**REQUEST FOR QUALIFICATIONS**
**RFQ-1026-ASNAT**
**ARCHITECTURAL SERVICES FOR NATATORIUM/AQUATICS CENTER**

**REQUEST FOR:** Architectural Services:
Natatorium/Aquatics Center

**DUE DATE:** Tuesday, October 05, 2026
3:00 p.m. (CST)

The San Benito Consolidated Independent School District (SBCISD) is requesting proposals for the above-mention services. Sealed proposals will be received by the above-mentioned due date at the John F. Barron Administration Building, c/o Mr. Orlando Lopez, President of the Board of Trustees, San Benito CISD, 240 North Crockett Street, San Benito, Texas 78586.

Interested proposers may obtain specifications information by contacting Mr. Eddie Cavazos, Purchasing Director, 240 North Crockett Street, San Benito, Texas 78586, telephone (956) 361-6390 or by accessing our website at: www.sbcisd.net.

Mr. Alfredo Perez

Superintendent of Schools
San Benito CISD

**REQUEST FOR QUALIFICATIONS (RFQ)**

**FOR ARCHITECTURAL SERVICES for Natatorium/Aquatics Center**

**Purpose of RFQ**

San Benito Consolidated Independent School District invites the submittal of responses to this RFQ from highly qualified firms interested in providing architectural services from qualified architects licensed to practice in the State of Texas. To date, the intended scope of the project is as follows: Natatorium/Aquatics Center.

1. INSRUCTIONS FOR SUBMISSIONS

1.1 Submission of Qualifications:

1.1.1 In an effort to maintain fairness in this process, all inquiries concerning this procurement are to be directed only to the San Benito CISD Business Office, in writing. Attempts to contact San Benito CISD's Board of Trustee members, Superintendent, of Schools, Deputy Superintendent, Assistant Superintendent, Directors, or other employees, regarding this RFQ during this period beginning with the issuance of this document is strictly prohibited unless authorized by the San Benito CISD Business Office. Any attempt by a firm or representative of the firm to contact or influence a member or members of the aforementioned, will be grounds to disqualify a firm from aware for items or services on this RFQ.

**Qualifications Contact**

**Mr. Eddie Cavazos, Purchasing Director**

**E-mail: jecavazos@sbcisd.net**

**Phone: (956) 361-6390**

1.1.3 PLEASE PROVIDE THE ORIGINAL AND EIGHTS COPIES, THE ORIGINAL SHALL BE MARKED "ORIGINAL" AND THE COPIES AS "COPY."

1.1.4 Hand-carried qualifications or qualifications submitted via carrier service are to be delivered to:

Sealed Submittals must be delivered to Mr. Orlando Lopez, President of the Board of Trustees, San Benito CISD, at the address set forth below at or before **3:00 pm on Tuesday, October 05, 2026**. All submittals must be labeled on the outside with the Respondent's name, the name of the Project – "REQUEST FOR QUALIFICATIONS FOR ARCHITECTURAL SERVICES FOR NATATORIUM/AQUATICS CENTER

**RFQ-1026-ASNAT**

**Late submittals shall not be considered.**

**Eight (8) copies of the response are to be addressed to:**

**Mr. Orlando Lopez, President of the San Benito CISD Board of Trustees**

**240 North Crockett Street, Business Office, San Benito, Texas 78586**

To enable the district to efficiently evaluate the responses, it is important that Respondents follow the required format in preparing their responses. RESPONSES THAT DO NOT CONFORM TO THE PRESCRIBED FORMAT MAY NOT BE EVALUATED.

Each copy of the response shall be bound using a semi-permanent binding method, to ensure that pages are not lost. Pages shall be no larger than letter size (8 ½" by 11") or, if folded to that dimension, twice letter size (11" by 17") each section (defined below) shall be separated by a tabbed divider. Elaborate covers and permanent binders are not required.

Clearly mark all qualifications envelopes as instructed (#1.1.5. below).

Allow sufficient transit time.

**Delivery of qualifications envelope to other Departments within the San Benito CISD is not considered as delivery to the San Benito CISD Business Office.**

1.1.5. Once completed and signed, return your qualifications to the San Benito CISD Business Office (as instructed above). Mark the package in the lower left-hand corner as follows:

**RFQ-1026-ASNAT**

**DUE: Tuesday, October 05, 2026**

1.1.6. Qualifications received at the San Benito CISD Business Office after the time and date specified above will not be considered and will be filed unopened.

1.1.7. Qualifications must be submitted to the District in a sealed package. DO NOT FAX OR EMAIL YOUR QUALIFICATIONS.

1.1.8. Qualifications must be signed by an authorized individual to contractually bind their firm when submitting the qualifications. Failure to sign the qualifications will be considered as a "mistake in qualifications", and the qualifications will be rejected as "non-responsive".

