

THE COUNTY OF GALVESTON

RUFUS G. CROWDER, CPPO CPPB PURCHASING AGENT

GWEN MCLAREN, CPPB ASST. PURCHASING AGENT

COUNTY COURTHOUSE 722 Moody (21st Street) Fifth (5th) Floor GALVESTON, TEXAS 77550 (409) 770-5371

May 11, 2015

RE: ADDENDUM #1

RFP #B151020, Galveston County Lawrence Road Area Streets Improvements

To All Prospective Proposers,

Attached you will find Addendum #1 for RFP #B151020, Galveston County Lawrence Road Area Streets Improvements.

CORRECTIONS:

The attached forms were inadvertently omitted from the original bid packet. Please include these completed forms in all proposal submittals:

- Proposal Forms (4 sheets)
- Debarment Certification
- Non-Collusion Affidavit
- Vendor Qualification Packet

INVITATION TO BID:

The following bonding requirements were omitted from the Invitation to Bid advertising document and are a part of the solicitation requirements:

Bonding Requirements:

PROPOSAL GUARANTEE: Evidencing its firm commitment to engage in the contract if Proposer is selected for award of contract, each Proposer is required to furnish with their proposal a Cashier's Check, or an acceptable Proposer's Bond (in the event of requests for bids, this is called a Bidder's Bond), in the amount of fiver percent (5%) of the total contract price. The Proposer's Bond must be executed with a surety company authorized to do business in the State of Texas. Failure to furnish the bid/proposal guarantee in the proper form and amount, by the time set for opening of bids/proposals may be cause or rejection of the bid/proposal.

PERFORMANCE AND PAYMENT BONDS:

Successful proposer, before beginning work, shall execute a performance bond and a payment bond, each of which must be in the amount of the contract. The required payment and performance bonds must each be executed by a corporate surety in accordance with Section 1, Chapter 87, Acts of the 56th Legislature, Regular Session, 1959 (Article 7.19-1, Vernon's Texas Insurance Code).

BID OPENING:

The bid opening for RFP # B151020, Galveston County Lawrence Road Area Streets Improvements will remain the same as follows:

Date: Tuesday, June 2, 2015 Time: 2:00 P.M.

Please send bid submittals to:
Galveston County Purchasing Agent
Attention: Rufus Crowder, CPPO CPPB
722 Moody (21st Street), Fifth (5th) Floor
Galveston, Texas 77550

As a reminder, all questions regarding this proposal must be submitted in writing to:

Rufus G. Crowder, CPPO CPPB Galveston County Purchasing Agent 722 Moody, Fifth (5th) Floor Galveston, Texas 77550

E-mail: <u>rufus.crowder@co.galveston.tx.us</u>

If you have any further questions regarding this proposal, please address them to Rufus Crowder, CPPO CPPB, Purchasing Agent, via e-mail at rufus.crowder@co.galveston.tx.us, or contact the Purchasing Department at (409) 770-5371.

Please excuse us for any inconvenience that this may have caused.

Sincerely,

Rufus G. Crowder, CPPO CPPB

Purchasing Agent Galveston County

RFP #B151020 OPEN: 06/02/2015 TIME: 2:00 P.M.

