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 <u>September 30, 2017</u>. Contract provisions allow for renewal of this contract if mutually agreeable.

If your company wishes to renew this contract through <u>September 30, 2018</u> under the same terms and conditions, please complete the information below and return this form along with a Form 1295 by e-mail to <u>cheryl.krejci@fortbendcountytx.gov</u>. Purchasing will then take the matter before the Commissioner's Court of Fort Bend County for their consideration. Please respond to this email by <u>Wednesday</u>, 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.

On-line instructions:

Name of governmental entity is to read: Fort Bend County . Identification number used by the

governmental entity is: <u>B16-098.</u> Description is to read: <u>Term Contract for Contingency</u>

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@fortbendcountytx.gov.

Signature of Authorized Representative 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		
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2017-218942		
	Pest Management Inc.		2017-210942			
	Austin, TX United States		Date	Filed:		
2	Name of governmental entity or state agency that is a party to the con	tract for which the form is	06/06/2017			
	being filed.		Sate Aslandadad.			
	Fort Bend County		Date Acknowledged:			
					•••	
3	Provide the identification number used by the governmental entity or description of the services, goods, or other property to be provided used to	state agency to track or identity nder the contract.	tne co	ontract, and prov	/ide a	
	B16-098		•			
	Contingency Aedes Vector Control Services					
				Notice of	Lintarant	
4	Name of Interested Party City	, State, Country (place of busine	122		e of interest k applicable)	
	Thank of interested tarty	city, state, country (place of business)		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	
	KATRINA ANN LANKFORD Notary Public, State of Texas Comm. Expires 08-15-2018 Signature of authorized agent of contracting business entity					
	AFFIX NOTARY STAMP / SEAL ABOVE	•				
	Sworn to and subscribed before me, by the said <u>Sarah M.F./wa</u> , this the <u>G</u> day of <u>Jule</u> , 20_17, to certify which, witness my hand and seal of office.					
	Kalina Janka Kalina Lankfor Wolay Officer administering oath Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath				I and oath	

CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

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	Complete Nos. 1 - 4 and 6 if there are interested parties.			ICE USE	
	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		4		OF FILING
1	Name of business entity filing form, and the city, state and count of business.	try of the business entity's place	Certificate I 2017-2189		
	Pest Management Inc.	!			
<u> </u>	Austin, TX United States Name of governmental entity or state agency that is a party to th		Date Filed: 06/06/2017		
2	being filed.	e contract for which the form is			
ا	Fort Bend County Date 07/2			owledged: 7	
3	Provide the identification number used by the governmental enti description of the services, goods, or other property to be provide		the contract	t, and prov	vide a
	B16-098	acu unuer ure commuca,			
	Contingency Aedes Vector Control Services				
_		1		Nature o	f interest
4	Name of Interested Party	City, State, Country (place of busine		(check ap	
		 	Con	ntrolling	Intermediary
_				· · · <u></u>	
_					
:					
5	Check only if there is NO Interested Party.				
6	AFFIDAVIT I swear, or a	affirm, under penalty of perjury, that the	above disclo	sure is true	and correct.
		Signature of authorized agent of conti	racting busin	ess entity	
		Oignature of demanage again and a	acing co	633 0	
	AFFIX NOTARY STAMP / SEAL ABOVE				
	Sworn to and subscribed before me, by the said	, this the	d	ay of	
	20, to certify which, witness my hand and seal of office.				
	Signature of officer administering oath Printed name of c	officer administering oath Tit	itle of officer a	administeri	ng oath
	Digitature of officer authoristering said.	Jincer administering data	Tie or ornicer a	#UIIIIIIIIIII	ny vaur

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@fortbendcountytx.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. 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. On-line instructions: Name of governmental entity is to read: Fort Bend County . Identification number used by the Description is to read: Term Contract for Contingency governmental entity is: B16-098. Aedes Vector Control Services Dealer Parts . After receiving the Form 1295 with the Certification Number and Date Filed, please print the form, have notarized this Form 1295 and the email then sign, and cheryl.krejci@fortbendcountytx.gov. 6-5-17

Printed Name and Title of Authorized Representative

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

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	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 count of business.	ntry of the business entity's place	Certificate Number:	
	Gillen Pest Control, Inc.		2017-218653	
2	Richmond, TX United States		Date Filed:	
_	being filed.	ne contract for which the form is	06/05/2017	
	Fort Bend County		Date Acknowledged:	
3	description of the services, goods, or other property to be provide	ity or state agency to track or identify ided under the contract.	the contract, and pro	vide a
	B16-098 Term Contract for Contingency Aedes Vector Control Services	D - 1 Dt-		
	Term Contract for Contingency Aedes Vector Control Services	es Dealer Parts		
4	Name of Interested Party	City State County (place of hunin		of interest
	Name of meresieu Faity	City, State, Country (place of busine	(check ap	pplicable) Intermediary
			Controlling	Internieulai y
_				
	Check only if there is NO Interested Party.			
3	I swear, or a	affirm, under penalty of perjury, that the a	above disclosure is true	e and correct.
	SHARON ANNETTE TIJERINA My Commission Expires October 5, 2018	٨	2394	
	October 5, 2018	to . Slill		
		Mener Colla		
		Signature of authorized agent of contra	acting business entity	
	AFFIX NOTARY STAMP / SEAL ABOVE			
	Sworn to and subscribed before me, by the said <u>Janice Gillen</u> , this the <u>5</u> day of <u>June</u> , 20 1), to certify which, witness my hand and seal of office.			one.
	Shawn lisering Shar	ron liverina	Notarif	Poblic
~	Signature of officer administering oath Printed name of of	officer administering oath Title	tle of officer administerir	ng oath

CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY 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. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-218653 Gillen Pest Control, Inc. Richmond, TX United States 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. Date Acknowledged: Fort Bend County 07/11/2017 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 Nature of interest 4 Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary 5 Check only if there is NO Interested Party. [X]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