Property and Casualty Insurance

RFP#26-PR0P01

SUBMITTAL DEADLINE

JUNE 25, 2025 4:00 PM

SANTA ROSA INDEPENDENT SCHOOL DISTRICT

Request for Proposal
Property & Casualty Insurance

Santa Rosa ISD desires to secure a competitive insurance program that will provide the broadest coverage at the most competitive price available. This program should cover all buildings and auxiliary structures for perils of; property insurance, equipment breakdown, miscellaneous property, windstorm, hail flood and all other perils. These specifications will enable Santa Rosa ISD to select the agent and carrier that can provide such a program.

Please note that a "no" answer to certain requests will not necessarily result in a disqualification or complete rejection of the entire proposal. Where specifications call for specific information please provide it.

Request for proposals will be accepted until 4:00 p.m. on June 25, 2025.

Specifications can be obtained upon request on the Santa Rosa ISD website, www.srtx.org. and at 102 Jesus R. Cruz St., Central Office, located in the Santa Rosa HS, Santa Rosa, Tx. 78593. The School District reserves the right to accept or reject any or all requests for qualifications and waiver any or all informalities/technicalities in the process.

Santa Rosa I.S.D. STANDARD TERMS AND CONDITIONS

SCOPE:

Santa Rosa ISD desires to secure a competitive insurance program that will provide the broadest coverage at the most competitive price available for property coverage including windstorm. These specifications will enable Santa Rosa ISD to select the agent and carrier that can provide such a program.

TIMETABLE:

Proposals are due June 25, 2025, at 4:00 p.m. Sealed envelopes will be opened in public in a manner to avoid disclosure. The contents of the proposals shall be kept confidential through the negotiation process. Please label any trade secrets or confidential information to avoid public disclosure.

Proposals will be considered at the first scheduled board meeting in July. It is anticipated but not certain that a decision will be reached on that date. The selected proposer will be notified after the board meeting in which the contract is awarded.

Binders are to be delivered to Santa Rosa ISD on or before August 31, 2025.

Policies are due to Santa Rosa ISD September 1, 2025.

SELECTION:

Santa Rosa ISD reserves the right to accept or reject all or part of the proposals, waive technicalities, and award the proposal that best serves its interest. The contract will be awarded to the vendor who submits the most responsive proposal based on coverage, insurance company financial condition, reputation, and the quality of service.

	SELECTION CRITERIA	Assigned Points
1	Purchase Price	60
2	Experience	10
3	Past Performance	5
4	Reputation/Rating	20
5	Financial Strength	5

SUBMISSION OF PROPOSAL:

Proposals shall be submitted in a selected envelope plainly marked "RFP#26-PROP01 Proposal for Property and Casualty Insurance" and shall be submitted to:

Marisa Cuevas
Chief Financial Officer
P.O. Box 395
Santa Rosa Tx 78593

Proposals must be received at or before 4:00 p.m. on June 25, 2025. Telephone, email or fax proposals will not be accepted. Santa Rosa ISD or its agents will not be responsible for misdirected mail or packages. Any delay in mail delivery is at risk of the proposer.

Proposals received after the deadline will be returned unopened.

UNDERWRITING INFORMATION:

Quotations shall be based on the underwriting information furnished in these specifications.

Due care and diligence have been used in the preparation of the specifications and/or applications and the information contained therein is believed to be substantially correct. The ultimate responsibility, however, for determining the full extent of the exposures andthe verification of information rests solely on the proposer.

COMPANY ELIGIBILITY:

All proposals must include the name of the insurance company. Each company must have a rating of AVII or better as published by the A.M. Best Company, Inc., on the RFP due date.

PROPOSAL:

Proposals are to be submitted in accordance with these specifications. Any restrictions, deviations, or other modifications, which either restrict or broaden coverage, should be noted in the proposals. In the absence of notification of these modifications, companies will be held to the specifications.

QUALIFICATIONS:

The proposer must meet these qualifications:

1. The recording agent must have been licensed to conduct property insurance business in Texas for the last five years.

2. Provide a description of your agency and resumes on the personnel who would be assigned to service Santa Rosa ISD.

3. Provide information on Toll Free Services, such as claims handling, underwriting questions, endorsements, and loss control services.

