

Fort Bend County Tabulation
Bid 14-057
Term Contract for Contingency Aerial Spraying for Mosquito Control

Term: period ending 30 September 2015
Renewal Term: 1 October 2015 30 September 2016
Renewal Term: 1 October 2016 30 September 2017

Awarded 6/24/14: Primary = Clarke Environmental and Secondary = Vector Disease Control

***Amended 6.28.16**

Company	Acreage Range of Spraying Dibrom (price per acre)			
Lawson # 11397	5000 - 24,999	25,000 - 49,999	50,000 - 74,999	75,000 - 100,000
Clarke Environmental Mosquito Management St Charles, IL	\$1.84	\$1.84	\$1.84	\$1.84
Vector Disease Control International, LLC Richardson, TX	\$1.98	\$1.98	\$1.98	\$1.98

*Option:

Company	Acreage Range of Spraying Duet (price per acre)			
Lawson #	5000 - 24,999	25,000 - 49,999	50,000 - 74,999	75,000 - 100,000
Clarke Environmental Mosquito Management St Charles, IL	\$1.87	\$1.87	\$1.87	\$1.87



675 Sidwell Court
St. Charles, IL 60174
630.894.2000 P
630.443.3070 F
www.clarke.com

May 11, 2016

Via E-mail: Cheryl.krejci@fortbendcountytexas.gov

Ms. Cheryl Krejci, CPPB
Senior Buyer
Fort Bend County, Texas

**Re: Fort Bend County Bid 14-057,
Term Contract for Contingency Aerial Spraying for Mosquito Control**

Dear Ms. Krejci:

Clarke Environmental Mosquito Management, Inc. wishes to renew our aerial spraying contract (#14-057, referenced above) through September 30, 2017 under the same terms and conditions.

We appreciate our business relationship with Fort Bend County and stand-ready to serve whenever you need us.

Thank you very much!

Sincerely,

A handwritten signature in blue ink, appearing to read "Clark E. Wood".

Clark E. Wood
Vice President / Service Operations

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

Certificate Number:
2016-54393

Date Filed:
05/12/2016

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Clarke Environmental Mosquito Mgmt., Inc.
St. Charles, IL United States

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

Fort Bend County

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.

B14-057
Contingency Aerial Spraying for Mosquito Control

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.

6 AFFIRMATION: I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.



Clark E. Wood
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Clark E. Wood this the 13th day of May, 2016, to certify which, witness my hand and seal of office.

Patricia E. Driscoll
Signature of officer administering oath

PATRICIA E DRISCOLL
Printed name of officer administering oath

Notary
Title of officer administering oath



Vector Disease Control
Mosquito Control Specialists

May 12th, 2016

Ms. Cheryl Krejci
Senior Buyer
Fort Bend County, TX

Re: Fort Bend County Bid Renewal of Contract Bid Number B14-057

Dear Ms. Krejci:

Vector Disease Control International, LLC wishes to renew the above referenced contract through September 30th, 2017 on the same terms and conditions. Please let me know if you need anything from me in order to facilitate this renewal.

Sincerely,

Jay Davis

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.
Vector Disease Control International, LLC
Little Rock, AR United States

Certificate Number:
2016-56002

Date Filed:
05/16/2016

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

Date 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.
B14-057
Term Contract for Aerial Mosquito Control

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Vector Disease Control International, LLC	Little Rock, AR United States	X	

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 and correct.



Debbie Clement

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Debbie Clement, this the 16th day of May, 2016, to certify which, witness my hand and seal of office.

[Signature]

Signature of officer administering oath

Robyn Kirwin

Printed name of officer administering oath

Notary Public

Title of officer administering oath

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

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 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.

Clarke Environmental Mosquito Mgmt., Inc.
 St. Charles, IL United States

Certificate Number:
 2016-54393

Date Filed:
 05/12/2016

Date Acknowledged:
 06/28/2016

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

Fort Bend County

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.

B14-057
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4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

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 and correct.

 Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

 Signature of officer administering oath

 Printed name of officer administering oath

 Title of officer administering oath

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

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 Little Rock, AR United States

Certificate Number:
 2016-56002

Date Filed:
 05/16/2016

Date Acknowledged:
 06/28/2016

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

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4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Vector Disease Control International, LLC	Little Rock, AR United States	X	

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 and correct.

 Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath