

July 19, 2018

Fort Bend County 301 Jackson Richmond, Texas 77469

Attention: Chris

Subject: Chiller / Pump Replacement

Location: 1st Colony Library – 2121 Austin Parkway, Sugar Land, Texas 77479

We are pleased to propose the following for consideration of the Replacement of (1) Carrier 90 Ton Air Cooled Chiller and (2) Chill Water Pumps at 1st Colony Library – 2121 Austin Parkway. Proposal includes Chiller Replacement, Pump Replacement, Replacement of (6) Isolation Valves, and Insulation Repairs. Proposal Also Includes a \$5,000.00 Allotment for Electrical Disconnect and Reconnect and \$5,000.00 Allotment for Controls Disconnect and Reconnect. Once Hard Numbers are acquired for Electrical and Controls, Proposal will be Updated to Customer.

We propose to furnish all labor and materials required for a **price of** \$ 122,491.00

Estimated Electrical Allotment: \$ 7,500.00 Estimated Controls Allotment: \$ 5,000.00 Total with Estimated Allotments: \$ 134,991.00

This proposal does not include any sales tax, electrical beyond allotment if required, controls beyond allotment if required, freight or any special handling charges that may be applicable.

This proposal will remain in effect for a period of thirty (30) days upon receipt.

Should you have any questions, or if we can be of further assistance to you, please do not hesitate to contact me.

Note: AMS Corporate Policy states that a Signed Proposal and/or a Signed PO must be received in order to proceed with any work.

Sincerely,		
Bob Henry – LEED AP Account Representative	Yes. We do accept this proposal _	(Date)
AMS of Houston	Print Name:	
	Signature:	

13627 Stafford Road Stafford, Stafford Texas 77477 Tel (281) 403-1701 Fax (281) 403-1201

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 counti	Certificate Number:					
	of business. American Mechanical Services of Houston, LLC	2018-382177					
	Stafford, TX United States		Date Filed:				
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	07/19/2018				
	being filed.	Date Acknowledged:					
	Fort Bend County		_ att / total office agout				
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided.	umber used by the governmental entity or state agency to track or identify the contract, and provide a goods, or other property to be provided under the contract.					
	21253						
	Chiller Replacement						
4			Nature of interest				
•	Name of Interested Party	City, State, Country (place of busine					
			Controlling	Intermediary			
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			•				
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, and my date of bir					
	My address is		ate) (zip code)	(country)			
	(street)	(city) (st	(Zip code)	(oountry)			
	I declare under penalty of perjury that the foregoing is true and correct.						
	Executed inCounty	, State of, on the					
			(month)	(year)			
		Signature of authorized agent of com	tracting husiness entity				
	Signature of authorized agent of contracting business entity (Declarant)						

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FORM **1295**

1 of 1

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1	Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2018-382177			
	American Mechanical Services of Houston, LLC			2010	002111		
	Stafford, TX United States			Date Filed:			
2	Name of governmental entity or state agency that is a party to the	e contract for which	the form is	07/19/2018			
!	being filed.			Data Aakwaydadaad			
	Fort Bend County				Date Acknowledged: 07/24/2018		
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3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided to the services.			tne coi	ntract, and prov	/ide a	
	21253						
	Chiller Replacement						
_					Nature of	interest	
4	Name of Interested Party	City, State, Country	/ (place of busine	ess)	(check ap	plicable)	
					Controlling	Intermediary	
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	My address is		,			,·	
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	I declare under penalty of perjury that the foregoing is true and correct.						
	Executed inCounty	, State of	, on the	da	ıy of	, 20	
					(month)	(year)	
	Signature of authorized agent of contracting business entity (Declarant)						