



OFFICE OF COUNTY PURCHASING AGENT
Fort Bend County, Texas

Term Contract Renewal Form

Solicitation #: Bid 18-019

Title: Term Contract for HVAC for Libraries

Contracted Vendor: Honeywell International

Mr. Phillip Davis,

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. 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.

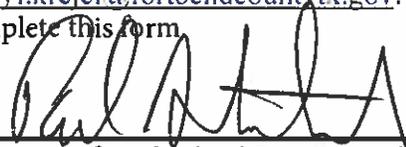
On-line instructions:

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

Identification number used by the governmental entity is: B18-019 .

Description is to read: Term Contract for HVAC for Libraries .

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



Signature of Authorized Representative

6/4/2018

Date

PAUL STINCHCOMB OPS MANAGER

Printed Name and Title of Authorized Representative

**Fort Bend County Tabulation
 Bid 18-019
 Term Contract for HVAC Maintenance for Libraries**

Term: 1, November 2017 through 30, September 2018

Awarded 10/24/17: Honeywell International Inc., Houston

Library	Lawson Number	Honeywell International Inc. Houston	Tekplan Solutions Texas, LLC Houston
		Form 1295	
		Yes	Yes
George Memorial Branch	7525	\$ 790.00	\$ 1,400.00
Administration Building GML	9531	\$ 110.00	\$ 300.00
Sienna Branch	9605	\$ 375.00	\$ 600.00
First Colony Branch	7526	\$ 190.00	\$ 300.00
Missouri City Branch	7527	\$ 199.00	\$ 600.00
Sugar Land Branch	7529	\$ 225.00	\$ 500.00
Bob Lutts Fulshear Branch	7528	\$ 125.00	\$ 600.00
Cinco Ranch Branch	7530	\$ 275.00	\$ 500.00
University Branch	9606	\$ 190.50	\$ 500.00
Total for all eight Libraries per Month:		\$ 2,479.50	\$ 5,300.00

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.
Honeywell
Houston, TX United States

Certificate Number:
2018-375584

Date Filed:
07/03/2018

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.
B18-019
Term Contract for HVAC Libraries

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)