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Product Order Form

CustID:	fbend
OrderID:	WSR271282
Date:	11/20/2017

10 Estes Street
P.O. Box 682
Ipswich, MA 01938
USA
www.ebsco.com

(978) 356-6500
(800) 653-2726
Fax: (978) 356-5640
information@cpnet.com

Purchasing Customer
FORT BEND CO LIBRARIES
1001 GOLFVIEW DR
RICHMOND, TX, 77469-5199
USA

Billing Address
FORT BEND CO LIBRARIES
1001 GOLFVIEW DR
RICHMOND, TX, 77469-5199
USA

Contact:
Teresa Thiim
(281) 633-4746
tthiim@fortbend.lib.tx.us

Your invoice will be sent to:
Teresa Thiim
tthiim@fortbend.lib.tx.us

Product Name	Begin Date	Expire Date	Price
database package			\$51,244.00
History Reference Center	02/01/2018	01/31/2019	
NoveList Plus	02/01/2018	01/31/2019	
NoveList Select sold by POLARIS (Non-Direct)	02/01/2018	01/31/2019	

Total: \$51,244.00
The above excludes all applicable tax
Currency: US Dollar

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Order Comments:

Novelist Select renewals that have a TID of "NoveList Select sold by POLARIS (Non-Direct)" are orders that were originally sold by POLARIS, but are now orders we are responsible to renew. There is nothing different at the customer level, it is Novelist Select as far as they are concerned, it is an internal notification on sales that we still share with POLARIS.

Authorized Signature: Grady Prestage **Date:** 11-28-17
Print Name: Grady Prestage, Commissioner, Precinct 2 **Title:** _____
Presiding Officer, Commissioners Court, November 28, 2017

Please sign, scan and email this form to: **ARIELE PAPPALIMBERIS** at arpappalimberis@ebsco.com

Thank you for your business!

If unable to scan, please fax to: 978 356-5640

October 15th, 2017

RE: Sole Source Statement

Dear M. Teresa Thiim,

Please accept this letter as formal notice that EBSCO Information Services is the sole source provider of History Reference Center, Novelist Plus & Novelist Select via the EBSCOhost[®] proprietary search platform.

Should you have any questions or require further assistance, please do not hesitate to contact me at your convenience.

Sincerely,
Ariele Pappalimberis

Ariele Pappalimberis
Account Executive
EBSCO Information Services
arpappalimberis@ebSCO.com

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.
 EBSCO Information Services
 Birmingham, AL United States

Certificate Number:
 2017-283781
 Date Filed:
 11/14/2017
 Date Acknowledged:

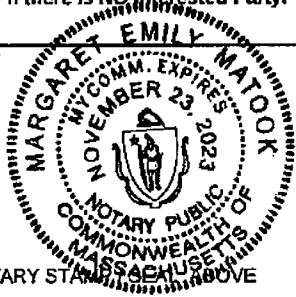
2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
 Fort Bend County

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.
 13140
 EBSCO Database

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.



Clint Rumble
 Signature of authorized agent of contracting business entity

AFFIX NOTARY SEAL ABOVE

Sworn to and subscribed before me, by the said Clint Rumble, this the 15 day of November, 2017, to certify which, witness my hand and seal of office.

Margaret Matook Margaret Matook Administrative Assistant
 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

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.
 EBSCO Information Services
 Birmingham, AL United States

Certificate Number:
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Date Filed:
 11/14/2017

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:
 11/28/2017

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.
 13140
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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