QUESTIONS:

Questions should be addressed to Marisa Cuevas at 956-636-9800 ext. 115

Specimen Policy to be Submitted

Please enclose with your proposal a complete, legible specimen policy with all endorsements, forms, policy jackets and examples of declaration pages.

GENERAL POLICY CONDITIONS:

1. Name Insured and Address

Santa Rosa ISD, the board of trustees, all past and present Trustees, Directors, members of the Board of Education, employees of the educational entity, student teachers, and volunteers within the scope of their duties on behalf of Santa Rosa ISD.

2. Term of Policy

The policy effective date is to be September 1, 2025 for a one-year period.

3. Cancellation Provisions

60 days' notice of cancellation (except for non-payment) and 60 days' notice of non-renewal or material change. If the District chooses to accept a policy for longer than one year, the District will have the continuing right to terminate at the expiration of each budget period during the term of the contract.

DISQUALIFICATION PROVISION:

It is necessary for the proposer/vendor to provide the documentation requested and complete response pages. Failure to comply may result in disqualification.

District Contact Information:

Marisa Cuevas, CFO
102 Jesus R. Cruz
956-636-9800 ext. 115
cuevasm@srtx.org

Deadline:

Request for proposals will be accepted until 4:00 p.m. on June 25, 2025 submitted to the Business Office located at P.O. Box 395 Santa Rosa, Tx. 78593

ANTI-COLLUSION CERTIFICATION

By submission of this proposal, the Proposer certifies that:

1. This proposal has been independently arrived at without collusion with any otherProposer or with any competitor;

2. This proposal has not been knowingly disclosed and will not be knowingly disclosed, prior to the opening of proposals for this project, to any other proposer competitor or potential competitor;

3. No attempt has been or will be made to induce any other person, partnership orcorporation to submit or not to submit a proposal;

4. The person signing this proposal certifies that he has fully informed himself regarding the accuracy of the statements contained in this certification, and under the penalties being applicable to the proposer as well as to the person signing in its behalf.

Company Name	Authorized Signature
Address	Type Signatory's Name & Title
	Telephone Number
Agent Name	Telephone Number
Agent Address	Fax Number

PROPOSAL VARIATION STATEMENT

I certify that all specified coverage and services will be provided except as indicated below. If needed, please add a separate sheet(s) to explain reasons why your proposal differs from criteria outlined in the specifications.

Company Name

Address

Agent's Telephone

Authorized Signature

Type Signatory's Name & Title

Date

Agent's Facsimile

INSURANCE AGENCY QUESTIONNAIRE

A. Who will have primary responsibility for the District's account?_____

1. Number of years in the insurance business: _____
2. Insurance background: _____
3. Educational background: _____
4. Number of other public entities serviced: _____

B. Who will be the backup person for the District's account?_____

1. Number of years in the insurance business: _____
2. Insurance background: _____
3. Educational background: _____
4. Number of other public entities serviced: _____

C. How many Texas school districts does your agency (this office, if a national broker) provide coverage on behalf of: _____

D. What is your (this office, if a national broker) estimated premium volume with Texas school districts: _____

E. Other public entities:_____

F. Has your agency been licensed to conduct property insurance in Texas for the past five years?

G. The District will expect an annual summary of premium and losses by coverage.

H. Please attach a copy of the following documents:

1. A copy of the current license.
2. A certificate for agent's errors and omissions coverage.

General Certifications

1. Do policies provide at a minimum, 60 days notice of cancellation, _____Yes_____No non-renewal or material change in policy terms, conditions, or premiums? Please indicate exceptions:

2. Do you acknowledge that unless you have specifically made _____Yes_____No comment otherwise, you will be held to strict compliance with these specifications?

Signature: _____

Agent: _____

Address:_____

Telephone:_____

Facsimile: _____

PROPERTY INSURANCE INCLUDING WINDSTORM SUBMISSION FORM

A. General Information

Property and liability insurance may be presented on a package or mono-line basis. **If coverage is on a package basis and contingent upon purchase of other lines of coverage, please specify which lines of coverage must be purchased.**

B. Desired Program

Limits to Insure (See schedules in appendix):

Buildings

Business Personal Property

Auxiliary Structures

The policy form should provide coverage for property insurance including windstormcoverage. Coverage is to be provided on a basis as they appear on a replacement cost basis

Desired Deductible levels are; Per Occurrence

All Other Perils $50,000
Named Storm 3.00% minimum $250,000
Wind/Hail 1.00% minimum $100,000
Cyber Suite $1,000
Earth Movement $50,000

Other Deductibles options will be considered.

