TEXAS DEPARTMENT OF PUBLIC SAFETY

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www.dps.texas.gov



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STEVEN C. McCRAW DIRECTOR DAVID G. BAKER ROBERT J. BODISCH, SR. DEPUTY DIRECTORS

August 1, 2017

To Whom It May Concern:

The Department of Public Safety Interlocal Cooperation Contract for General Stores supplies will expire August 31, 2017. Enclosed is the revised contract, which is effective as of the date of the last party to sign the contract and ends on August 31, 2021.

This year, all purchases require a current contract on file before DPS can process your order. This includes printed materials as well as intoxilyzer mouthpieces, alcohol blood test kits, gunshot residue kits, urine specimen kits, or syringe transport tubes.

Sincerely

Michael Iffla, Director, General Services Bureau

INTERLOCAL COOPERATION CONTRACT **DPS GENERAL STORES** P.O. BOX 15999 **AUSTIN, TEXAS 78761-5999**

STATE OF TEXAS

TRAVIS COUNTY

THIS CONTRACT is entered into between the Department of Public Safety (DPS) and the Local Governmental Entity listed in Section I (Contracting Parties) under the authority of the Texas Government Code Chapter 791 (the Interlocal Cooperation Act) and in furtherance of the responsibilities of DPS as provided in Texas Government Code Chapter 411.

CONTRACTING PARTIES I.

Department of Public Safety

and

Local Governmental Entity: Williamson County Sheriff's Office

Complete Address: 508 S. Rock St. Georgetown TX 78626

Street Address City and State Zip Code

Email Address: rfikac@wilco.org

II. STATEMENT OF SERVICE

DPS will provide certain forms, manuals, gunshot residue kits, and other supplies for the Local Governmental Entity to use in the Breath Testing and Laboratory Alcohol and Drug Testing Program. The purpose and objective of this Contract is to facilitate the use of uniform and consistent procedures, paperwork, printed materials, and supplies.

III. BASIS FOR CALCULATING COSTS

Costs will be in accordance with the DPS General Stores' non-DPS users price sheet.

PAYMENT FOR SUPPLIES IV.

Local Governmental Entity must submit full payment to DPS at the time of order. Payment will be made from the Local Governmental Entity's current revenues.

TERM OF CONTRACT V.

This Contract is effective as of the date of the last party to sign the contract and ends on August 31, 2021.

THE UNDERSIGNED CONTRACTING PARTIES bind themselves to the faithful performances of this Contract and have full authority to enter into this Contract on behalf of the respective parties.

If the governing body of a party is required to approve this Contract, it will not become effective until approved by the governing body of that party. In that event, this Contract will be executed by the duly authorized official of the party as expressed in the approving resolution or order of the governing body of said party, a copy of which must be attached to this Contract.

By: Authorized Signature

DEPARTMENT OF PUBLIC SAFETY
Name of Agency

By: Authorized Signature

Sheriff
Title

Date: 10/30/17

Date: 12/5/17

ma 10 501.

INTRODUCTION

The Department of Public Safety stocks certain forms, manuals, gunshot residue kits, and supplies for the Intoxilyzer Breath Testing Program and the Laboratory Alcohol and Drug Testing Program for all Texas cities and counties. DPS performs this service to facilitate the use of uniform and consistent procedures, paperwork, printed materials, and supplies.

DPS requires certain minimum quantities and packaging in order to be as efficient as possible. The prices will differ between DPS and non-DPS users. The non-DPS users will be charged a slightly higher price to cover administrative and handling expenses and will be required by law to have an Interlocal Cooperation Contract on file with DPS General Services for any printed materials or supply items, such as mouthpieces, alcohol blood test kits, gunshot residue kits, and urine specimen kits.

DPS strongly urges entities to discuss and coordinate all purchases with its local Breath Test Program Technical Supervisor or DPS Headquarters Laboratory Alcohol and Drug Testing Program personnel. These individuals are familiar with the ordering procedure and should be aware of any price changes. Your local Breath Test Program Technical Supervisor or our DPS Laboratory Alcohol and Drug Testing personnel should also be able to advise the purchaser of the quantities of supplies that may be needed.

INSTRUCTIONS FOR THE PURCHASE OF

INTOXILYZER BREATH TESTING AND LABORATORY ALCOHOL/DRUG TESTING PRINTED MATERIALS/SUPPLIES AND GUN SHOT RESIDUE KITS

1. Submit your request on your department's letterhead using the sample on page 5.

This request must be signed by an authorized representative and the name and phone number of a contact person. Also, furnish exemption number if tax exempt.

Attach pages 3 and 4 to include the requested items and total amount due.

This request should be addressed to the following.

DPS GENERAL STORES P.O.BOX 15999 AUSTIN, TEXAS 78761-5999

- 2. Prices will be subject to change on a periodic basis and include shipping and handling.
- Submit check or money order made out to the Department of Public Safety,
 General Stores, along with your request.
- 4. Our minimum stock quantities for non-DPS users of Intoxilyzer Breath Testing and Alcohol/Drug testing supplies and printed materials are listed on pages 3 and 4. Non-DPS users must adhere to minimum quantities.
- 5. If you have any questions, please contact the following.

