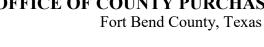
OFFICE OF COUNTY PURCHASING AGENT



Term Contract Renewal Form

Solicitation #: Bid 20-028

Title: Term Contract for Trophies for Summer Reading Program

Contracted Vendor: Olympia Business Products

Mr. Morris,

Our contract with your company for the above referenced expires <u>September 30, 2021</u>. Contract provisions allow for renewal of this contract if mutually agreeable.

If your company wishes to renew this contract through <u>September 30, 2022</u> under the same terms and conditions, please complete the information below and return this form along with a Form 1295 by email to <u>cheryl.krejci@fortbendcountytx.gov</u>. Purchasing will then take the matter before the Commissioner's Court of Fort Bend County for their consideration. Please respond to this email by <u>5:00 pm</u>, Friday, June 11, 2021.

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/filinginfo/1295/.

On-line instructions:

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

Identification number used by the governmental entity is: B20-028.

Description is to read: <u>Trophies for Summer Reading Program</u>.

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@fortbendcountytx.gov. If your company is publicly traded you are not required to complete this form.

| Morris | Lasrís |
|----------|--------|
| 14101108 | LWSI U |

6/25/2021

Signature of Authorized Representative

Date

MORRIS LASRIS

Fort Bend County Tabulation Bid 20-028 Term Contract for Trophies for Summer Reading Program

Term: through September 30, 2020

Term: 1 October 2020 through 30 September 2021

Awarded 11/26/19: Olympia Business Products (overall low bidder based on estimated quantities)

| Vendor | Form 1295 | Bid Price per New Trophy | Bid Price per Recycled Trophy | |
|---|-----------|--------------------------------|-------------------------------------|--|
| | | Lawson Number | Lawson Number | |
| | | 7539 | 7540 | |
| Olympia Business Products Stafford, TX | Yes | \$2.94 | \$2.65 | |
| Awards and Gifts R Us, Inc. Mount Vernon, NY | | \$3.35 | \$3.00 | |

CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

1 of 1

| | | | | | 1011 | | | |
|---|---|--|-----------|---|--------------|--|--|--|
| | 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 | | | rtificate Number: | | | | |
| | of business. OLYMPIA BUSINESS PRODUCTS | f business. | | | | | | |
| | Missouri City, TX United States | | Dat | te Filed: | | | | |
| 2 | Name of governmental entity or state agency that is a party to the | ne contract for which the form is | | 06/25/2021 | | | | |
| _ | being filed. | | | | | | | |
| | FORT BEND COUNTY | | | Date Acknowledged: 08/24/2021 | | | | |
| 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. | | | | | | | |
| | B20-028 | | | | | | | |
| | Trophies | | | | | | | |
| | | | | Nature of interest | | | | |
| 4 | Name of Interested Party City, State, Country (place of busin | | business) | (check ap | pplicable) | | | |
| | | | | Controlling | Intermediary | | | |
| | | | | | | | | |
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| | | <u> </u> | | | | | | |
| 5 | Check only if there is NO Interested Party. | | | | | | | |
| 6 | UNSWORN DECLARATION | | | | | | | |
| | My name is | s, and my date of birth is | | | | | | |
| | My address is(street) | | _, | _, | ., | | | |
| | (street) | (city) | (state) | (zip code) | (country) | | | |
| | I declare under penalty of perjury that the foregoing is true and correct. | | | | | | | |
| | Executed in Count | Executed in County, State of, on the | | day of | , 20 | | | |
| | | · ———————————————————————————————————— | | (month) | (year) | | | |
| | | | | | | | | |
| | Signature of authorized agent of contracting business entity | | | | | | | |