Property and Casualty Insurance

RFP#27-PR0P01

SUBMITTAL DEADLINE

AUGUST 12, 2026 12:00 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 12:00 p.m**.** on August 12, 2026.

Specifications can be obtained upon request on the Santa Rosa ISD website, www.srtx.org. and at 102 Jesus R. Cruz St., Administration Building, Rm#A129, 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 August 12, 2026, at 12:00 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 August. 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.

Binder are to be delivered to Santa Rosa ISD on or before August 31, 2026.

Policies are due to Santa Rosa ISD September 1, 2026

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#27-PROP01 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 12:00 p.m. on Aug. 12, 2026. Telephone, telephonic 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, underwiring 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 effective policy date September 1, 2026 for a 1-year period.

If renewal coverage and price are acceptable, Santa Rosa ISD reserves the right to renew the contract with the winning proposer for the following term: Two additional annual terms

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 12:00 p.m. on August 12, 2026 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 criteriaoutlined 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, non-renewal or material change in policy terms, conditions, or premiums? Please indicate exceptions:	Yes	No
2.	Do you acknowledge that unless you have specifically made comment otherwise, you will be held to strict compliance with these specifications?	Yes	No

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 windstorm coverage. Coverage is to be provided on a basis as they appear on Exhibit A.

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? _____Yes _____No

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 and contents?
____Yes _____No

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 property off premises?
_____Yes _____No
Limit: _____

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

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

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 for mold? Is there a sub limit? Please explain… _____Yes____No

_____

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	YES	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	YES	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: _____

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)

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 . . . . . ☐

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.)

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