PROPOSAL FORM GALVESTON COUNTY LAWRENCE ROAD AREA STREETS IMPROVEMENTS COUNTY OF GALVESTON, TEXAS

1. References (if required) 2. Addenda, if any 3. One (1) original and six (6) copies of submittal 4. Proposal Forms 5. Vendor Qualification packet 6. Debarment Certification 7. Payment Terms: met 30 Other	THE FIRM OF:		***************************************				
The following shall be returned with your proposal. Failure to do so may be ample cause for rejection of proposal as non responsive. It is the responsibility of the Proposer to ensure that Proposer has received all addenda. Items: Confirmed (X): References (if required) Addenda, if any #1 #2 #3 #4 #4 #4 #4 #4 #4 #4 #4 #4 #4 #4 #4 #4	Address:						
Items: Confirmed (X): References (if required) Addenda, if any One (1) original and six (6) copies of submittal Proposal Forms Vendor Qualification packet Debarment Certification Payment Terms: Anti-Collusion Affidavit Person to contact regarding this proposal: Title: Phone: Fax: E-mail address:	FEIN (TAX ID):						
1. References (if required) 2. Addenda, if any 3. One (1) original and six (6) copies of submittal 4. Proposal Forms 5. Vendor Qualification packet 6. Debarment Certification 7. Payment Terms: 8. Anti-Collusion Affidavit Person to contact regarding this proposal: Title: Phone: Phone: Fax: E-mail address:							
2. Addenda, if any #1#2#3#4 3. One (1) original and six (6) copies of submittal 4. Proposal Forms 5. Vendor Qualification packet 6. Debarment Certification 7. Payment Terms:net 30Other 8. Anti-Collusion Affidavit Person to contact regarding this proposal: Title:Phone:Fax: E-mail address:	Items:		Confi	rmed (X):			
3. One (1) original and six (6) copies of submittal 4. Proposal Forms 5. Vendor Qualification packet 6. Debarment Certification 7. Payment Terms:							
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7. Payment Terms:net 30Other 8. Anti-Collusion Affidavit Person to contact regarding this proposal: Title:Phone:Fax: E-mail address:	5. Vendor Qualification packet						
8. Anti-Collusion Affidavit Person to contact regarding this proposal: Title: Phone: Fax: E-mail address:	6. Debarment Certification						
Person to contact regarding this proposal: Title: Phone: Fax: E-mail address:	7. Payment Terms:		40	net 30		_Other	
Title:Phone:Fax: E-mail address:	8. Anti-Collusion Affidavit		****************	······································			
E-mail address:	Person to contact regarding this pr	oposal:			·····		
	Title:	Phone:			_Fax:		
	E-mail address:						
Signature: Date:							
Title: Phone: Fax:							
	F:1 - 1d		·····				

RFP# B151020 OPEN: 06/02/2015 TIME: 2:00 P.M.

PROPOSER MUST SIGN HERE BELOW:

provisions and understands them.

Firm Name:

Authorized Signature:

Name & Title Printed:

Telephone No.:

E-Mail Address:

Date:

EXCEPTIONS (if no exceptions are taken, state NONE):

By signing here, the firm does hereby attest that it has fully read the instructions, conditions and general and special

The remainder of this page intentionally left blank

RFP# B151020 OPEN: 06/02/2015 TIME: 2:00 P.M.

PROPOSAL FORM GALVESTON COUNTY LAWRENCE ROAD AREA STREETS IMPROVEMENTS GALVESTON COUNTY, TEXAS

Proposer shall use this form to provide the information for notice.

1.	Contact information for notice:					
	Name:Address:					
	Telephone Number:					
2.	If a copy of notice is requested, please complete	below:				
	Name:Address:					
	Telephone Number:	Facsimile number:				
3.	If second or more copies are requested for not supplement as "Supplementary Notice Information	ice, please supplement this form and clearly mark the				
	reference information. If Proposer wishes to	poser shall use this form to provide minimum required o provide more than the minimum, Proposer should nark the supplement as "Supplementary Reference				
1.	References who can attest to the Proposer's ca proposal:	apability to carry out the requirements set forth in this				
	Business Name of Organization:					
	Name of Person:					
	Name of Person: Title of Individual within Organization, if applic Business address:	able				
	Telephone number:					
	Business Name of Organization: Name of Person: Title of Individual within Organization, if applic	cable				
	Business address:					
	Telephone number:					
	Business Name of Organization:Name of Person:					
	Title of Individual within Organization, if applic Business address:					
	Telephone number:	Facsimile number:				

RFP# B151020 OPEN: 06/02/2015 TIME: 2:00 P.M.

PROPOSAL FORM GALVESTON COUNTY LAWRENCE ROAD AREA STREETS IMPROVEMENTS GALVESTON COUNTY, TEXAS

References of major supplier of Proposer who can speak to the financial capability of the Proposer to carry out the requirements set forth in this proposal:

	Business Name of Supplier				
	Title of Individual within business:				
	Business address:				
	Telephone number:	Facsimile number:			
	Business Name of Supplier				
	Name of Person:				
	Title of Individual within business:				
	Business address:				
	Telephone number:	Facsimile number:			
	Business Name of Supplier				
	Name of Person:				
	Title of Individual within business:				
	Business address:				
	Telephone number:	Facsimile number:			