The program should cover all buildings – permanent and portable, contents, listed auxiliarystructures. Please list any special conditions on the deviation page.

C. Proposed Policy Questionnaire

Building/Contents Questionnaire

1. Is this proposal providing "all risk" coverage._____Yes _____ No

2. Is the policy Blanket or Scheduled coverage? _____

3. Is there a co-insurance clause applicable to windstorm property coverage? _____Yes_____No
   What is the co-insurance percentage? _____

4. Is the basis of recovery replacement cost new, both on building_____Yes_____No and contents?

5. Has a specimen been submitted? _____Yes_____No

6. Is newly acquired or constructed property covered? _____Yes_____No
   Limit:_____

7. Does the policy include demolition cost? _____Yes_____No
   Limit: _____

8. Does the proposal include a debris removal clause? _____Yes_____No
   Limit: _____

9. Does policy have an extension of coverage for personal_____Yes_____No property off premises?
   Limit: _____

10. Increased cost of Construction due to the operation of building _____Yes_____No ordinances?
    Limit: _____

11. Will you attach a joint loss agreement if the insurer is not _____Yes_____No the same as the Boiler & Machinery carrier?

12. Is Earthquake Coverage available? Limit $5,000,000 _____Yes_____No
    Additional Premium: _____

13. Is Flood Coverage available? _____Yes_____No
    Limit applicable:_____
    Deductible:_____

Additional Premium: _____

14. Does the policy include environmental claims such as those _____Yes____No for mold? Is there a sub limit? Please explain…

_____

E. Exact Name of Insurer *(not company group or wholesaler)*

F. A. M. Best's Rating on RFP due date.

G. Deviation from Specifications

Please describe coverage deviations, restrictions, modifications, recommendations, not outlined in your answers above or provide any other information you feel is appropriate that will clarify the proposal or benefit Santa Rosa ISD. Attach additional page if necessary.

H. Quotations for 1-year Term

Limit of Insurance: _____

Deductible: _____

Proposed Premium: _____

Policy Term: _____

CLAIMS HISTORY

Loss Run Dated - 05/31/2025

CPAT Santa Rosa ISD **Account No: 237060**

Policy Term: 08/01/2013 -- 08/01/2014

Policy Numbers: AMR-34088,AMP7522439-00,MSP-15326,CPP5494328

Broker Company: CRC Group

No Claims found for this policy

CPAT Santa Rosa ISD **Account No: 284736**

Policy Term: 08/01/2014 -- 09/01/2015

Policy Numbers: AMR-39224,AMP7522439-01,MSP-15326-01,CPP5494328-01,10T029659-02086-14,USI-12065-00,LEX-084296884-00,7DA3CM0002033-00,HAN-12068-00

Broker Company: CRC Group

No Claims found for this policy

This is not to be construed as an absolute statement of claims, but as a history located for this insured with the listed policy numbers. The Amrisc, LLC loss runs do not necessarily reflect all new claims, transactions or changes applicable within the last 30 days.

Loss Run Dated - 05/31/2025

CPAT Santa Rosa ISD **Account No: 337913**

Policy Term: 09/01/2015 -- 09/01/2016

Policy Numbers: AMR-39224-01,AMP7522439-02,MSP-15326-02,CPP5494328-02,10T029659-02086-15,USI-12065-01,LEX-084296884-01,7DA3CM0002033-01,HAN-12068-01

Broker Company: CRC Group

No Claims found for this policy

CPAT Santa Rosa ISD **Account No: 398407**

Policy Term: 09/01/2016 -- 09/01/2017

Policy Numbers: AMR-39224-02,AMP7522439-03,MSP-15326-03,CPP5494328-03,10T029659-02086-16-01,USI-12065-02,LEX-084296884-02,7DA3CM0002033-02,HAN-12068-02

Broker Company: CRC Group

No Claims found for this policy

This is not to be construed as an absolute statement of claims, but as a history located for this insured with the listed policy numbers. The Amrisc, LLC loss runs do not necessarily reflect all new claims, transactions or changes applicable within the last 30 days.