1.1.9. San Benito CISD is a public entity subject to the provisions of the Texas Public Information Act (Tex. Govt. Code Ch. 552). Response to this invitation may be subject to release as public information unless the response or specific parts of the response are accepted from public disclosure under such Act. The firm must stamp in bold red letters the term "CONFIDENTIAL" or "PROPRIETARY" on every page of any part of a qualification that the firm claims is confidential or proprietary. All qualifications and parts of a qualifications that are not marked as confidential or proprietary will be considered public information after the contract is awarded. The District assumes no liability or responsibility for release of any information not properly marked.

In the event that the District receives a request for disclosure of material marked "confidential" or "proprietary", the District may request an opinion from the Texas Attorney General concerning whether such material must be disclosed.

Copyrighted qualifications are unacceptable and will be disqualified as non-responsive.

1.1.10. The firm shall be responsible for any cost incurred in the preparation of qualifications and participation in the evaluation process. There is no expressed or implied obligation by to reimburse any individual or firm for any costs incurred in preparing or submitting qualifications,

for providing additional information when requested by San Benito CISD, or for participating in any selection demonstration/interviews, including discovery (pre-contract negotiations) and contract negotiations.

1.2 Award/Evaluation of Qualifications

1.2.1. The San Benito CISD Board of Trustees reserves the right to accept or reject all or any part of any qualifications, waive minor qualifications formalities and award the qualifications deemed to be most advantageous to the San Benito CISD.

1.2.2. The District reserves the right to award to a single firm, multiple firms, or in any combination.

1.2.3. Qualifications results will be presented to the San Benito CISD Board of Trustees for consideration at a board meeting in October. The selected respondent(s) then will negotiate with the district on fee and contract conditions. If a reasonable fee cannot be achieved with the respondent(s) of choice, in the opinion of the district, negotiations will proceed with the second choice respondent until a mutually agreed contract can be negotiated.

1.2.4. Upon notification of potential selections for award, the person or entity submitting these qualifications must give notice to the district if the person or an owner or operator of the business entity has been convicted of a felony. The notice must include a general description of the conduct resulting in this conviction of a felony (this requirement does not apply to publicly held corporation).

2. CERTIFICATIONS

2.1 By signing this Request for Qualifications, the undersigned firm affirms that its company, corporation, firm, partnership or individual has not prepared this qualifications as to terms, or conditions have not been communicated by the undersigned or by any employee or agent to any other person or firm engaged in this type of business prior to the official opening of this qualifications.

2.2 The person whose signature appears on the letter of intent of this Request for Qualifications hereby certifies (by signing this document) that the individual and/or firm on whose behalf this qualifications is submitted is not listed on the Federal Government's "List of Parties Excluded from Federal Procurement and Non-procurement Programs" published by the U.S. General Services Administration (GSA) effective as of the date of opening of this qualifications.

2.3 By submitting a qualification in response in this RFQ, all firms affirm that they have not given, nor intend to give, at any time hereafter any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor; or service in connection with this procurement.

2.4 By submitting a response to this request, firm represents that it is in compliance with the requirements of Chapter 176 of the Texas Local Government Code, Disclosure of Certain Relationships with Local Government Officers; Providing Public Access to Certain Information.

Failure to comply with this provision may result in the qualifications being considered non-responsive.

3. CONTRACT TERMS AND CONDITIONS

3.1 The District will give prime consideration to the Architect(s) with significant, current experience in the development, design, and construction of the aforementioned Natatorium/Aquatics Center.

3.2 This Request for Qualifications and any resulting award(s) shall be interpreted within the laws of the State of Texas. Venue for any legal action filed relative to this Request for Qualifications or any resulting contract shall be in Cameron County, Texas.

3.3 In the event that any one or more of the provisions contained in this Request For Qualifications (or resulting contract) shall be held by a court of competent jurisdiction to be invalid, illegal or unenforceable, such provisions shall not affect any other provision hereof, and this Request for Qualifications (or any resulting contract) shall be construed as if the invalid, illegal or unenforceable provision(s) had never been contained herein.

3.4 The San Benito CISD reserves the right to cancel any contract resulting from this Request for Qualifications at any time, for any reason (or for no reason) with a thirty (30) day written notice to the firm(s). Firm may cancel any resulting contract, at any time for any reason, or for no reason with a sixty (60) day written notice. Any notice required or permitted to be delivered to the contractor(s) shall be deemed to be delivered when mailed by registered or certified mail, return receipt requested, postage prepaid, and addressed to the firm's address appearing on the face of the Request for Qualifications (or as subsequently revised or changed). Any compensation due to the contractor(s) will be limited to services performed and accepted by the District.

3.5 It is understood that in the performance of any services herein provided, for Contractor shall be, and is, an independent contractor, and is not an agent or employee of the District and shall furnish such services in its own manner and method, except as required by this contract. Further, Contractor has, and shall retain the right to exercise full control over the employment, direction, compensation, and discharge of all persons employed by Contractor in the performance of the services hereunder Contractor shall be solely responsible for, and shall indemnify, defend, and save the District harmless, from all matters relating to the payment of its employees, including compliance with Social Security, withholding, and all other wages, salaries, benefits, taxes, executions, and regulations of any nature whatsoever.

