



GTS Technology Solutions, Inc.

Vendor ID

1742339797900

URL**Vendor Website**

(<https://www.gts-ts.com/contracts/dir/surveillance-security-and-monitoring/>)

HUB Type

Woman Owned

DIR Contract Number

DIR-TSO-3652

Contract Term End Date

11/4/2017

Contract Exp Date

11/4/2020

Contact GTS Technology Solutions, Inc.**Contact**Ryan Grant

(<mailto:ryan.grant@gts-ts.com>)

Phone

(512) 681-6244

Fax

(512) 452-0691

Contact DIR**Contact**Sandy Fang

(<mailto:sandy.fang@dir.texas.gov>)

Phone

(512) 475-4650

Fax

(512) 475-4759

Contract Overview

This contract is for surveillance, security and monitoring products and related services.

Contract Documents

- **DIR-TSO-3652 Contract PDF (162.25KB)**
(<http://publishingext.dir.texas.gov/portal/internal/contracts-and-services/Contracts/DIR-TSO-3652 Contract.pdf>)
- **DIR-TSO-3652 Appendix A Standard Terms and Conditions PDF (592.31KB)**
(<http://publishingext.dir.texas.gov/portal/internal/contracts-and-services/Contracts/DIR-TSO-3652 Appendix A Standard Terms and Conditions.pdf>)
- **DIR-TSO-3652 Appendix B HUB Subcontracting Plan PDF (8.23MB)**
(<http://publishingext.dir.texas.gov/portal/internal/contracts-and-services/Contracts/DIR-TSO-3652 Appendix B HUB Subcontracting Plan.pdf>)

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.

GTS Technology Solutions, Inc.
Austin, TX United States

Certificate Number:
2017-150971

Date Filed:
01/05/2017

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

Ft. 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.
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DIR 3652

Antennas and Accessories

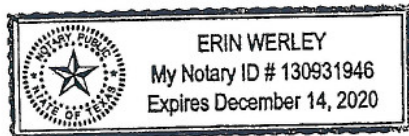
[illegible]

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kyan
20 17, to certify which, witness my hand and seal of office.

Signature of authorized agent of contracting business entity

Sworn to and subscribed before me, by the said Ryan Grant, this the 5th day of January, 20 17, to certify which, witness my hand and seal of office.

Gina Werley
Signature of officer administering oath

Erin Werley Marketing Coordinator
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****1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

GTS Technology Solutions, Inc.
 Austin, TX United States

Certificate Number:
 2017-150971

Date Filed:
 01/05/2017

Date Acknowledged:
 01/24/2017

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

Ft. 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.

DIR 3652
 Antennas and Accessories

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