

OFFICE OF COUNTY PURCHASING AGENT
Fort Bend County, Texas

22C

Term Contract Renewal Form

Solicitation #: Bid 16-098

Title: Term Contract for Vector/Mosquito Control Services

Contracted Vendor: Pest Management

Mrs. McElwee,

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: B16-098.

Description is to read: Term Contract for Vector/Mosquito Control Services

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.

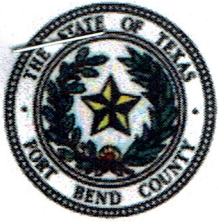
6/19/19

Signature of Authorized Representative

Date

Tiffany DiCicco - VP

Printed Name and Title of Authorized Representative



OFFICE OF COUNTY PURCHASING AGENT

Fort Bend County, Texas

Term Contract Renewal Form

Solicitation #: Bid 16-098

Title: Term Contract for Vector/Mosquito Control Services

Contracted Vendor: Gillen Pest

Ms. Janice Gillen,

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.

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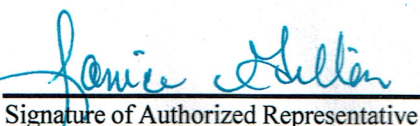
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Identification number used by the governmental entity is: B16-098.

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Signature of Authorized Representative

6-19-19
Date

Janice Gillen President
Printed Name and Title of Authorized Representative

**Fort Bend County Tabulation
 Bid 16-098
 Term Contract for Contingency Aedes Vector Control Services**

Term: Through 30 September 2017

Awarded 8/9/16: Primary = Pest Management and Secondary = Gillen Pest Control

Renewal Term: 1 October 2017 through 30 September 2018

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

Priced per Lot Size

Description	Lot Size A 1 - 4,999 sqft	Lot Size B 5,000 - 9,999 sqft	Lot Size C 10,000 - 14,999 sqft	Lot Size D 15,000 - 19,999 sqft
Pest Management Inc.	\$65.00	\$105.00	\$155.00	\$210.00
Gillen Pest Control Inc.	\$85.00	\$125.00	\$165.00	\$205.00
Clarke Environmental Mosquito Management Inc.	Disqualified: Did not provide pricing as required.			

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:
2019-513111

Date Filed:
07/07/2019

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.
Pest Mangement, Inc
Houston, 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.
16
pest control services

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Pest Mangement, Inc	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)

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.
Gillen Pest Control, Inc.
Richmond, TX United States

Certificate Number:
2019-511018

Date Filed:
06/27/2019

Date Acknowledged:
08/06/2019

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.

Bid 16-098
Vector/Mosquito Control Service

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

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.

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(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)