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County of Galveston

ACKNOWLEDGMENT AND CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER INELGIBILITY

Executive Orders 12549 & 12689 Certification, Debarment and Suspension

Solicitation Number: <u>B151020</u>	
Solicitation Title: <u>GALVESTON COUNTY LA</u> <u>IMPROVEMENTS</u>	WRENCE ROAD AREA STREET
Contractor hereby CERTIFIES that:	
proposed for suspension, or declared ineligib	esently debarred, suspended, proposed for debarment, ble under Executive Order 12549 or Executive Order of in any other way ineligible for participation in
for debarment, proposed for suspension, or d Executive Order 12689, Debarment and Susp way ineligible for participation in Federal or	t and have not been debarred, suspended, proposed declared ineligible under Executive Order 12549 or pension, and were not and have not been in any other State assistance programs at the time its' proposal herein and at any time since submission of its'
	to include, this certification in all contracts between with services performed under this contract; and
•	writing immediately, through written notification to Contractor is not in compliance with Executive Order ct with Galveston County.
Contractor Represents and Warrants that the indivice Certification on its behalf has the full power and authoreto.	
Name of Business	Date
By:	

Signature

Printed Name & Title

State of Texas	§
	§
County of Galveston	§

NON-COLLUSION AFFIDAVIT

est duly sworn, deposes and certifies that:			
Affiant is the(Individual, Partner, Corpor		(Name of Proposer)	, that
submitted the attached Bid/Proposal in RF Improvements	*	` ' '	a Streets
Affiant is a duly authorized representative	of Proposer and is authorize	zed to make this Non-Collusion	Affidavit;
The attached Proposal/Bid is genuine and i	is not a collusive or sham F	Proposal/Bid;	
The attached Proposal/Bid has been indeperfirm, competitor, or potential competitor;	endently arrived at without	collusion with any other bidder	r, proposer, person,
Bidder/Proposer has not colluded, conspire person, firm, competitor, or potential comp person, firm, competitor, or potential comp	petitor, to submit a collusiv	e or sham bid or that such other	
Bidder/Proposer has not in any manner, director conference with any other bidder, proposer the attached Bid/Proposal or of the bid/pro	r, person, firm, competitor,	or potential competitor to fix th	
Bidder/Proposer has not in any manner, dir conference with any other bidder, proposer cost element of the Bid/Proposal price or p conspiracy, connivance, or unlawful agreed proposed contract;	r, person, firm, competitor, prices of any other bidder/p	or potential competitor to fix th roposer, or to secure through an	ne overhead, profit or y collusion,
Affiant has not in any manner, directly or i with any other bidder, proposer, person, fir proposer, person, firm, competitor, or pote procuring or attempting to procure a contra the bid/proposal of any other Bidder/Propos	rm, competitor, or potential ential competitor any money act or in return for establish	l competitor, paid or agreed to p y or anything of value in return	eay any other bidder, for assistance in
Affiant certifies that Affiant is fully inform penalties of perjury, certifies and affirms the Bidder/Proposer as well as to Affiant signi	he truth of the statements h		
	Si	ignature of Affiant	
WORN TO and SUBSCRIBED before me the	nisday of	, 2015.	
	Notary Public		
	My Commission Ex	pires:	



County of Galveston Purchasing Department Vendor Qualification Packet

(rev. 1.2, March 29, 2010)

All interested parties seeking consideration for qualified vendor status with the County of Galveston should complete and return only the following attached forms to:

Galveston County Purchasing Department 722 Moody Avenue, (21st Street), 5th Floor Galveston, Texas 77550 (409) 770-5371 office (409) 621-7987 fax

Form PEID: Person /Entity Information Data

Form W-9: Request for Taxpayer Identification Number and Certification

(please note that the included form <u>may not</u> be the latest revised form issued by the Internal Revenue Service. Please check the IRS website at http://www.irs.gov/pub/irs-pdf/fw9.pdf for the latest revision of this form.)

Form CIQ: Conflict of Interest Questionnaire

(please note that the included form <u>may not</u> be the latest revised form issued by the State of Texas Ethics Commission. Please check the Texas Ethics Commission website at for the latest revision of this form. Please note that Galveston County Purchasing Agent is not responsible for the filing of this form with the Galveston County Clerk per instructions of the State of Texas Ethics Commission).

