



OFFICE OF COUNTY PURCHASING AGENT
Fort Bend County, Texas

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@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: 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 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

Robert E. Holmes
Printed Name and Title of Authorized Representative

General Manager

**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: Pricing not submitted on County form.	\$132.95
Hy-Test Footrest #23181			\$132.95
Hy-Test Footrest #20180			\$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

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.

Safety Shoe Distributors, LLP
Houston, TX United States

Certificate Number:
2018-363694

Date Filed:
06/05/2018

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.

B15-005
Term Contract for Purchase of Safety Shoe and Boots

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	McElligott, Shawn	Houston, TX United States	X	

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)