



OFFICE OF COUNTY PURCHASING AGENT
Fort Bend County, Texas

Term Contract Renewal Form

Solicitation #: Bid 19-033

Title: Term Contract for Fuel Treatment Program

Contracted Vendor: Certified Laboratories

Mr. Toni L Boyd,

Our contract with your company for the above referenced expires March 31, 2021. Contract provisions allow for renewal of this contract if mutually agreeable.

If your company wishes to renew this contract through March 31, 2022 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 12:00 pm, Wednesday, December 9, 2020.

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/whatsnew/elf_info_fom1295.htm.

On-line instructions:

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

Identification number used by the governmental entity is: B19-033 .

Description is to read: Fuel Treatment Program .

After receiving the Form 1295 with a new Certification Number and Date Filed, please print the form and complete box 6, sign, then email the Form 1295 and this signed 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

12/7/2020

Date

Kathleen Lindig, Specialist Admin

Printed Name and Title of Authorized Representative

**Fort Bend County Tabulation
 Bid 19-033
 Term Contract for Fuel Treatment Program**

Term: April 1, 2019 through March 31, 2020

Awarded 2/26/19: Certified Labs, Division of NHC Corp

Renewal Term Approved 1/7/20: April 1, 2020 through March 31, 2021

Fuel Additive	Lawson Numbers	Certified Labs Irving
		Form 1295 Yes
Gasoline Additive:	7460	Price per Gallon
Additive, per gallon		\$42.95
Biocide/Fungicide, per gallon		No Charge
Fuel testing, per test		No Charge
Solar pump, per each		No Charge
Diesel Additive:	7461	Price per Gallon
Additive, per gallon		\$52.95
Biocide/Fungicide, per gallon		No Charge
Fuel testing, per test		No Charge
Solar pump, per each		No Charge

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.
 NCH CORPORATION dba Certified Laboratories
 IRVING, TX United States

Certificate Number:
 2020-696197

Date Filed:
 12/07/2020

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:
 01/05/2021

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 # 19-033
 FUEL TREATMENT BID

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)