

EXTENSION OF SERVICES PER BID 20-092  
COVID-19 TESTING SERVICES FOR FORT BEND HEALTH AND HUMAN SERVICES

**AUDITOR'S CERTIFICATE**

I hereby certify that funds are available in the amount of \$ 250,000.00 to accomplish and pay the obligation of Fort Bend County under this contract for services provided for month of January.



Robert Ed Sturdivant

12/15/2020

Date

**Fort Bend County Tabulation  
 Bid 20-092  
 COVID-19 Testing Services for Fort Bend County Health and Human Services**

**Term: through December 31, 2020**

**Awarded 07/07/20: low bid per item  
 (Funding: COVID19 Grants)**

<b>Bidder</b>	<b>Mobile Testing Services, Bid Price per each test</b>	<b>Designated Site Testing Services, Bid Price per each test</b>	<b>Form 1295</b>
Fort Bend Family Health Center, Inc. dba AccessHealth, Richmond, TX	\$66.31	\$66.31	Yes
Dentrust Dental Texas, P.C. Pipersville, PA	Disqualified: Did not provide bid pricing as required.	No Bid	
Fulgent Therapeutic LLC, Temple City, CA	Disqualified: Did not provide bid pricing as required.	Disqualified: Did not provide bid pricing as required.	
Doctors Hospital 1997 LP dba United Memorial Medical Center, Houston, TX	\$150.00	\$150.00	Yes

# 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:  
2020-695768

Date Filed:  
12/04/2020

Date Acknowledged:  
12/15/2020

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**  
Fort Bend Family Health Center, Inc.  
RICHMOND, 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.**  
COVID-19 Testing  
Extension

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.

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of authorized agent of contracting business entity  
(Declarant)