



OFFICE OF COUNTY PURCHASING AGENT

Fort Bend County, Texas

Term Contract Renewal Form

Solicitation #: Bid 16-003

Title: Term Contract for Fort Motor Repair Parts

Contracted Vendor: Helfman Ford

Mr. Phillip Knight

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. 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 governmental entity is: B16-003

Description is to read: Term Contract for Ford Motor Repair 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.

 6/13/17
Signature of Authorized Representative Date

PHILLIP KNIGHT PARTS DIRECTOR
Printed Name and Title of Authorized Representative

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:
2017-223199

Date Filed:
06/13/2017

Date Acknowledged:

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

HELFMAN FORD
Stafford, 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.

B16-003

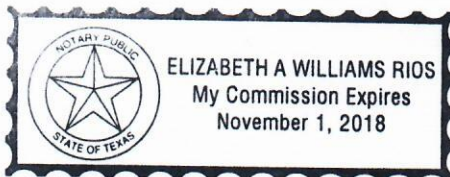
Term Contract for Ford Motor Repair Parts

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



AFFIX NOTARY STAMP / SEAL ABOVE

[Signature]

Signature of authorized agent of contracting business entity

Sworn to and subscribed before me, by the said Phillip Knight, this the 13 day of June, 2017, to certify which, witness my hand and seal of office.

[Signature]

Signature of officer administering oath

Elizabeth Williams Rios

Printed name of officer administering oath

Title of officer administering oath

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

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HELFMAN FORD
Stafford, TX United States

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2017-223199

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06/13/2017

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07/11/2017

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fort bend county

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B16-003
Term Contract for Ford Motor Repair Parts

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			Controlling	Intermediary
	HELFMAN FORD	Stafford, 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.

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