



OFFICE OF COUNTY PURCHASING AGENT  
Fort Bend County, Texas

**Term Contract Renewal Form**

Solicitation #: Bid 18-036

Title: Term Contract for Stationary

Contracted Vendor: Arching Oaks Investments, Ltd., DBA Reflection Printing

Ms. Jamie Huther,

Our contract with your company for the above referenced expires March 31, 2019. Contract provisions allow for renewal of this contract if mutually agreeable.

If your company wishes to renew this contract through March 31, 2020 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 Wednesday, December 5, 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](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: B18-036

Description is to read: Term Contract for Stationary

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.

Michael Hensley 12/11/18  
Signature of Authorized Representative Date

MICHAEL HENSLEY  
Printed Name and Title of Authorized Representative

**Fort Bend County Tabulation  
Bid 18-036  
Term Contract for Stationary**

**Term: 26 February 2018 through 31 March 2019**

**Awarded 2.6.18: Reflection Printing**

**\*Amended 5.21.18**

Description	Lawson Numbers	Reflection Printing Houston
<b>Form 1295</b>		<b>Yes</b>
<b>Letterhead Stationary</b>		
Stock Paper, Case of 5000 Sheets *** = Purchasing Only	6271	\$ 149.57
Foiling of Gold Seal on Letterhead, Case of 5000 Sheets***	12445	\$ 144.38
Typesetting Fee for 1st quantity of 500	13377	\$ 15.00
Personalized Printing 500	6272	\$ 21.00
Personalized Printing 1000	6273	\$ 25.00
Personalized Printing 2500	6274	\$ 53.00
<b>Envelopes with flat black seal</b>		
Typesetting Fee for 1st quantity of 500	13378	\$ 15.00
Personalized Envelopes 500	6275	\$ 26.00
Personalized Envelopes 1000	6276	\$ 39.00
Personalized Envelopes 2500	6277	\$ 79.00
<b>Window Envelopes with flat black seal</b>		
Typesetting Fee for 1st quantity of 500	13379	\$ 15.00
Personalized Window Envelopes 500	6278	\$ 26.00
Personalized Window Envelopes 1000	6279	\$ 39.00
Personalized Window Envelopes 2500	6280	\$ 79.00
<b>Business Cards</b>		
Stock Cards w/Gold Seal 500***	6281	\$ 6.29
Typesetting Fee for 1st quantity of 500 per person	13380	\$ 15.00
Personalized Bus Card 1 Sided 500	6282	\$ 19.00
*Typesetting Fee for 2-Sided, 1st quantity of 500 per person	*13381	*\$ 25.00
Personalized Bus Card 2 Sides 500	6283	\$ 32.00
<b>*** = Purchasing Only</b>		

Departments inputting requisitions will need to include the Typesetting Fee Lawson Numbers for the first quantity of 500 for Letterhead, Envelopes, and Business Cards.

↓See next page.

Examples:

Business Cards

\*Ordering one (1) box of business cards for Employee #1, enter Lawson # 13380 for a quantity of one (1) and Lawson # 6282 for a quantity of one (1).

\*Ordering two (2) boxes of business cards for Employee #2, enter Lawson # 13380 for a quantity of one (1) and Lawson # 6282 for a quantity of two (2).

\*Ordering two (2) boxes of 2-sided business cards for Employee #3, enter Lawson # 13381 for a quantity of one (1) and Lawson # 6283 for a quantity of two (2).

Envelopes

\*Ordering five (5) boxes of 2500 envelopes, enter Lawson # 13379 for a quantity of one (1) and Lawson # 6277 for a quantity of five (5).

Letterhead

\*Ordering 2,000 sheets of letterhead, enter Lawson # 13377 for a quantity of one (1) and Lawson # 6273 for a quantity of two (2).

# 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.**

Reflection Printing  
Houston, TX United States

**Certificate Number:**  
2018-434195

**Date Filed:**  
12/14/2018

**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:**  
01/08/2019

**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.**

B18-036  
Stationary

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