OFFICE OF COUNTY PURCHASING AGENT



Fort Bend County, Texas

Term Contract Renewal Form

Solicitation #: Bid 21-005

Title: Term Contract for Newspaper Publications of Legal Notices

Contracted Vendor: The Fort Bend Independent, LLC

Mr. Kumar.

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

If your company wishes to renew this contract through September 30, 2022 under the same terms and conditions, please complete the information below and return this form along with a Form 1295 by e-Purchasing will then take the matter before the to cheryl.krejci@fortbendcountytx.gov . Commissioner's Court of Fort Bend County for their consideration. Please respond to this email by 5:00 pm. 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: B21-005.

Description is to read: Newspaper Publications of Legal Notices .

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

Seshadri Kumar Independent, ou,

Digitally signed by Seshadri Kumar DN: cn-Seshadri Kumar, o-Fort Bend

June 8, 2021

Signature of Authorized Representative

Date

Seshadri Kumar, Publisher

Fort Bend County Tabulation BID 21-005

Term Contract for Newspaper Publication of Legal Notices

Term: October 1, 2020 through September 30, 2021

Awarded 09/01/20: Fort Bend Independent (for weekly)

Vendor	Triweekly	Weekly	Did vendor	Did vendor	Did vendor	Form 1295
	Paper Price	Paper Price	submit	submit	submit	
	per	per	required	required	required	
	Column	Column	Statement of	US Postal	Circulation	
	Inch	Inch	Ownership?	Service	Data Audit	
				Authorization	OR	
				for	last 3	
				Second-Class	US Postal	
	Lawson Number	Lawson Number		Mail	Service Form	
				Privileges?	3541-1?	
		14264				
Fort Bend Independent	No Bid	\$4.25	Yes	Yes	Yes - 3541-1	Yes
Stafford						

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.	CF	OFFICE USE ONLY CERTIFICATION OF FILING						
1	Name of business entity filing form, and the city, state and count	Certificate Number:							
	of business.								
	Fort Bend Independent Stafford, TX United States	·							
2		itamord, TX United States lame of governmental entity or state agency that is a party to the contract for which the form is							
_	being filed.	Date Acknowledged: 08/24/2021							
	Fort Bend County								
3	Provide the identification number used by the governmental enti description of the services, goods, or other property to be provided.	on number used by the governmental entity or state agency to track or identify the contract, and provide a							
	B21-005								
	Newspaper publication of legal notices								
4			Nature of interest						
-	Name of Interested Party	City, State, Country (place of busin		(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 correc	ct.							
				dovest	20				
	Executed inCounty	y, State of, on the		day of (month)	, 20 (year)				
	Signature of authorized agent of contracting business entity (Declarant)								