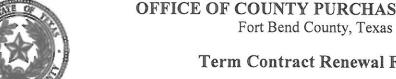
### OFFICE OF COUNTY PURCHASING AGENT



Term Contract Renewal Form

Solicitation #: Bid 15-005

Title: Safety Supplies-Boots and Shoes

Contracted Vendor: Safety Shoe Distributor

Mr. Holmes,

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, 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 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: B15-005.

Description is to read: Term Contract for Purchase of Safety Shoes

#### and Boots.

After receiving the Form 1295 with the Certification Number and Date Filed, please print the form, have notarized and then email the Form 1295 and this Term Contract Renewal cheryl.krejci@fortbendcountytx.gov. However, if your company is publicly traded you are not required to complete this form.

Signature of Authorized Representative

Printed Name and Title of Authorized Representative

# Fort Bend County Tabulation Bid 15-005 Term Contract for Safety Shoes and Boots

Awarded 8/26/14: Safety Shoe Distributors

Term: 1 October 2014 through 30 September 2015

Renewal Term: 1 October 2015 through 30 September 2016 Renewal Term: 1 October 2016 through 30 September 2017 Renewal Term: 1 October 2017 through 30 September 2018

Description	Lawson Number	Red Wing Minnesota	Safety Shoe Distributors Houston
Hy-Test Footrest #23180	11468	Disqualified:	\$132.95
Hy-Test Footrest #23181		Pricing not	\$132.95
Hy-Test Footrest #20180		submitted on County form.	\$109.95
Justin #4764			\$149.75
Justin #764			\$149.75
Hy-Test #14262			\$119.75
Hy-Test #13181			\$52.50
Hy-Test #13180			\$52.50
Hy-Test #15440			\$99.00
Hy-Test Footrest #25181			\$139.95
Bates #E02268			\$121.50
Hy-Test Footrest #17131			\$60.00
Wolverine #W02573			\$124.95
Wolverine #W08393			\$72.00

## **CERTIFICATE OF INTERESTED PARTIES**

FORM **1295** 

of 1

					1011		
	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	of business.	f business entity filing form, and the city, state and country of the business entity's place ness.					
	Safety Shoe Distributors, LLP	fety Shoe Distributors, LLP					
	Houston, TX United States			Date Filed:			
2	Name of governmental entity or state agency that is a party to the being filed.	ile ioiii is	06/05/2018  Date Acknowledged:				
	Fort Bend County						
3	description of the services, goods, or other property to be provide	ty or state agency to t ded under the contract	rack or identify t t.	the contract, and pro	ovide a		
	B15-005 Term Contract for Purchase of Safety Shoe and Boots						
4	Name of Interested Party  City, State, Country (place of bus		Inlace of husine	Nature of interest (check applicable)			
			(place or busine.	Controlling	Intermediary		
M	tcElligott, Shawn	Houston, TX Unite	ed States	X	Bitterinous		
L							
_							
			·				
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	and my date of b	oirth is				
	My address is						
	(street)	(city)	(sta	ate) (zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct	xt.					
l	Executed inCounty	y, State of	, on the _				
				(month)	) (year)		
	Signature of authorized agent of contracting business entity (Declarant)						