



The City of
OKLAHOMA CITY
DEPARTMENT OF FINANCE

September 3, 2024.

ABC Clinic
9910 NE 23rd Street
Midwest City OK 73141

Renewal No. 2

APPROVED

11-19-2024

BY THE CITY COUNCIL
Amy K. Simpson CITY CLERK

Dear Vendor,

The Contracting Entity and the contracting vendor have the option of renewing Contract/Pricing Agreement No. **R24-C237058A-ABCCLINIC for Emergency Veterinary Services** for the term **November 22, 2024 through November 21, 2025** under the same terms, conditions and provisions as originally awarded, including price(s).

Please indicate your concurrence or non-concurrence by completing the below listed information, including signature, and return to me by **September 17, 2024**. If the individual signing below is not the owner or an officer of the business or corporation, a letter of authorization should also be attached. Corporate Seal will be accepted in lieu of an authorization letter if affixed to this document.

YOUR CONCURRENCE DOES NOT GUARANTEE RENEWAL. Should the Contracting Entity decide not to renew the above contract, you will be notified in writing or electronically. **This form may be mailed, faxed, emailed, scanned, or otherwise electronically submitted for contract/pricing agreement renewal.**

If you have any questions, please contact me at (405) 297-3172, Fax (405) 297-2142 or Email: jennifer.swann@okc.gov.

Jennifer Swann MPA, CPO
Senior Buyer

Yes, I would like to renew per the above mentioned.
 No, I do not wish to renew.

[INTERNAL USE ONLY]

The Contracting Entity chooses not to renew the above contract/pricing agreement.

TARA B. SHARP
PRINTED NAME

Director
TITLE

Tara B Sharp
AUTHORIZED SIGNATURE

ABC Clinic
COMPANY NAME

9910 NE 23rd St
STREET ADDRESS

MWC, OK 73141
CITY, STATE AND ZIP CODE

405-343-6242
BUSINESS TELEPHONE

tsharp2677@gmail.com
CONTACT E-MAIL

NON-COLLUSION AFFIDAVIT

The undersigned, of lawful age, being duly sworn, upon oath, deposes and says: That the undersigned has the lawful authority to execute the within and foregoing proposal/bid for, and on behalf of, the Proposer/Bidder; that the Proposer/Bidder has not, directly or indirectly, entered into any agreement, express or implied, with any Proposer/Bidder, having for its object the controlling of the price or amount of such proposal/bid, the limiting of the proposals/bids or the Proposers/Bidders, the parcelling or farming out to any Proposer/Bidder or other persons, of any part of the Agreement or any part of the subject matter of the proposal/bid, or of the profits thereof, and that Proposer/Bidder has not and will not divulge the sealed proposal/bid to any person whomsoever, except those having a partnership or other financial interest with the Proposer/Bidder in the said proposal/bid, until after the said sealed proposals/bids are opened.

The undersigned further states that the Proposer/Bidder has not been a party to any collusion: among Proposer/Bidders in restraint of freedom of competition, by any agreement to bid at a fixed price or to refrain from proposing; or with any City/Trust official, City/Trust employee or City/Trust agent as to the quantity, quality, or price in the prospective Agreement, or any other terms of the said prospective Agreement; or in any discussions between the Proposers/Bidders or City/Trust official, City/Trust employee or City/Trust agent concerning the exchange of money or other thing of value for special consideration in the letting of Agreement. The Proposer/Bidder states that it has not paid, given or donated or agreed to pay, give or donate to any City/Trust official, officer or employee of the City or awarding agency, any money or other thing of value, either directly or indirectly, in the procuring of the award of Agreement pursuant to this Proposal/Bid.

Witness the hands of the parties hereto:

The undersigned states that the Proposer/Bidder will be bound by its proposal/bid, the specification, the terms and conditions of the Agreement, and the Requirements for Proposer/Bidders.

→ THIS FORM TO BE COMPLETED BY THE PROPOSER/BIDDER PRIOR TO AGREEMENT APPROVAL ←

Handwritten form fields: Type Name of Authorized Agent/Representative (Tara Beres-Sharp), Title (President/Director), Signature (Tara Beres-Sharp), Company Name (Safe Haven), Address (5027 Spencer Rd Spencer OK 73084), Zip Code (405-343-6242), Telephone Number and Fax Number (if any).

TO BE COMPLETED BY THE NOTARY:

Notary fields: State of (Oklahoma), County of (Oklahoma), SS.

Signed and sworn to before me on this 16 day of Oct. 22 by Tara Beres-Sharp

My Commission Number: 06002919 (Oklahoma) Type Name of Notary Public: Belinda Proctor

My Commission Expires: 3/17/26 (Date/Year) Signature of Notary Public: Belinda Proctor



[49 Okla. Stat. 2011 §119

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