

Quote

HOWELL SERVICES

4709 HWY 36 S
STE 30
ROSENBERG TX 77471
281-232-5292 FAX: 281-239-7896
26-1551043

Quote # 315441

Date: 01/23/17

Page # 1 of 2

FORT BEND COUNTY *MAIN*
301 JACKSON STE 514
RICHMOND TX 77469

Service At:
FORT BEND COUNTY
500 AUSTIN STREET
DAY CARE
RICHMOND TX 77469

Appt Date 11/21/16

Job # 217919

Contract #

Claim #

Description

THIS QUOTE IS TO FURNISH AND INSTALL AS DESCRIBED BELOW:

INSTALL NEW 17.5 TON ALLIED PACKEGE GAS HEAT ROOF TOP UNIT TO REPLACE UNIT # 2.

INSTALL CURB ADAPTER FOR UNIT TO FIT ON EXISTING CURB

PROVIDE CRANE FOR UNIT CHANGE OUT

QUOTING SEPERATLY:

MOTORIZED DAMPER

OR ECONOMIZER AND A DUCT MOUNTED CO2 SENSOR

5 YEAR PARTS WARRANTY 1 YEAR COMPRESSOR WARRANTY

1 YEAR LABOR WARRANTY FROM HOWELL SERVICES

ADDED PRICE FOR NON STANDARD CURB ADAPTER AND EXTRA SUPPORT

INSTALL (2) ADDITIONAL UNITS

INSTALL NEW 17.5 TON ALLIED PACKEGE GAS HEAT ROOF TOP UNIT TO REPLACE UNIT #1.

INSTALL NEW 12.5 TON ALLIED PACKEGE GAS HEAT ROOF TOP UNIT TO REPLACE UNIT #3.

INSTALL CURB ADAPTER FOU UNIT TO FIT ON EXISTING CURB

PRICED CRANE FOR UNIT CHANGE OUT WITH UNIT #2

QUOTING SEPERATLY:

MOTORIZED DAMPER

OR ECONOMIZER AND A DUCT MOUNTED CO2 SENSOR

5 YEAR PARTS WARRANTY 1 YEAR COMPRESSOR WARRANTY

1 YEAR LABOR WARRANTY FROM HOWELL SERVICES

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PURCHASE A PAYMENT BOND

Proposed Work	Quantity	Unit Price	Extended Price	Tax
HVAC COMPLETE SYSTEM INSTALL	1	\$23,763.87	\$23,763.87	
MOTORIZED OUTSIDE AIR	1	\$771.85	\$771.85	
ECONOMIZER WITH CO2 SENSOR	1	\$1,357.14	\$1,357.14	
HVAC COMPLETE SYSTEM INSTALL	1	\$35,708.65	\$35,708.65	
MOTORIZED OUTSIDE AIR DAMPERS	1	\$1,442.75	\$1,442.75	
ECONOMIZER WITH CO2 SENSOR	1	\$2,714.28	\$2,714.28	
ADDITIONAL FOR CURB	1	\$450.36	\$450.36	
PAYMENT BOND	1	\$1,900.00	\$1,900.00	
Total Quote			\$68,108.90	

ACCEPTANCE OF PROPOSAL - THE ABOVE PRICES, SPECIFICATIONS AND CONDITIONS ARE SATISFACTORY AND ARE HEREBY ACCEPTED. YOU ARE AUTHORIZED TO DO THE WORK AS SPECIFIED. PAYMENTS WILL BE MADE AS OUTLINED ABOVE.

Acceptance (Customer)

Date

Approval (Company)

Date

Method of Payment

Check []

Cash []

Credit []

Master Card [] Visa [] AmExp [] Discover []

Acct # _____ Exp Date _____

Name on Card _____

Signature _____

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.

Howell Services
Rosenberg, TX United States

Certificate Number:
2017-160755

Date Filed:
02/01/2017

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.

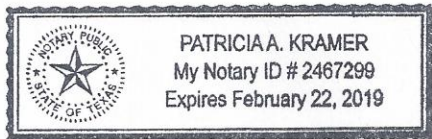
22017
Heat Replacement Units

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.



Melissa Howell

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Melissa Howell, this the 1st day of February 20 17, to certify which, witness my hand and seal of office.

Patricia A. Kramer

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

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**OFFICE USE ONLY
CERTIFICATION OF FILING**

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Howell Services
Rosenberg, TX United States

Certificate Number:
2017-160755

Date Filed:
02/01/2017

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:
02/07/2017

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.
22017
Heat Replacement Units

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