



OFFICE OF COUNTY PURCHASING AGENT  
Fort Bend County, Texas

26P

**Term Contract Renewal Form**

Solicitation #: Bid 14-057

Title: Term Contract for Contingency Aerial Spraying for Mosquito Control

Contracted Vendor: Clarke Environmental Mosquito Management

Mr. Wood,

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.

☒ 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:

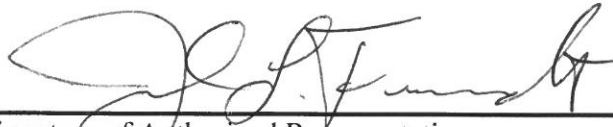
Name of governmental entity is to read: Fort Bend County.

Identification number used by the governmental entity is: B14-057

Description is to read: Term Contract for Contingency Aerial

Spraying for Mosquito Control

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

6-6-17

Date

Joel L. Freundt  
Printed Name and Title of Authorized Representative

VP + General Manager

# 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:  
2017-218960

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.

Clarke Environmental Mosquito Management, Inc.  
St. Charles, IL 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.

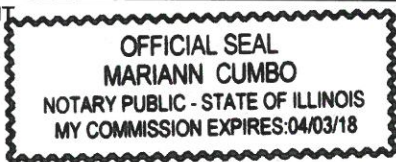
14-057  
Contingency Aerial Spraying for Mosquito Control

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]*  
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Joel Fruendt, this the 6<sup>th</sup> day of June, 2017, to certify which, witness my hand and seal of office.

*[Signature]*  
Signature of officer administering oath

MARIANN CUMBO  
Printed name of officer administering oath

ALR & AIP MGR  
Title of officer administering oath

# CERTIFICATE OF INTERESTED PARTIES

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Certificate Number:  
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Fort Bend County

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14-057  
Contingency Aerial Spraying for Mosquito Control

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



OFFICE OF COUNTY PURCHASING AGENT  
Fort Bend County, Texas

**Term Contract Renewal Form**

Solicitation #: Bid 14-057

Title: Term Contract for Contingency Aerial Spraying for Mosquito Control

Contracted Vendor: Vector Disease Control International

Mr. Jason Williams,

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.

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On-line instructions:

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

the governmental entity is: B14-057 Description is to read: Term Contract for Contingency Aerial

Spraying for Mosquito Control.

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

June 8, 2017

Date

Debbie Clement, CFO

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:  
2017-220671

Date Filed:  
06/08/2017

Date Acknowledged:

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

Vector Disease Control International, LLC  
Little Rock, AR 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.**

B14-057  
Term Contract for Aerial Spraying for Mosquito Control

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]*

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Debbie Clement, this the 8 day of June, 2017, to certify which, witness my hand and seal of office.

*[Signature]*

Signature of officer administering oath

*Robyn Kirwin*

Printed name of officer administering oath

*Notary Public*

Title of officer administering oath

# CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

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Vector Disease Control International, LLC  
Little Rock, AR United States

Certificate Number:  
2017-220671

Date Filed:  
06/08/2017

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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B14-057  
Term Contract for Aerial Spraying for Mosquito Control

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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