#### 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: Clarke Environmental Mosquito Management

Mr. Wood,

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>, <u>June 7, 2017, 5:00 PM</u>.

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>B14-057</u>

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 <a href="mailto:cheryl.krejci@fortbendcountytx.gov">cheryl.krejci@fortbendcountytx.gov</a>.

Signature of Authorized Representative

6-6-17 Date

VP + General Manager

Printed Name and Title of Authorized Representative

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 country of the business entity's place of business.			Certificate Number:				
	Clarke Environmental Mosquito Management, Inc. St. Charles, IL United States			2017-218960				
2	Name of governmental entity or state agency that is a party to	o th	ne contract for which the form is	Date Filed: 06/06/2017				
	being filed. Fort Bend County			Date Acknowledged:				
3	Provide the identification number used by the governmental edescription of the services, goods, or other property to be pro-	enti	ity or state agency to track or identify ded under the contract.	the c	ontract, and pro	vide a		
	14-057 Contingency Aerial Spraying for Mosquito Control							
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4	Name of Interested Party	City, State, Country (place of busin	State, Country (place of business)		Nature of interest (check applicable)			
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5	Check only if there is NO Interested Party.							
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	OFFICIAL SEAL MARIANN CUMBO	<i>,</i> ,	militi, under penalty of perjury, that the a	move	disclosure is true	and correct.		
	NOTARY PUBLIC - STATE OF ILLINOIS		X) A	1,				
	MY COMMISSION EXPIRES:04/03/18							
			Signature of authorized agent of contr	acting	business entity			
1	AFFIX NOTARY STAMP / SEAL ABOVE	atmos.		, , ,				
5	Sworn to and subscribed before me, by the said							
2	0, to certify which, witness my hand and seal of office.							
-	Tharian Climbo MAR		Was Cumbo F	1/2	& Alp MG	R		
	Signature of officer administering oath Printed name of	off	ficer administering oath Titl	e of of	ficer administerin	g oath		

FORM **1295** 

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<u> </u>	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	
1		ne of business entity filing form, and the city, state and country of the business entity's place				icate Number:	
	of business. Clarke Environmental Mosquito Management, Inc.				2017-	-218960	
	St. Charles, IL United States				Date F	Filed:	
2	Name of governmental entity or state agency that is a	party to t	he contract for which the fo		06/06/2017		
	being filed.					- • • • • • • • • • • • • • • • • • • •	
	Fort Bend County				Date A 07/11	Acknowledged: 1/2017	
3	Provide the identification number used by the government description of the services, goods, or other property to	nental en	tity or state agency to track				vide a
	14-057	. ==	index and an action,				
	Contingency Aerial Spraying for Mosquito Control						
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5	Check only if there is NO Interested Party.						
6	AFFIDAVIT	swear or	affirm, under penalty of perjui	that the s	-have (	diantagura je truc	- and correct
	·	SWEEL, OI	animi, unuci penany oi perjui	ry, mai me a	move a	IISCIOSUIE IS II ue	and correct.
			Signature of authorized aç	d agent of contracting business entity			
	·						
	AFFIX NOTARY STAMP / SEAL ABOVE						
	Sworn to and subscribed before me, by the said		, th	nis the		day of	
	20, to certify which, witness my hand and seal of					au, c	
•	Signature of officer administering oath Printed	name of	officer administering oath	Titl	e of off	ficer administerir	ng 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@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. 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: 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 sign. then email and Form 1295 and this Term Contract Renewal cheryl.krejci@fortbendcountytx.gov. June 8, 2017 Signature of Authorized Representative Date

Debbie Clement, CFO

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 country of the business entity's place of business.	Certificate Number: 2017-220671				
	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	<b>Date Filed:</b> 06/08/2017				
	being filed. Fort Bend County	Date Acknowledged:				
	Totabella 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 Agrical Spraying for Macquita Control					
	Term Contract for Aerial Spraying for Mosquito Control					
4	Name of Interested Party City, State, Country (place of busin	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	e and correct.		
	Wellin Court					
	Signature of authorized agent of contracting business entity					
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said, this the, this the, day of, and subscribed before me, by the said, this the, and subscribed before me, by the said, this the, and subscribed before me, by the said, this the, and subscribed before me, by the said, and subscribed before me, by the said					
	Robyn hirwin Notary Public					
	Signature of officer administering oath  Printed name of officer administering oath	itle of	offic <b>¢</b> r administer	ing oath		

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.			CE	OFFICE USE ONLY CERTIFICATION OF FILING		
1	ame of business entity filing form, and the city, state and country of the business entity's place business.			Certificate Number:			
	rousiness. ector Disease Control International, LLC			2017	2017-220671		
	Little Rock, AR United States			Date	Date Filed:		
2	Name of governmental entity or state agency that is a	party to th	ne contract for which the form is	06/08/2017			
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3	Provide the identification number used by the government description of the services, goods, or other property to	mental ent o be provi	ity or state agency to track or identif ded under the contract.	y the c	ontract, and pro	vide a	
	B14-057						
_	Term Contract for Aerial Spraying for Mosquito Con	ntrol					
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	Name of Interested Party	City, State, Country (place of busin		· · · · · · · · · · · · · · · · · · ·			
					Controlling	Intermediary	
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			-				
5	Check only if there is NO Interested Party.						
3	AFFIDAVIT	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		
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	Signature of officer administering oath Printed	d name of	officer administering oath T	id - F			
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