

**Fort Bend County Tabulation
Bid 19-059
Licensed Master Court Interpreter Services for Juveniles**

Term: through 31 March 2020

Awarded 5/28/19: Manuel Calvillo

Renewal Term Approved 1/14/20: April 1, 2020 through March 31, 2021

Renewal Term Approved 1/05/21: April 1, 2021 through March 31, 2022

Interpreter Services	Manuel Calvillo, Katy, TX	
	Form 1295	
	Yes	
	Bid Price per Hour	Bid Price per Hour After Minimum Hours
	Lawson Numbers	
	13852	13853
Mondays, 9:00 AM – 12:00 PM and 1:30 PM – 4:30 PM (six (6) hour minimum)	\$100.00	\$100.00
Wednesdays, 1:00 PM – 3:00 PM (two (2) hour minimum)	\$100.00	\$100.00
Thursdays, 9:00 AM – 11:00 AM (two (2) hour minimum)	\$100.00	\$100.00
Languages Interpreted: Spanish and English		

MasterWord Services, Inc. - Disqualified: Did not provide required copy of Master Court Interpreter License.

Visual Language Professionals, LLC - Disqualified: Did not provide required proof of insurance.

Changing minimum hours for Mondays.

Mondays 1pm - 3pm
 Wednesdays 1pm - 3pm
 Thursdays 9am - 11am

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:
 2022-836377

Date Filed:
 01/04/2022

Date Acknowledged:
 02/22/2022

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Manuel Calvillo
 Fulshear, 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.

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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)