Loss Run Dated - 05/31/2025

CPAT Santa Rosa ISD

Account No: 476081

Policy Term: 09/01/2017 -- 09/01/2020

Policy Numbers: AMR-39224-03,AMP7522439-04,MSP-15326-04,CPP5494328-04,10T029659-02086-17-02,USI-12065-03,LEX-084296884-03,HAN-12068-03

Broker Company: CRC Group

Date Of Loss	Status	Loss Paid	Expense Paid	Loss Reserve	Expense Reserve	Total Incurred
7/25/2020	CLOSED	$700,000.00	$245,624.01	$0.00	$0.00	$945,624.01
Claim Type :		Property				
Loss Type :		Wind; Named Storm				
Loss Description :		Damage to Buildings/Contents due to Hurricane Hanna.				
Location :		102 S Main				
CLM34708		4174933				
Policy Total		$700,000.00	$245,624.01	$0.00	$0.00	$945,624.01

CPAT Santa Rosa ISD

Account No: 762075

Policy Term: 09/01/2020 -- 09/01/2021

Policy Numbers: AMR-39224-04,AMP7522439-05,MSP-15326-05,CPP5494328-05,10T029659-02086-20-03,USI-12065-04,LEX-084296884-04,SSI-18511-00,HAN-12068-04,ORAMPR009521-00

Broker Company: CRC Group

No Claims found for this policy

This is not to be construed as an absolute statement of claims, but as a history located for this insured with the listed policy numbers. The Amrisc, LLC loss runs do not necessarily reflect all new claims, transactions or changes applicable within the last 30 days.

Loss Run Dated - 05/31/2025

CPAT Santa Rosa ISD **Account No: 863654**

Policy Term: 09/01/2021 -- 09/01/2022

Policy Numbers: AMR-39224-05,AMP7522439-06,MSP-15326-06,CPP5494328-06,10T029659-02086-21-04,USI-12065-05,LEX-084296884-05,HAN-12068-05,ORAMPR009521-01,GVS-14841-00,TSAMPR0004316-00

Broker Company: CRC Group

No Claims found for this policy

CPAT Santa Rosa ISD **Account No: 989208**

Policy Term: 09/01/2022 -- 09/01/2023

Policy Numbers: AMR-39224-06,AMP7522439-07,MSP-15326-07,CPP5494328-07,USI-12065-06,LEX-084296884-06,HAN-12068-06,ORAMPR009521-02,GVS-14841-01,TSAMPR0004316-01,72AMR302770-00,SPI-12215-00

Broker Company: CRC Group

No Claims found for this policy

This is not to be construed as an absolute statement of claims, but as a history located for this insured with the listed policy numbers. The Amrisc, LLC loss runs do not necessarily reflect all new claims, transactions or changes applicable within the last 30 days.

Loss Run Dated - 05/31/2025

CPAT Santa Rosa ISD **Account No: 1088122**

Policy Term: 09/01/2023 -- 09/01/2024

Policy Numbers: AMR-39224-07,MSP-15326-08,CPP5494328-08,ORAMPR009521-03,GVS-14841-02,TSAMPR0004316-02,72AMR302770-01,SPI-12215-01

Broker Company: CRC Group

No Claims found for this policy

CPAT Santa Rosa ISD **Account No: 1179600**

Policy Term: 09/01/2024 -- 09/01/2025

Policy Numbers: AMR-39224-08,AMP7547521-00,ORAMPR009521-04,GVS-14841-03,TSAMPR0004316-03,72AMR302770-02,SPI-12215-02,AMEI004181-24-00

Broker Company: CRC Group

No Claims found for this policy

	Loss Paid	Expense Paid	Loss Reserve	Expense Reserve	Total Incurred
Total All Years:	**$700,000.00**	**$245,624.01**	**$0.00**	**$0.00**	**$945,624.01**

This is not to be construed as an absolute statement of claims, but as a history located for this insured with the listed policy numbers. The Amrisc, LLC loss runs do not necessarily reflect all new claims, transactions or changes applicable within the last 30 days.

