OFFICE OF COUNTY PURCHASING AGENT

Fort Bend County, Texas

Term Contract Renewal Form



Solicitation #: Bid 16-003

Title: Term Contract for Ford Dealer Parts

Contracted Vendor: Helfman Ford

Mr. Phillip Knight,

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

If your company wishes to renew this contract through <u>September 30, 2019</u> under the same terms and conditions, please complete the information below and return this form along with a Form 1295 by e-mail to <u>cheryl.krejci@fortbendcountytx.gov</u>. Purchasing will then take the matter before the Commissioner's Court of Fort Bend County for their consideration. Please respond to this email by <u>Monday</u>, 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: $\underline{B16-003}$.

Description is to read: <u>Term Contract for Ford Dealer Parts</u>.

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

Signature of Authorized Representative

Date

Printed Name and Title of Authorized Representative

Fort Bend County Tabulation Bid 16-003 Term Contract for Ford Motor Repair Parts

Term: 1 October 2015 through 30 September 2016

Awarded 8/25/15: Helfman Ford

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

Vendor	Lawson Number	Percentage Off List
Helfman Ford - Stafford	12008	35%

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	Name of business entity filing form, and the city, state and coun of business.	Certificate Number: 2018-362334							
	Helfman Ford								
	Stafford, TX United States	nited States							
2	Name of governmental entity or state agency that is a party to the	e of governmental entity or state agency that is a party to the contract for which the form is			06/01/2018				
	being filed.	<u> </u>							
	Fort Bend County				Date Acknowledged: 07/10/2018				
		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.								
	B16-003								
	Term Contract for Ford Dealer Parts								
		<u> </u>	ī	Nature of	interest				
4	Name of Interested Party	City, State, Country (place of busin	ess)						
				Controlling	Intermediary				
HELFMAN FORD		Stafford, TX United States		×					
					-				
					•				
				,					
5	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)		, :ate)	(zip code)	(country)				
	, ,			(======================================	())				
	I declare under penalty of perjury that the foregoing is true and correct.								
	Executed inCount	y, State of, on the _	d	ay of	20				
				(month)	(year)				
	Signature of authorized agent of contracting business entity (Declarant)								