



OFFICE OF COUNTY PURCHASING AGENT  
Fort Bend County, Texas

Term Contract Renewal Form

Solicitation #: Bid 16-098

Title: Term Contract for Vector/Mosquito Control Services

Contracted Vendor: Pest Management

Mrs. McElwee,

Our contract with your company for the above referenced expires September 30, 2018. Contract provisions allow for renewal of this contract if mutually agreeable.

If your company wishes to renew this contract through September 30, 2019 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 Monday, June 4, 2018, 4:00 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).

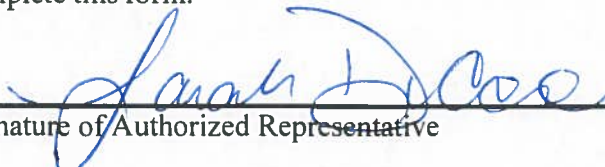
On-line instructions:

Name of governmental entity is to read: Fort Bend County.  
Identification number used by the governmental entity is: B16-098.

Description is to read: Term Contract for Vector/Mosquito Control

Services.

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). However, if your company is publicly traded you are not required to complete this form.

  
Signature of Authorized Representative

7/3/2018

Date

Sarah DiCicco  
Printed Name and Title of Authorized Representative



OFFICE OF COUNTY PURCHASING AGENT  
Fort Bend County, Texas

**Term Contract Renewal Form**

Solicitation #: Bid 16-098

Title: Term Contract for Vector/Mosquito Control Services

Contracted Vendor: Gillen Pest

Mrs. Janice Gillen

Our contract with your company for the above referenced expires September 30, 2018. Contract provisions allow for renewal of this contract if mutually agreeable.

If your company wishes to renew this contract through September 30, 2019 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 Monday, June 4, 2018, 4:00 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:

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On-line instructions:

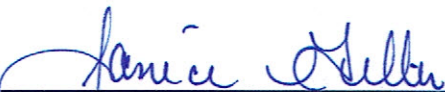
Name of governmental entity is to read: Fort Bend County.

Identification number used by the governmental entity is: B16-098.

Description is to read: Term Contract for Vector/Mosquito Control

Services.

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). However, if your company is publicly traded you are not required to complete this form.



Signature of Authorized Representative

5-31-18

Date

Janice Gillen

General Manager

Printed Name and Title of Authorized Representative

**Fort Bend County Tabulation**  
**Bid 16-098**  
**Term Contract for Contingency Aedes Vector Control Services**

**Term: Through 30 September 2017**

**Awarded 8/9/16: Primary = Pest Management and Secondary = Gillen Pest Control**

**Renewal Term: 1 October 2017 through 30 September 2018**

Priced per Lot Size

<b>Description</b>	<b>Lot Size A 1 - 4,999 sqft</b>	<b>Lot Size B 5,000 - 9,999 sqft</b>	<b>Lot Size C 10,000 - 14,999 sqft</b>	<b>Lot Size D 15,000 - 19,999 sqft</b>
Pest Management Inc.	\$65.00	\$105.00	\$155.00	\$210.00
Gillen Pest Control Inc.	\$85.00	\$125.00	\$165.00	\$205.00
Clarke Environmental Mosquito Management Inc.	Disqualified: Did not provide pricing as required.			

# 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.**

Pest Management Inc.  
Austin, TX United States

**Certificate Number:**  
2018-362336

**Date Filed:**  
06/01/2018

**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:**  
07/10/2018

**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.**

Bid 16-098  
Vector/Mosquito Control Services

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 UNSWORN DECLARATION

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of authorized agent of contracting business entity  
(Declarant)

# 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.**

Gillen Pest Control  
Richmond, TX United States

Certificate Number:  
2018-361520

Date Filed:  
05/31/2018

**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:  
07/10/2018

**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.**

B16-098  
Term contract for Vector/Mosquito Control Services

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 UNSWORN DECLARATION**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

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Signature of authorized agent of contracting business entity  
(Declarant)