PROPERTY SCHEDULE

MemberName	Member #	Building	Bldg #	Address	City	Zip Code	Const	Occ	# Story	Built	Roof Type	YR Roof Built	Sprinklered	Sq. Ft.	Cost/Sq. Ft.	%	Source	Building Value	Contents Value	Total Value
		Replacement Cost Value (RCV)																		
Santa Rosa ISD	031-914	Old M.S.	1A	102 S Main	Santa Rosa	78593	MNC	6322	1	1995	BUS	2013		10,200	$ 218.71	16%		$ 2,230,875	$ 356,940	$ 2,587,815
Santa Rosa ISD	031-914	Su Clinica/Rented	1B	102 S Main	Santa Rosa	78593	Frame	2124	1	1968	BUS	2013		3,413	$ 165.06			$ 563,358	$ -	$ 563,358
Santa Rosa ISD	031-914	Cental Office	1C	102 S Main	Santa Rosa	78593	MFR	2100	1	1963	SPM	2012		19,900	$ 204.21	25%		$ 4,063,872	$ 1,015,968	$ 5,079,840
Santa Rosa ISD	031-914	Practice Gymnasium	1D	102 S Main	Santa Rosa	78593	NC	8100	1	1993	STL	2015		5,356	$ 132.92	15%		$ 711,930	$ 106,790	$ 818,720
Santa Rosa ISD	031-914	De La Fuente Gymnasium	1E	102 S Main	Santa Rosa	78593	JM	6330	1	1963	SPM	2012		10,192	$ 177.33	10%		$ 1,807,321	$ 180,732	$ 1,988,053
Santa Rosa ISD	031-914	MS Rest Rooms/Storage/Field House	1F	102 S Main	Santa Rosa	78593	JM	6422	1	1971	SPM	2012		6,090	$ 175.58	15%		$ 1,069,299	$ 160,395	$ 1,229,694
Santa Rosa ISD	031-914	Middle School Weight Room	1G	102 S Main	Santa Rosa	78593	NC	8100	1	1986	STL	2012		3,120	$ 125.45	20%		$ 391,414	$ 78,283	$ 469,697
Santa Rosa ISD	031-914	Athletic Complex	1H	102 S Main	Santa Rosa	78593	MNC	6422	1	1999	BUG	2002		11,172	$ 200.33	25%		$ 2,238,094	$ 559,524	$ 2,797,618
Santa Rosa ISD	031-914	Cafetorium/Fine Arts	1I	102 S Main	Santa Rosa	78593	MNC	4120	1	2010	STL	2010	YES	28,370	$ 213.53	20%		$ 6,057,920	$ 1,211,584	$ 7,269,504
Santa Rosa ISD	031-914	Ag. Building	1K	102 S Main	Santa Rosa	78593	NC	8100	1	1997	STL	2014		10,871	$ 140.10	25%		$ 1,523,080	$ 380,770	$ 1,903,850
Santa Rosa ISD	031-914	New Middle School	1L	102 S Main	Santa Rosa	78593	MNC	6310	1	2003	BUG	2002	YES	24,439	$ 233.09	18%		$ 5,696,523	$ 1,025,374	$ 6,721,897
Santa Rosa ISD	031-914	High School	1M	102 S Main	Santa Rosa	78593	MNC	6314	1	2006	BUS	2006	YES	66,817	$ 237.02	20%		$ 15,837,093	$ 3,167,419	$ 19,004,512
Santa Rosa ISD	031-914	Maintenance Bldg	1N	102 S Main	Santa Rosa	78593	NC	8100	1	2012	STL			5,200	$ 139.29			$ 724,297	$ 25,000	$ 749,297
Santa Rosa ISD	031-914	Hog Barn		102 S Main	Santa Rosa	78593	NC		1					12,480	$ 20.00			$ 249,600	$ 72,000	$ 321,600
Santa Rosa ISD	031-914	Athletic Complex Storage		102 S Main	Santa Rosa	78593	JM		1	1986		2012		760	$ 53.28			$ 40,494	$ -	$ 40,494
Santa Rosa ISD	031-914	Football Bleachers - Home (121' x 22 rows)		102 S Main	Santa Rosa	78593												$ 177,467	$ -	$ 177,467
Santa Rosa ISD	031-914	Football Press Box		102 S Main	Santa Rosa	78593	NC		1					225	$ 30.00			$ 6,750	$ -	$ 6,750
Santa Rosa ISD	031-914	Football Bleachers - Visitors (109' x 15 rows)		102 S Main	Santa Rosa	78593												$ 109,000	$ -	$ 109,000
Santa Rosa ISD	031-914	Football Scoreboard		102 S Main	Santa Rosa	78593												$ 24,000	$ -	$ 24,000
Santa Rosa ISD	031-914	Football Ticket Office		102 S Main	Santa Rosa	78593	Frame		1					128	$ 25.00			$ 3,200	$ -	$ 3,200
Santa Rosa ISD	031-914	Football Stadium 8 Lane Synthetic Track		102 S Main	Santa Rosa	78593												$ 150,000	$ -	$ 150,000