Certificate(s) of Insurance: <u>If the person or entity seeking qualified vendor status with the County will be performing work at or on any County owned facility and/or property, Certificate(s) of Insurance are required to be submitted prior to performing any work.</u>

Insurance requirements are as follows:

Public Liability and Property Damage Insurance:

Successful vendor agrees to keep in full force and effect, a policy of public liability and property damage insurance issued by a casualty company authorized to do business in the State of Texas, and in standard form approved by the Board of Insurance Commissioners of the State of Texas, with coverage provisions insuring the public from any loss or damage that may arise to any person or property by reason of services rendered by vendor. Vendor shall at its own expense be required to carry the following minimum insurance coverages:

- For damages arising out of bodily injury to or death of one person in any one occurrence one hundred thousand and no/100 dollars (\$100,000.00);
- For damages arising out of bodily injury to or death of two or more persons in any one occurrence three hundred thousand and no/100 dollars (\$300,000.00); and
- For injury to or destruction of property in any one occurrence one hundred thousand and no/100 dollars (\$100,000.00).

This insurance shall be either on an occurrence basis or on a claims made basis. Provided however, that if the coverage is on a claims made basis, then the vendor shall be required to purchase, at the termination of this agreement, tail coverage for the County for the period of the County's relationship with the vendor under this agreement. Such coverage shall be in the amounts set forth in subparagraphs (1), (2), and (3) above.

Worker's Compensation Insurance:

Successful vendor shall also carry in full force Workers' Compensation Insurance policy(ies), if there is more than one employee, for all employees, including but not limited to full time, part time, and emergency employees employed by the vendor. Current insurance certificates certifying that such policies as specified above are in full force and effect shall be furnished by the vendor to the County.

The County of Galveston shall be named as additional insured on policies listed in subparagraphs above and shall be notified of any changes to the policy(ies) during the contractual period. Insurance is to be placed with insurers having a Best rating of no less than A. The vendor shall furnish the County with certificates of insurance and original endorsements affecting coverage required by these insurance clauses. The certificates and endorsements for each insurance policy are to be signed by a person authorized by the insurer to bind coverage on its behalf. The vendor shall be required to submit annual renewals for the term of any contractual agreement, purchase order or term contract, with Galveston County prior to expiration of any policy.

In addition to the remedies stated herein, the County has the right to pursue other remedies permitted by law or in equity.

The County agrees to provide vendor with reasonable and timely notice of any claim, demand, or cause of action made or brought against the County arising out of or related to utilization of the property. Vendor shall have the right to defend any such claim, demand, or cause of action at its sole cost and expense and within its sole and exclusive discretion. The County agrees not to compromise or settle any claim or cause of action arising out of or related to the utilization of the property without the prior written consent of the vendor.

In no event shall the County be liable for any damage to or destruction of any property belonging to the vendor unless specified in writing and agreed upon by both parties.

Procurement Policy - Special Note:

Understand that it is, according to Texas Local Government Code, Section 262.011, Purchasing Agents, subsections (d), (e), and (f), the sole responsibility of the Purchasing Agent to supervise all procurement transactions.

Therefore, be advised that all procurement transactions require proper authorization in the form of a Galveston County purchase order from the Purchasing Agent's office prior to commitment to deliver supplies, materials, equipment, including contracts for repair, service, and maintenance agreements. Any commitments made without proper authorization from the Purchasing Agent's office, pending Commissioners' Court approval, may become the sole responsibility of the individual making the commitment including the obligation of payment.

Code of Ethics - Statement of Purchasing Policy:

Public employment is a public trust. It is the policy of Galveston County to promote and balance the objective of protecting the County's integrity and the objective of facilitating the recruitment and

retention of personnel needed by Galveston County. Such policy is implemented by prescribing essential standards of ethical conduct without creating unnecessary obstacles to entering public office.

Public employees must discharge their duties impartially so as to assure fair competitive access to governmental procurement by responsible contractors. Moreover, they should conduct themselves in such a manner as to foster public confidence in the integrity of the Galveston County procurement organization.

To achieve the purpose of these instructions, it is essential that those doing business with Galveston County also observe the ethical standards prescribed here.

