



## Summary Agreement for Renewal of Williamson County Contract

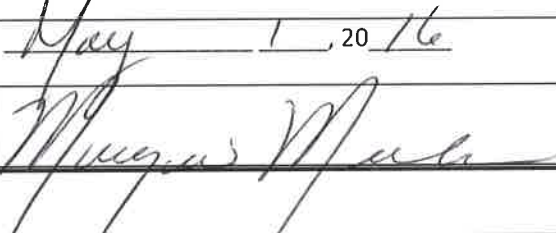
<b>Purchase/Contract Type:</b>	Services	<b>Department:</b>	EMS Department
<b>Vendor Name:</b>	Philips Healthcare		
<b>Vendor Address:</b>	3000 Minuteman Road, Andover, MA 01810		
<b>Purpose/Intended Use of Product or Service (summary):</b>			
Patient Monitoring Devices			
<b>P.O./Contract Number:</b>	14IFB00212	<b>Effective Date:</b>	08/26/2016
<b>Purchaser/Contract Specialist:</b>	Sydney Richardson	<b>Expiration Date:</b>	08/25/2017
<b>Requested By:</b>	Kenny Schnell, Department Director		
<b>Detailed description of renewal of product and/or service.</b>			
<ul style="list-style-type: none"> <li>Williamson County wishes to extend this bid for the same pricing, terms and conditions as the existing contract.</li> <li>PLEASE INCLUDE THE FOLLOWING: <ul style="list-style-type: none"> <li>- COMPLETED 1295 FORM; AND</li> <li>- RENEWED INSURANCE CERTIFICATE IF IT WAS REQUIRED IN BID/PROPOSAL.</li> </ul> </li> <li>Extend Contract for the 2nd of three (3) one (1) year renewal option periods:</li> </ul>			
Renewal Option Period 2		August 26, 2016 – August 25, 2017	
Renewal Option Period 1		August 26, 2015 – August 25, 2016	
Initial Contract Period		August 26, 2014 – August 25, 2015	
<b>BY SIGNING BELOW, THE PARTIES AGREE TO THE TERMS OF EXTENSION SET OUT HEREIN</b>			
Vendor		Williamson County, 710 Main St., Georgetown, TX 78626	
Name	Margaret Messelaar	Dan A. Gattis	
Title	Director Commercial & Strategic Contracts	Williamson County Judge	
Signature		Signature	
Date	5/1/2016	Date 07-27-2016	



### WILLIAMSON COUNTY AFFIDAVIT AUTHORIZED VENDOR REPRESENTATIVE

I hereby swear, affirm and represent to Williamson County that my signature below represents that I am authorized to bind the bidder/proposer to fully comply with the pricing, terms and conditions for the Contract listed below and any extension thereof, if applicable.

Note: If Signature is by an agent, other than the Sole Proprietor(s) or an officer of a Corporation, Limited Liability Company, General Partner or a member of a General Partnership, a Power of Attorney or equivalent document must be submitted to the Williamson County Purchasing Department prior to being recommended for award of the contract or renewal.

<b>Contract Number:</b>	14IFB00212
<b>Contract Name:</b>	Patient Monitoring Devices
<b>Printed Name of Person Submitting Affidavit:</b>	
<b>Name of Company:</b>	Philips Healthcare
<b>Date:</b>	May 1, 2016
<b>Signature of Person Submitting Affidavit:</b>	

On this, the 1 day of May, 20 16, before me a notary public, the undersigned officer, personally appeared Margaret Musselwhite, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that she/he executed the same for the purposes therein contained.

In witness hereof, I hereunto set my hand and official seal.

Notary Public