Santa Rosa ISD	031-914	Football N Restrooms - Under Home Bleachers		102 S Main	Santa Rosa	78593	JM		1					471	$ 40.00	5%		$ 18,840	$ 942	$ 19,782
Santa Rosa ISD	031-914	Football Concessions - Under Home Bleachers		102 S Main	Santa Rosa	78593	JM		1					239	$ 40.00	5%		$ 9,560	$ 478	$ 10,038
Santa Rosa ISD	031-914	Football S Restrooms - Under Home Bleachers		102 S Main	Santa Rosa	78593	JM		1					606	$ 40.00	5%		$ 24,240	$ 1,212	$ 25,452
Santa Rosa ISD	031-914	Football Concession/Restrooms - Visitor		102 S Main	Santa Rosa	78593	JM		1					1,211	$ 40.00	10%		$ 48,440	$ 4,844	$ 53,284
Santa Rosa ISD	031-914	Football Lights/Poles (4 Poles, 52 Lights)		102 S Main	Santa Rosa	78593												$ 92,400	$ -	$ 92,400
Santa Rosa ISD	031-914	Old Baseball Field Pressbox/Concession/RR		102 S Main	Santa Rosa	78593	Frame		2					570	$ 25.00			$ 14,250	$ -	$ 14,250
Santa Rosa ISD	031-914	Old Baseball Field Lights/Poles (6 Poles, 52 Lights)		102 S Main	Santa Rosa	78593												$ 31,900	$ -	$ 31,900
Santa Rosa ISD	031-914	Old Baseball Field Scoreboard		102 S Main	Santa Rosa	78593												$ 2,875	$ -	$ 2,875
Santa Rosa ISD	031-914	Barrera Elementary	2A	1201 FM 506	Santa Rosa	78593	MNC	6300	1	1999	BUS	2011	YES	75,987	$ 216.73	16%		$ 16,468,315	$ 2,634,930	$ 19,103,245
Santa Rosa ISD	031-914	Barrera Gym	2B	1201 FM 506	Santa Rosa	78593	MNC	6330	1	1999	STL	2015	YES	20,460	$ 150.00		*Member	$ 3,069,000	$ 300,000	$ 3,369,000
Santa Rosa ISD	031-914	Baseball/Softball Concessions and Restrooms		1201 FM 506	Santa Rosa	78593	MNC		1					991	$ 40.00	10%		$ 39,640	$ 3,964	$ 43,604
Santa Rosa ISD	031-914	Baseball Scoreboard		1201 FM 506	Santa Rosa	78593											Member	$ 7,148	$ -	$ 7,148
Santa Rosa ISD	031-914	Baseball Lights/Poles (6 Poles, 65 Lights)		1201 FM 506	Santa Rosa	78593												$ 105,000	$ -	$ 105,000
Santa Rosa ISD	031-914	Baseball Bleachers (22' x 10 rows)		1201 FM 506	Santa Rosa	78593												$ 9,533	$ -	$ 9,533
Santa Rosa ISD	031-914	Baseball Bleachers (22' x 9 rows)		1201 FM 506	Santa Rosa	78593												$ 8,580	$ -	$ 8,580
Santa Rosa ISD	031-914	Baseball Bleachers (15' x 5 rows)		1201 FM 506	Santa Rosa	78593												$ 3,250	$ -	$ 3,250
Santa Rosa ISD	031-914	Baseball Bleachers (15' x 5 rows)		1201 FM 506	Santa Rosa	78593												$ 3,250	$ -	$ 3,250
Santa Rosa ISD	031-914	Softball Scoreboard		1201 FM 506	Santa Rosa	78593											Member	$ 8,470	$ -	$ 8,470
Santa Rosa ISD	031-914	Softball Lights/Poles (4 Poles, 24 Lights)		1201 FM 506	Santa Rosa	78593												$ 58,400	$ -	$ 58,400
Santa Rosa ISD	031-914	Softball Bleachers (15' x 9 rows)		1201 FM 506	Santa Rosa	78593												$ 5,850	$ -	$ 5,850
Santa Rosa ISD	031-914	Softball Bleachers (15' x 9 rows)		1201 FM 506	Santa Rosa	78593												$ 5,850	$ -	$ 5,850
																	Totals:	**$ 63,710,378**	**$ 11,287,149**	**$ 74,997,527**
		Actual Cost Value (ACV)																		
Santa Rosa ISD	031-914	Administration	1J	102 S Main	Santa Rosa	78593	MFR	2100	1	1987	BUG			13,413	$ 122.10			$ 1,637,756	$ 150,000	$ 1,787,756
																	Totals:	**$ 1,637,756**	**$ 150,000**	**$ 1,787,756**