General Ethical Standards: It shall be a breach of ethics to attempt to realize personal gain through public employment with Galveston County by any conduct inconsistent with the proper discharge of the employee's duties.

It shall be a breach of ethics to attempt to influence any public employee of Galveston County to breach the standards of ethical conduct set forth in this code.

It shall be a breach of ethics for any employee of Galveston County to participate directly or indirectly in procurement when the employee knows that:

- The employee or any member of the employee's immediate family has a financial interest pertaining to the procurement.
- A business or organization in which the employee, or any member of the employee's immediate family, has a financial interest pertaining to the procurement.
- Any other person, business or organization with which the employee or any member of the
 employee's immediate family is negotiating or has an arrangement concerning prospective
 employment is involved in the procurement.

Gratuities: It shall be a breach of ethics to offer, give or agree to give any employee of Galveston County, or for any employee or former employee of Galveston County to solicit, demand, accept or agree to accept from another person, a gratuity or an offer of employment in connection with any decision, approval, disapproval, recommendation, preparation of any part of a program requirement or purchase request, influencing the content of any specification or procurement standard, rendering of advice, investigation, auditing, or in any other advisory capacity in any program requirement or a contract or subcontract, or to any solicitation or proposal therefore pending before this government.

Kickbacks: It shall be a breach of ethics for any payment, gratuity or offer of employment to be made by or on behalf of a subcontractor under a contract to the prime contractor or higher tier subcontractor for any contract for Galveston County, or any person associated therewith, as an inducement for the award of a subcontract or order.

Contract Clause: The prohibition against gratuities and kickbacks prescribed above shall be conspicuously set forth in every contract and solicitation by Galveston County.

Confidential Information: It shall be a breach of ethics for any employee or former employee of Galveston County to knowingly use confidential information for actual or anticipated personal gain, or for the actual or anticipated gain of any person.

Questions/Concerns:

If you have any questions or concerns regarding the information or instructions contained within this packet, please contact any member of the Purchasing Department staff at (409) 770-5371.

CONFLICT OF INTEREST DISCLOSURE REPORTING

Proposer may be required under Chapter 176 of the Texas Local Government Code to complete and file a conflict of interest questionnaire (CIQ Form). If so, the completed CIQ Form must be filed with the County Clerk of Galveston County, Texas.

If Proposer has an employment or other business relationship with an officer of Galveston County or with a family member of an officer of Galveston County that results in the officer or family member of the officer receiving taxable income that exceeds \$2,500.00 during the preceding 12-month period, then Proposer MUST complete a CIQ Form and file the original of the CIQ Form with the County Clerk of Galveston County.

If Proposer has given an officer of Galveston County or a family member of an officer of Galveston County one or more gifts with an aggregate value of more than \$250.00 during the preceding 12-months, then Proposer MUST complete a CIQ Form and file the original of the CIQ Form with the County Clerk of Galveston County.

The Galveston County Clerk has offices at the following locations:

Galveston County Clerk
Galveston County Justice Center, Suite 2001
600 59th Street
Galveston, Texas 77551

Galveston County Clerk North County Annex, 1st Floor 174 Calder Road League City, Texas 77573

Again, if Proposer is required to file a CIQ Form, the original completed form is filed with the Galveston County Clerk (not the Purchasing Agent).

For Proposer's convenience, a blank CIQ Form is enclosed with this proposal. Blank CIQ Forms may also be obtained by visiting the Galveston County Clerk's website and/or the Purchasing Agent's website – both of these web sites are linked to the Galveston County homepage, at http://www.co.galveston.tx.us.

As well, blank CIQ Forms may be obtained by visiting the Texas Ethics Commission website, specifically at http://www.ethics.state.tx.us/whatsnew/conflict_forms.htm.

Chapter 176 specifies deadlines for the filing of CIQ Forms (both initial filings and updated filings).

It is Proposer's sole responsibility to file a true and complete CIQ Form with the Galveston County Clerk if Proposer is required to file by the requirements of Chapter 176. Proposer is advised that it is an offense to fail to comply with the disclosure reporting requirements dictated under Chapter 176 of the Texas Local Government Code.

If you have questions about compliance with Chapter 176, please consult your own legal counsel. Compliance is the individual responsibility of each person, business, and agent who is subject to Chapter 176 of the Texas Local Government Code.



