



Summary Agreement for Renewal of Williamson County Contract

Purchase/Contract Type:	Material	Department:	Road & Bridge						
Vendor Name:	Avery Dennison								
Vendor Address:	7543 N Natchez Ave., Niles, IL 60714								
Purpose/Intended Use of Product or Service (summary):									
Signs and Markers									
P.O./Contract Number:	1811-275	Effective Date:	01/22/2021						
Purchaser/Contract Specialist:	Dianne West	Expiration Date:	01/21/2022						
Requested By:	Terron Evertson, Department Director								
Detailed description of renewal of product and/or service.									
<ul style="list-style-type: none"> Williamson County wishes to extend this bid/proposal as awarded, for the same pricing, terms and conditions as the existing contract. Please include the following: <ul style="list-style-type: none"> - Completed Texas Ethics Commission Form 1295; And - Renewed Certificate of Insurance if it was required in bid/proposal. Extend Contract for the 2nd of two (2) one year renewal option periods: <table style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 30%;">Renewal Option Period 2</td> <td>January 22, 2021 – January 21, 2022</td> </tr> <tr> <td>Renewal Option Period 1</td> <td>January 22, 2020 – January 21, 2021</td> </tr> <tr> <td>Initial Contract Period</td> <td>January 22, 2019 – January 21, 2020</td> </tr> </table> 				Renewal Option Period 2	January 22, 2021 – January 21, 2022	Renewal Option Period 1	January 22, 2020 – January 21, 2021	Initial Contract Period	January 22, 2019 – January 21, 2020
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Renewal Option Period 1	January 22, 2020 – January 21, 2021								
Initial Contract Period	January 22, 2019 – January 21, 2020								
BY SIGNING BELOW, THE PARTIES AGREE TO THE TERMS OF EXTENSION SET OUT HEREIN									
Vendor <u>Avery Dennison</u>	Williamson County, 710 Main St., Georgetown, TX 78626								
Name <u>Jared Jachino</u>	Bill Gravell								
Title <u>Bid Specialist</u>	Williamson County Judge								
Signature <u><i>Jared Jachino</i></u>	Signature _____								
Date <u>1/11/21</u>	Date _____								