*Member = MEMBER ADJUSTED VALUES

Grand Totals **$ 65,348,134** **$ 11,437,149** **$ 76,785,283**

The values on this schedule are estimates only and do not represent actual replacement costs.

FORMS

CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor doing business with local governmental entity

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).

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 vendor becomes aware of facts that require the statement to be filed. *See* Section 176.006(a-1), Local Government Code.

A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

OFFICE USE ONLY

Date Received

1 **Name of vendor who has a business relationship with local governmental entity.**

2 ☐ **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 appropriate filing authority not later than the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 **Name of local government officer about whom the information is being disclosed.**

_____

Name of Officer

4 **Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.**

A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?

☐ Yes ☐ No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?

☐ Yes ☐ No

5 **Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.**

6 ☐ Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7

_____ _____ _____

Name of signatory Signature Date

CONFLICT OF INTEREST QUESTIONNAIRE
For vendor doing business with local governmental entity

A complete copy of Chapter 176 of the Local Government Code may be found at http://www.statutes.legis.state.tx.us/Docs/LG/htm/LG.176.htm. For easy reference, below are some of the sections cited on this form.

Local Government Code § 176.001(1-a): "Business relationship" means a connection between two or more parties based on commercial activity of one of the parties. The term does not include a connection based on:

(A) a transaction that is subject to rate or fee regulation by a federal, state, or local governmental entity or an agency of a federal, state, or local governmental entity;

(B) a transaction conducted at a price and subject to terms available to the public; or

(C) a purchase or lease of goods or services from a person that is chartered by a state or federal agency and that is subject to regular examination by, and reporting to, that agency.

Local Government Code § 176.003(a)(2)(A) and (B):

(a) A local government officer shall file a conflicts disclosure statement with respect to a vendor if:

***

(2) the vendor:

(A) has an employment or other business relationship with the local government officer or a family member of the officer that results in the officer or family member receiving taxable income, other than investment income, that exceeds $2,500 during the 12-month period preceding the date that the officer becomes aware that

(i) a contract between the local governmental entity and vendor has been executed; or

(ii) the local governmental entity is considering entering into a contract with the vendor;

(B) has given to the local government officer or a family member of the officer one or more gifts that have an aggregate value of more than $100 in the 12-month period preceding the date the officer becomes aware that:

(i) a contract between the local governmental entity and vendor has been executed; or

(ii) the local governmental entity is considering entering into a contract with the vendor.

Local Government Code § 176.006(a) and (a-1)

(a) A vendor shall file a completed conflict of interest questionnaire if the vendor has a business relationship with a local governmental entity and:

(1) has an employment or other business relationship with a local government officer of that local governmental entity, or a family member of the officer, described by Section 176.003(a)(2)(A);

(2) has given a local government officer of that local governmental entity, or a family member of the officer, one or more gifts with the aggregate value specified by Section 176.003(a)(2)(B), excluding any gift described by Section 176.003(a-1); or

(3) has a family relationship with a local government officer of that local governmental entity.