COUNTY of GALVESTON

Purchasing Department

rev. 1.3, March 29, 2010

FORM PEID:

) inactivate

Landlord

) One Time

FOR	M PEID:	R	equest for Perso	n-Entity Ident	ification Data	
Instruction	ons: Please ty	pe or print clearly v	when completing secti	ons 1 thru 4 and	return completed form to:	
		722 M Galve (409)	ston County Purch oody Avenue (21st ston, Texas 77550 770-5371 <i>office</i> 621-7987 <i>fax</i>		loor	
1. Bus	iness Name:					
Atte	ntion Line:					
2. Phys	sical Addres	s:			**************************************	
City				State:	Zip+4:	
3. Billi	ng / Remit Ad	ddress:				
City	:			State:	Zip+4	
4. Mair	n Contact Pe	rson:				
Mair	n Phone Nun	nber:				
Fax	Number:					
E-m	ail Address:					
THE COLUMN		Are	as below are for Cou	ınty use only.		
Req	uested By:			Phone / Ex	t.#	
Dep	artment:			Date:		
Acti	on Requeste	d - Check One:	IFAS PEID Vend	or Number:		
()	Add New		() Change Data		() Re-activate	

) Employee

Foster Parent

) Foster Child

Attorney

) Refund

Form (Rev. October 2007) Department of the Treasury

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Name (as shown on your income tax return) Business name, if different from above Check appropriate box: Individual/Sole proprietor Corporation Partnership Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) Address (number, street, and apt. or suite no.) City, state, and ZIP code List account number(s) here (optional) Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident				
Check appropriate box: Individual/Sole proprietor Corporation Partnership Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) City, state, and ZIP code City, state, and ZIP code List account number(s) here (optional) Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident in the specific part individuals, this is your social security number (SSN). However, for a resident in the specific part individuals, this is your social security number (SSN). However, for a resident in the specific part individuals, this is your social security number (SSN). However, for a resident in the specific part individuals, this is your social security number in the specific part individuals.		Name (as shown on your income tax return)		
List account number(s) here (optional) Part I Taxpayer Identification Number (TIN) Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident : : :	동 _	Business name, if different from above		
List account number(s) here (optional) Part I Taxpayer Identification Number (TIN) Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident : : :	t or type tructions	Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=p	artnership) ▶	1 1 1 '
List account number(s) here (optional) Part I Taxpayer Identification Number (TIN) Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident : : :	Print Tic Ins	Address (number, street, and apt. or suite no.)	Requester's name a	and address (optional)
Part I Taxpayer Identification Number (TIN) Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident : : :		City, state, and ZIP code		
Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident	See	List account number(s) here (optional)		
backup withholding. For individuals, this is your social security number (SSN), However, for a resident	Part	Taxpayer Identification Number (TIN)		
alien, sole proprietor, or disregarded entity, see the Part Linstructions on page 3. For other entities, it is	alien, s	o withholding. For individuals, this is your social security number (SSN). However, for a note proprietor, or disregarded entity, see the Part Linstructions on page 3. For other entity	esident	security number
your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.	or			
Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.				
Part II Certification	Part	II Certification		

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all Interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- 3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of	
Here	U.S. person ▶	Date ►

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
 - 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

The U.S. owner of a disregarded entity and not the entity,

- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

- 1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
 - 2. The treaty article addressing the income.
- 3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
- 4. The type and amount of income that qualifies for the exemption from tax.
- 5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

- 1. You do not furnish your TIN to the requester,
- 2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
- 3. The IRS tells the requester that you furnished an incorrect TIN ,

- 4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
- 5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see Special rules for partnerships on page 1.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying Information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). Check the "Limited liability company" box only and enter the appropriate code for the tax classification ("D" for disregarded entity, "C" for corporation, "P" for partnership) in the space provided.

For a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line.

For an LLC classified as a partnership or a corporation, enter the LLC's name on the "Name" line and any business, trade, or DBA name on the "Business name" line.

