



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

**Term Contract Renewal Form**

Solicitation #: Bid 16-098

Title: Term Contract for Contingency Aedes Vector Control Services

Contracted Vendor: Pest Management

Mrs. Sarah McElwee,

Our contract with your company for the above referenced expires September 30, 2017. Contract provisions allow for renewal of this contract if mutually agreeable.

If your company wishes to renew this contract through September 30, 2018 under the same terms and conditions, please complete the information below and return this form along with a Form 1295 by e-mail to [cheryl.krejci@fortbendcountytexas.gov](mailto:cheryl.krejci@fortbendcountytexas.gov). Purchasing will then take the matter before the Commissioner's Court of Fort Bend County for their consideration. Please respond to this email by Wednesday, June 7, 2017, 5:00 PM.

X 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](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: B16-098. Description is to read: Term Contract for Contingency Aedes Vector Control Services Dealer Parts.

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 [cheryl.krejci@fortbendcountytexas.gov](mailto:cheryl.krejci@fortbendcountytexas.gov).

  
Signature of Authorized Representative

6/6/2017

Date

Sarah McElwee - Director of Business Development

Printed Name and Title of Authorized Representative

7-14-2017 Original sent to Norma Weaver, Purchasing dept.

# 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:  
2017-218942

Date Filed:  
06/06/2017

Date Acknowledged:

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

Pest Management Inc.  
Austin, 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.

B16-098  
Contingency Aedes Vector Control Services

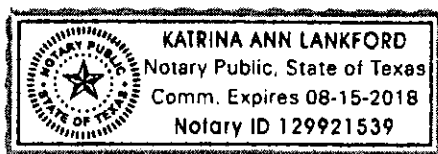
4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

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



AFFIX NOTARY STAMP / SEAL ABOVE

Sarah McElwain  
Signature of authorized agent of contracting business entity

Sworn to and subscribed before me, by the said Sarah McElwain, this the 6<sup>th</sup> day of June, 20 17, to certify which, witness my hand and seal of office.

Katrina Lankford  
Signature of officer administering oath

Katrina Lankford  
Printed name of officer administering oath

Notary Official  
Title of officer administering oath

# CERTIFICATE OF INTERESTED PARTIES

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**Certificate Number:**  
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06/06/2017

**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:**  
07/11/2017

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B16-098  
Contingency Aedes Vector Control Services

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

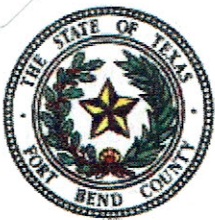
AFFIX NOTARY STAMP / SEAL ABOVE

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



OFFICE OF COUNTY PURCHASING AGENT  
Fort Bend County, Texas

Term Contract Renewal Form

Solicitation #: Bid 16-098

Title: Term Contract for Contingency Aedes Vector Control Services

Contracted Vendor: Gillen Pest Control

Mrs. Janice Gillen,

Our contract with your company for the above referenced expires September 30, 2017. Contract provisions allow for renewal of this contract if mutually agreeable.

If your company wishes to renew this contract through September 30, 2018 under the same terms and conditions, please complete the information below and return this form along with a Form 1295 by e-mail to [cheryl.krejci@fortbendcountytexas.gov](mailto:cheryl.krejci@fortbendcountytexas.gov). Purchasing will then take the matter before the Commissioner's Court of Fort Bend County for their consideration. Please respond to this email by Wednesday, June 7, 2017, 5:00 PM.

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Signature of Authorized Representative

Date

6-5-17

Printed Name and Title of Authorized Representative

Janice Gillen President



## CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

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**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.

Gillen Pest Control, Inc.  
Richmond, TX United States

**Certificate Number:**  
2017-218653

Date Filed:  
06/05/2017

**Date Acknowledged:**

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.

B16-098


## Term Contract for Contingency Aedes Vector Control Services Dealer Parts

[illegible]

5 Check only if there is NO Interested Party.



6 AFFIDAVIT

 SHARON ANNETTE TIJERINA  
My Commission Expires  
October 5, 2018

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

  
Signature of authorized agent of contractor

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Janice Gillen, this the 5 day of June, 2017, 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

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Certificate Number:  
2017-218653

Date Filed:  
06/05/2017

**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:  
07/11/2017

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B16-098  
Term Contract for Contingency Aedes Vector Control Services Dealer Parts

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