(a-1) The completed conflict of interest questionnaire must be filed with the appropriate records administrator not later than the seventh business day after the later of:

(1) the date that the vendor:

(A) begins discussions or negotiations to enter into a contract with the local governmental entity; or

(B) submits to the local governmental entity an application, response to a request for proposals or bids, correspondence, or another writing related to a potential contract with the local governmental entity; or

(2) the date the vendor becomes aware:

(A) of an employment or other business relationship with a local government officer, or a family member of the officer, described by Subsection (a);

(B) that the vendor has given one or more gifts described by Subsection (a); or

(C) of a family relationship with a local government officer.

FELONY CONVICTION NOTIFICATION

State of Texas Legislative Senate Bill No.1. Section 44.034. Notification of Criminal History Subsection (a) states "a person or business entity that enters into a contract with a school district must give advance notice to the District if the person or officer or operator of the business entity has been convicted of a felony. The notice must include a general description of the conduct resulting in the conviction of a felony."

Subsection (b) states "a school district may terminate a contract with a person or business entity if the district determines that the person or business entity failed to give notice as required by Subsection (a) or misrepresented the conduct resulting in the conviction. The district must compensate the person or business entity for services performed before the termination of the contract."

This notice is not required of a publicly held corporation.
Please complete the information below.

I, the undersigned agent for the firm named below, certify that the information concerning notification of felony convictions has been reviewed by me and the following information furnished is true to the best of my knowledge.

Vendor's Name: _____

Authorized Company Official's Name (Please print or type): _____

A. My firm is a publicly held corporation: therefore, this reporting requirement is not applicable.

Signature of Company Official: _____

Date: _____

B. My firm is not owned nor operated by anyone who has been convicted of a felony.

Signature of Company Official: _____

Date: _____

C. My firm is owned or operated by the following Individual (s) who has/have been convicted of a felony:

Name of Felon(s): _____

Details of Conviction(s): _____

_____

Signature of Company Official: _____ Date: _____

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_____

Signature of Company Official: _____ Date: _____

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to *www.irs.gov/FormW9* for instructions and the latest information.

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See ***Specific Instructions*** on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

5 Address (number, street, and apt. or suite no.). See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 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 generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

___ – ___ – ____

or

Employer identification number

__ – _____

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); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 for Part II, later.

Sign Here | **Signature of U.S. person** | **Date**

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

must obtain your correct taxpayer identification number (TIN), which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid).
- Form 1099-DIV (dividends, including those from stocks or mutual funds).
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds).
- Form 1099-NEC (nonemployee compensation).
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers).
- Form 1099-S (proceeds from real estate transactions).
- Form 1099-K (merchant card and third-party network transactions).
- Form 1098 (home mortgage interest), 1098-E (student loan interest), and 1098-T (tuition).
- Form 1099-C (canceled debt).
- Form 1099-A (acquisition or abandonment of secured property).

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

Caution: If you don't return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

By signing the filled-out form, you:

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; and
4. Certify to your non-foreign status for purposes of withholding under chapter 3 or 4 of the Code (if applicable); and
5. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting is correct. See *What Is FATCA Reporting*, later, for further information.

Note: If you are a U.S. person and 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).

Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding. Payments made to foreign persons, including certain distributions, allocations of income, or transfers of sales proceeds, may be subject to withholding under chapter 3 or chapter 4 of the Code (sections 1441–1474). Under those rules, if a Form W-9 or other certification of non-foreign status has not been received, a withholding agent, transferee, or partnership (payor) generally applies presumption rules that may require the payor to withhold applicable tax from the recipient, owner, transferor, or partner (payee). See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities.

The following persons must provide Form W-9 to the payor for purposes of establishing its non-foreign status.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the disregarded entity.
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the grantor trust.
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust and not the beneficiaries of the trust.

See Pub. 515 for more information on providing a Form W-9 or a certification of non-foreign status to avoid withholding.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person (under Regulations section 1.1441-1(b)(2)(iv) or other applicable section for chapter 3 or 4 purposes), do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515). If you are a qualified foreign pension fund under Regulations section 1.897(l)-1(d), or a partnership that is wholly owned by qualified foreign pension funds, that is treated as a non-foreign person for purposes of section 1445 withholding, do not use Form W-9. Instead, use Form W-8EXP (or other certification of non-foreign status).

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 their 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 their 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, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include, but are not limited to, interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third-party network transactions, 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 instructions for Part II 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, as described in item 4 under *"By signing the filled-out form"* above (for reportable interest and dividend accounts opened after 1983 only).