



2802 S. Bus. Hwy 281
Edinburg, Texas 78539
Phone: (956) 318-2626
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www.co.hidalgo.tx.us/purchasing

August 11, 2020

Robert Sanchez d/b/a Kill-A-Bug Pest Control
4913 S. 24th. Street
McAllen, Texas 78503
P (956)655-1698
ATTN: Robert Sanchez

Via email: killabugpc@yahoo.com
TERM: September 11, 2020 – September 10, 2021

Re: EXTENSION/RENEWAL & 1295 FORM NOTICE
Original Contract# (C-18-056A2-08-28) – “Termite Control Services” (On an as needed basis)-Hidalgo County

Dear Mr. Sanchez,

Be advised, that County has chosen the option to exercise **the 2nd year extension of the additional one (1) year periods, (under the same rates, terms and conditions)** with **Kill-A-Bug Pest Control** for the referenced project. However, in order to proceed with approval of the extension, the County is required, as of **January 1, 2016**, to comply with the **Texas Government Code, §2252.908**, and the rules issued by the **Texas Ethics Commission** found in Title 1, Section 46.1, 46.3 and 46.5 of the Texas Administrative Code. In accordance with these requirements for the type of contract being considered, a business must submit a completed **Certificate of Interested Parties Form 1295**, to the County before the County may enter into a contract with the business entity.


In order for County staff to process the above referenced extension/renewal; you must complete Form 1295 and file Form 1295 with the Texas Ethics Commission. You can find the 1295 Form through the Texas Ethics Commission at the following website:

https://www.ethics.state.tx.us/whatsnew/elf_info_form1295.htm

In box 3 of **Form 1295**, provide **Renewal/Extension No. E-20-329A** Once completed and filed with the Texas Ethics Commission, Form 1295 must be printed and signed in the presence of a notary and submitted to our office by the deadline stated below.

In order to proceed with approval of **Renewal/Extension** for referenced project by **Commissioners Court**, the signed and notarized “**HB Form 1295**” and “**Extension Notice**” must be received in our office completed via fax to (956) 292-7612 or via email to: yolanda.velasquez@co.hidalgo.tx.us **by no later than August 13, 2020 or sooner if possible.** Hidalgo County cannot enter into a contract until Form 1295 is submitted, therefore, failure to timely submit Form 1295 signed, and notarized may result in delay of award.

In, addition, please include your “**Updated Certificate of Insurance**” with acknowledgment of receipt to this notice by signing below and returning to the Hidalgo County Purchasing Department.

By: 
Mr. Robert Sanchez

Date: 08/12/20

Hidalgo County Purchasing Department welcomes and appreciates your participation in the contract process. If any further assistance is required, please do not hesitate to call the Purchasing Department at (956)318-2626.

Sincerely,

Martha L. Salazar

Martha L. Salazar, CPPB/Purchasing Agent
Hidalgo County Purchasing Agent

MLS/yzv

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.
 KILL-A-BUG PEST CONTROL
 MCALLEN, TX United States

Certificate Number:
 2020-656293

Date Filed:
 08/12/2020

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
 Hidalgo County

Date Acknowledged:
 08/12/2020

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.
 E-20-329A
 Pest Control Services

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)

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E-20-329A
Pest Control Services

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			Controlling	Intermediary

5 Check only if there is NO Interested Party.



6 UNSWORN DECLARATION

My name is Robert Sanchez, and my date of birth is 11-19-1971.

My address is 4913 S. 24th st (street), McAllen (city), TX (state), 78503 (zip code), US (country).

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Hidalgo County, State of Texas, on the 12 day of 08, 2020.
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)