Other entities. Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

Note. You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

- 1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
- The United States or any of its agencies or instrumentalities,
- 3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
- 4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
- An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

- 6. A corporation,
- 7. A foreign central bank of issue,
- 8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
- 9. A futures commission merchant registered with the Commodity Futures Trading Commission,
 - A real estate investment trust.
- 11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
- 12. A common trust fund operated by a bank under section 584(a),
 - 13. A financial institution,
- 14. A middleman known in the investment community as a nominee or custodian, or
- 15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for	THEN the payment is exempt for	
Interest and dividend payments	All exempt payees except for 9	
Broker transactions	Exempt payees 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker	
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5	
Payments over \$600 required to be reported and direct sales over \$5,0001	Generally, exempt payees 1 through 7	

See Form 1099-MISC, Miscellaneous Income, and its instructions.

However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding; medical and health care payments, attorneys' fees, and payments for services paid by a federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see How to get a TIN below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see Limited liability company (LLC) on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting www.irs.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt payees, see Exempt Payee on page 2.

Signature requirements. Complete the certification as indicated in 1 through 5 below.

- 1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.
- 2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

- Real estate transactions. You must sign the certification.You may cross out item 2 of the certification.
- 4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).
- 5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

	For this type of account:	Give name and SSN of:
	Individual Two or more individuals (joint account)	The individual The actual owner of the account or, if combined funds, the first individual on the account
3.	Custodian account of a minor (Uniform Gift to Minors Act)	The minor '
4.	The usual revocable savings trust (grantor is also trustee)	The grantor-trustee '
	b. So-called trust account that is not a legal or valid trust under state law	The actual owner '
5,	Sole proprietorship or disregarded entity owned by an individual	The owner 3
	For this type of account:	Give name and EIN of:
6.	Disregarded entity not owned by an individual	The owner
7.	A valid trust, estate, or pension trust	Legal entity '
8.	Corporate or LLC electing corporate status on Form 8832	The corporation
9.	Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10.	Partnership or multi-member LLC	The partnership
11.	A broker or registered nominee	The broker or nominee
12.	Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

¹List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other Identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- · Protect your SSN,
- · Ensure your employer is protecting your SSN, and
- · Be careful when choosing a tax preparer.

Call the IRS at 1-800-829-1040 if you think your identity has been used inappropriately for tax purposes.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to *phishing@irs.gov*. You may also report misuse of the IRS name, logo, or other IRS personal property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: *spam@uce.gov* or contact them at *www.consumer.gov/idtheft* or 1-877-IDTHEFT(438-4338).

Visit the IRS website at www.irs.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for Identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TiN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TiN to a payer. Certain penalties may also apply.

²Circle the minor's name and furnish the minor's SSN.

³You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see Special rules for partnerships on page 1.

CONFLICT OF INTEREST QUESTIONNAIRE For vendor or other person doing business with local govern

FORM CIQ

To vertuol of other person doing business with local governmental entity	у
This questionnaire reflects changes made to the law by H.B. 1491, 80th Leg., Regular Session.	OFFICE USE ONLY
This questionnaire is being filed in accordance with Chapter 176, Local Government Code by a person who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the person meets requirements under Section 176.006(a).	Date Received
By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the person becomes aware of facts that require the statement to be filed. See Section 176.006, Local Government Code.	
A person commits an offense if the person knowingly violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor.	
Name of person who has a business relationship with local governmental entity.	
Check this box if you are filing an update to a previously filed questionnaire.	
(The law requires that you file an updated completed questionnaire with the applater than the 7th business day after the date the originally filed questionnaire become	propriate filing authority not us incomplete or inaccurate.)
Name of local government officer with whom filer has employment or business relationship),
Name of Officer	
This section (item 3 including subparts A, B, C & D) must be completed for each officer employment or other business relationship as defined by Section 176.001(1-a), Local Governr pages to this Form CIQ as necessary.	with whom the filer has an ment Code. Attach additional
A. Is the local government officer named in this section receiving or likely to receive taxable in income, from the filer of the questionnaire?	ncome, other than investment
Yes No	
B. Is the filer of the questionnaire receiving or likely to receive taxable income, other than investigation of the local government officer named in this section AND the taxable income is governmental entity?	stment income, from or at the not received from the local
Yes No	
C. Is the filer of this questionnaire employed by a corporation or other business entity with government officer serves as an officer or director, or holds an ownership of 10 percent or more	h respect to which the local re?
Yes No	
D. Describe each employment or business relationship with the local government officer nam	ed in this section.
4	
Signature of person doing business with the governmental entity	ate