DPS GENERAL STORES

512-424-2017

GSouts ides ales @dps. texas. gov

NON-DPS USERS PRICE SHEET

PRICES SUBJECT TO CHANGE WITHOUT NOTICE

THESE ITEMS MUST BE PRE-PAID

| QUANTITY | DESCRIPTION | MINIMUM QUANTITY | PRICES | TOTAL AMOUNT | |
|--|--|-------------------|------------|--------------|--|
| and the second s | DIC 23 PEACE OFFICERS SWORN REPORT (Rev. 9-01 | PAD 50 SETS | \$2.50/PAD | \$0.00 | |
| (| DIC 23A SPECIMEN ROUTING REPORT | PAD 50 SETS | \$2.50/PAD | \$0.00 | |
| | DIC 24 STATUTORY WARNING | PAD 50 SETS | \$2.50/PAD | \$0.00 | |
| | DIC 25 NOTICE OF SUSPENSION TEMPORARY DRIVING PERMIT | PAD 50 SETS | \$2.50/PAD | \$0.00 | |
| Address of the Control of the Contro | DIC 54 PEACE OFFICER'S SWORN REPORT COMM. MOTOR VEHICLE | PAD 50 SETS | \$2.50/PAD | \$0.00 | |
| ******* | DIC 55 STATUTORY WARNING COMMERCIAL MOTOR VEHICLE OPERATORS | PAD 50 SETS | \$2.50/PAD | \$0.00 | |
| | DIC 56 BREATH TEST TECHNICAL SUPERVISOR AFFIDAVIT | PAD 50 SETS | \$2.50/PAD | \$0.00 | |
| de-Artimen a - No. and dependen | DIC 57 NOTICE OF DISQUALIFICATION (Rev. 9-01) | PAD 50 SETS | \$2.50/PAD | \$0.00 | |
| DIC SPANISH FORMS: | | | | | |
| | DIC 24S DWI STATUTORY WARNING | PAD 50 SETS | \$2.50/PAD | \$0.00 | |
| | DIC 25S NOTICE OF SUSPENSION | PAD 50 SETS | \$2.50/PAD | \$0.00 | |
| | DIC 578 NOTICE OF DISQUALIFICATION | PAD 50 SETS | \$2.50/PAD | \$0.00 | |
| THP FORMS | S: | | | | |
| | THP 1 OFFENSE REPORT | PAD OF 100 SHEETS | \$2.50/PAD | \$0.00 | |
| () | THP 1A SFST SCORING SHEET | PAD OF 100 SHEETS | \$2.50/PAD | \$0.00 | |

| 3 | THP 51 STATUTORY AUTHORIZATION MANDATORY BLOOD SPECIMEN | PAD OF 100 SHEETS | \$2.50/PAD | \$0.00 |
|----------|---|--|--------------|--------|
| | THP 51A AFFIDAVIT OF PERSON WHO WITHDREW BLOOD | PAD OF 100 SHEETS | \$2.50/PAD | \$0.00 |
| SUPPLIES | THP/BR 38 INTOXILYZER MANUAL | (BINDER, TABS & CONTENTS) | \$8.75/EACH | \$0.00 |
| | * PBT (MOUTHPIECES) (PORTABLE BREATH TESTING TUBE) | 1 PKG of 25 EACH | \$4.50/PKG. | \$0.00 |
| | * INTOXILYZER MOUTHPIECES | 1 PKG of 100 EACH | \$23.00/PKG. | \$0.00 |
| | * ALCOHOL BLOOD TEST KIT | 1 EACH | \$6.50/EACH | \$0.00 |
| | * URINE SPECIMEN TEST KIT | 1 EACH | \$4.50/EACH | \$0.00 |
| | * SYRINGE TRANSPORT TUBES | 1 EACH | \$3.50/EACH | \$0.00 |
| _ | * GUNSHOT RESIDUE KIT | 1 EACH | \$8.50/EACH | \$0.00 |
| | | TOTAL ENCLOSED \$0.00 (Items from pages 3 and 4) | | |

MAIL ORDERS AND PAYMENTS TO:

DPS GENERAL STORES
P.O. BOX 15999
AUSTIN, TEXAS 78761-5999
512 -424-2017

USING YOUR LETTERHEAD, PRINT THIS PAGE, ATTACH ORDER SHEETS, AND MAIL TO: DPS GENERAL STORES P.O. BOX 15999 AUSTIN, TEXAS 78761-5999

| DATE | | |
|---|--------------------------|--|
| Please enter our order for the attached supplie | s. My check is enclosed. | |
| Sincerely, | | |
| | | |
| Title | | |
| Tax exempt number | | |
| Contact person | Phone number | |
| Physical Address (City, State, Zip) | | |
| | | |
| Email Address | | |
| | | |