

## **Krejci, Cheryl**

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**To:** Krejci, Cheryl  
**Subject:** 2017 Renewal Request B15-063 Printing and Mailing of Tax Statements  
**Attachments:** Form 1295 Certificate 100194474.pdf

Hi Cheryl,

I hereby notify Fort Bend County that SHOV agrees to renew the above mentioned contract through May 31, 2018, under the same terms and conditions. Please find attached form 1295.

Please let me know if you need additional information.

Thanks

Ivan Trejos  
**SourceHOV** | Site Manager

**Mr. Trejos,**

**Please see the attached correspondence regarding renewal of the above mentioned annual contract.**

*Thank you,*

***Cheryl Krejci, CPPB***  
**Senior Buyer**  
**Fort Bend County Purchasing**  
**301 Jackson, Suite 201**  
**Richmond, TX 77469**  
**281-341-3759 Direct**

**Tabulation  
 BID 15-063  
 Term Contract for Printing and Mailing of Tax Statements**

**Term: 1 June 2015 through 31 May 2016**

**Awarded 4.14.15: HOV Services Inc.  
 Renewal Term: 1 June 2016 through 31 May 2017**

**Lawson # 11980**

Description	Estimated Quantity	Hov Services Inc.	
		Unit Bid Price	Extended Price
Design and Print 8-1/2" x 11" Statements	225,000	\$ 0.0890	\$ 20,025.00
Design and Print 8-1/2" x 11" Reminder Statements	25,000	\$ 0.0480	\$ 1,200.00
Design and Print 8-1/2" x 11" Duplex Insert	200,000	\$ 0.0210	\$ 4,200.00
Print 8-1/2" x 11" over 65 Letter	25,000	\$ 0.0480	\$ 1,200.00
#10 Window Envelope	200,000	\$ 0.0190	\$ 3,800.00
#9 Envelope- Green	170,000	\$ 0.0180	\$ 3,060.00
9" x 12" Envelope	1,100	\$ 0.0511	\$ 56.21
Mailing Services for Statements and Agents (including over 65 letters)	1	\$ 150.00	\$ 150.00
Tax Rolls (quantity is amount of images, 37,500 duplex)	75,000	\$ 0.0175	\$ 1,312.50
Circular Bind	142	\$ 4.00	\$ 568.00
CDs (original + 2 copies) and Microfilm (original) of Tax Roll	1	\$ 1,725.00	\$ 1,725.00
COLD System Individual Indexed PDF's	250,000	\$ 0.0085	\$ 2,125.00
Estimated Annual Total:			\$39,421.71

# 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:  
 2017-183673

Date Filed:  
 03/27/2017

Date Acknowledged:

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

HOV Services, Inc.  
 Houston, TX 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.**

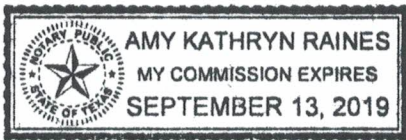
B15-063  
 Printing and Mailing of Tax Statements

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Cogburn, Ronald	Irving, TX United States	X	
	Yannamani, Suresh	Irving, TX United States	X	
	Emerick, Karen	Irving, TX United States	X	
	Thiboudeux, Allen	Irving, TX 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.



*[Handwritten Signature]*  
 Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ivan Trejos, this the 27<sup>th</sup> day of March 2017, to certify which, witness my hand and seal of office.

*[Handwritten Signature]* Amy K. Raines Notary  
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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 Fort Bend County

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 B15-063  
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**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