



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 September 30, 2019. Contract provisions allow for renewal of this contract if mutually agreeable.

If your company wishes to renew this contract through September 30, 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 10:00 am, Friday, June 21, 2019.

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 new Form 1295 along with this renewal form by replying to this email. The Form 1295 must be new; previous 1295s are not permitted.

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/File/>.

On-line instructions:

Name of governmental entity is to read: Fort Bend County.

Identification number used by the governmental entity is: B16-003.

Description is to read: Term Contract for Ford Dealer Parts.

After receiving the Form 1295 with a new Certification Number and Date Filed, please print the form, sign, then email the Form 1295 and this Term Contract Renewal Form to cheryl.krejci@fortbendcountytexas.gov. If your company is publicly traded, you are not required to complete this form.

Signature of Authorized Representative

Date

PHILLIP KNIGHT PARTS DIRECTOR
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

Renewal Term Approved 7/10/18: 1 October 2018 through 30 September 2019

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

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**

Certificate Number:
 2019-508013

Date Filed:
 06/20/2019

Date Acknowledged:
 08/06/2019

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Helfman Ford
 Stafford, TX United States

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

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
 Ford vehicle repairs and parts

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	HELFMAN FORD	Stafford, 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)