of this contract if mutually agreeable.

If your company wishes to renew this contract through March 31, 2019 under the same terms and conditions, please complete the information below and return this form along with a Form 1295 by e-mail to <a href="mailto:cheryl.krejci@fortbendcountytx.gov">cheryl.krejci@fortbendcountytx.gov</a>. Purchasing will then take the matter before the Commissioner's Court of Fort Bend County for their consideration. Please respond to this email by <a href="mailto:December 8">December 8</a>, 2017, 1:00 PM.

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: B14-031.

Description is to read: Term Contract for Fuel Treatment Program .

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 <a href="mailto:cheryl.krejci@fortbendcountytx.gov">cheryl.krejci@fortbendcountytx.gov</a>.

Signature of Authorized Representative

Date

Ioni L. Boyd, Corporate Bid Manager

Printed Name and Title of Authorized Representative

## Fort Bend County Tabulation Bid 14-031 Term Contract for Fuel Treatment Program

Term: April 1, 2014 through March 31, 2015

Awarded 3/4/14: Certified Labs, Division of NHC Corp

Renewal Term: April 1, 2015 through March 31, 2016 Renewal Term: April 1, 2016 through March 31, 2017 Renewal Term: April 1, 2017 through March 31, 2018

## Awarded 3/4/14: Certified Labs, Division of NHC Corp

| Company                         | Certified Labs |  |  |
|---------------------------------|----------------|--|--|
|                                 | Irving         |  |  |
| Gasoline Additive: Lawson #7460 |                |  |  |
| Additive, per gallon            | \$39.95        |  |  |
| Biocide/Fungicide, per gallon   | No Charge      |  |  |
| Fuel testing, per test          | No Charge      |  |  |
| Solar pump, per each            | No Charge      |  |  |
| Diesel Additive: Lawson #7461   |                |  |  |
| Additive, per gallon            | \$49.50        |  |  |
| Biocide/Fungicide, per gallon   | No Charge      |  |  |
| Fuel testing, per test          | No Charge      |  |  |
| Solar pump, per each            | No Charge      |  |  |

## **CERTIFICATE OF INTERESTED PARTIES**

FORM **1295** 

| _   |   |  |                             |  | 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.  |  |                             | OFFICE USE ONLY CERTIFICATION OF FILING        |                |  |  |  |
| 1   |   |  |                             | Certificate Number:<br>2017-289594             |                |  |  |  |
|   | Certified Laboratories, a division of NCH Corporation   |  |                             | ate Filed:                                     |                |  |  |  |
| 2   | Name of governmental entity or state agency that is a party to the contract for which the form is   |  |                             | /01/2017                                       |                |  |  |  |
|   | being filed. FORT BEND COUNTY Date  |  |                             | ite Acknowledged;                              |                |  |  |  |
|   |   |  |                             |  |                |  |  |  |
| 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. |  |                             |  |                |  |  |  |
|   | B14-031 TERM CONTRACT FOR FUEL TREATMENT PROGRAM  |  |                             |  |                |  |  |  |
| 4   |   |  | Nature of interest          |  |                |  |  |  |
|   | Name of Interested Party  | City, State, Country (place of busine  |                             | cs) (check applicable) Controlling Intermedian |                |  |  |  |
|   |   |  |                             | 3  |                |  |  |  |
|   |   |  |                             |  |                |  |  |  |
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|   |   |  |                             |  |                |  |  |  |
|   |   |  |                             |  |                |  |  |  |
| 5 Check only if there is NO Interested Party. |   |  |                             |  |                |  |  |  |
| 6   | AFFIDAVIT I swear, or   | affirm, under penalty of perjury, that the   | above                       | disclosure is true                             | e and correct. |  |  |  |
|   |   |  |                             | 0  |                |  |  |  |
|   | De la   |  |                             |  |                |  |  |  |
|   | Signature of authorized agent of contracting business entity  |  |                             |  |                |  |  |  |
|   |   |  |                             |  |                |  |  |  |
|   | AFFIX NOTARY STAMP / SEAL ABOVE   |  |                             |  |                |  |  |  |
|   | Sworn to and subscribed before me, by the said, this the, this the, this the, this the  |  |                             |  |                |  |  |  |
|   |   |  |                             |  |                |  |  |  |
| Charge Donal SHARON TANNER                    |   |  |                             |  |                |  |  |  |
| /   | Signature of officer administering oath  Printed name of officer administering oath  STATE OF TEXAS   |  |                             |  |                |  |  |  |
| or  | Forms provided by Texas Ethics Commission www.ethics state 2 My Comm. Exp. April 17, 2021 Version V1.0.3337   |  |                             |  |                |  |  |  |
|   |   | The same of the sa | STATE OF THE PARTY NAMED IN | CHALL.   |                |  |  |  |