3.6 Any assignment by Firm of this contract or any part thereof without written consent of San Benito CISD shall be void.

3.7 Firm agrees to indemnify and save harmless San Benito CISD and all its officers, agents, employees acting in their individual and official capacity, and all entities, their officers, agents, and employees who are participating in this contract effort, from all suits, claims, actions, damages, demands, or other demands of any character, name and description brought for any person, persons or property on account of any negligence act or fault of the Offeror, or of any agent, employee , subcontractor or supplier in the execution of, or performance under any

contract which may result from award. Firm shall pay any judgments with cost, which may be obtained against San Benito CISD.

4. INSURANCE REQUIREMENTS

INSURANCE

The architect shall secure non-declining, non-expense within limits professional liability insurance in a minimum amount of $1,000,000.00 from an insurer lawfully authorized to do business in the jurisdiction in which the Project is located and which shall apply to claims made with respect to this Project for negligent acts, errors or omissions of the architect, the architect's consultants, and agents and employees of any of them, subject to the standard terms and conditions of such policies, as acceptable to and approved by the Owner's Project Representative.

The architect shall furnish to the Owner's Project representative copies of Certificates of such project professional liability insurance. The costs and premiums for such insurance will be at the expense of the architect. In addition, the architect may be asked to provide the following insurance coverage in the following amounts:

The insurance required shall be written by an insurance company having A VII rating or better by A.M. Best and shall be within limits for not less than the minimum required by law or the following:

1. Commercial General Liability (including Premises- Operations; Independent Contractors' Protective; Products and Completed Operations; Broad From Property Damage):
   (a) General Aggregate $2,000,000.00
   (b) Products Comp/Ops. Aggregate $1,000,000.00
   (c) Personal & Adv. Injury $1,000,000.00
   (d) Each Occurrence $1,000,000.00
   (e) Per Project Aggregate $2,000,000.00
2. Workers Compensation Coverage & Employers Liability:
   (a) Each Accident $1,000,000.00
   (b) Disease-Policy Limit $1,000,000.00
   (c) Disease-Each Employee $1,000,000.00
3. Automobile Liability:
   (a) Owned/Non-owned and Hired $1,000,000.00
4. Excess/Umbrella Liability:
   (a) $1,000,000.00
5. Architects/Engineers Professional:
   (a) $1,000,000.00

An "Original Certificate of Insurance" will evidence compliance with the insurance requirements and must be submitted with the packet.

Other insurance requirement as agreed upon in the contract addendum for each individual project.

Firm shall not commence work under this agreement until satisfactory evidence of such insurance has been delivered to and approved by the district.

**San Benito CISD Solicitation**

1. Purpose of Solicitation
   The San Benito CISD is seeking qualified firms interested in contracting with the District to provide Architectural Services for the Natatorium/Aquatics Center previously referenced.
2. Services Requested
   Respondents to this RFP shall identify their experience and qualifications to perform: Pre-Design Services; Site Analysis Services; Educational Programming Services; Schematic Design Services; Design Development Services; Coordination & Public Relations; Prepare Contract Documents; Bidding Assistance; Contract Administration Services; Field Observation of Construction; Project Closeout Services; and Post Construction Services.
3. Procurement Process
   The Board of Trustees will review responses submitted. The San Benito CISD may also determine that no responsive submittals have been received and reject all submittals.
   NOTE: The District reserves the right to select multiple firms.

   RESPONDENT'S SUBMITTAL
   Each firm shall organize the response in the order listed below and include the content as requested. This information will be used for the Evaluation Criteria previously listed. SBCISD reserves this right to reject as non-responsive any responses that do not contain the information requested and is not in order listed in this RFQ.

   PLEASE PROVIDE THE ORIGINAL AND EIGHT COPIES, THE ORIGINAL SHALL BE MARKED "ORIGINAL" AND THE COPIES AS "COPY."

REQUEST FOR SPECIFIC INFORMATION/QUALIFICATIONS

A. Breakdown of firm personnel:

Closest office to SBCISD _____(City, State) _____(Miles from SBCISD)

Enter number of personnel for each category.

Architects____Engineers_____Interns_____Field Observers_____Admin._____

Who will be your day-to-day designated representative assigned to SBCISD?

_____
*Please attach resume for this person.*

Who is the senior member of the firm assigned to SBCISD?

_____
*Please attach resume for this person.*

B. Who would your firm propose as a consultant(s) for the following areas and how long has your firm worked with these consultants? (Only Applicable if services are not performed by the firm)

1. Structural_____
2. MEP_____
3. Landscaping_____
4. Acoustical_____
5. Civil_____
6. Traffic Engineer_____
7. Technology Design_____
8. Security Design_____
9. Roof_____
10. Other (please specify)_____

C. List all services your firm proposes to provide the District as part of the basic services.
_____
_____
_____

Check the services that your firm provides and whether included in the basic services or available for an additional fee.

| | Basic | Additional |
|---|---|---|
| District-wide Facilities Conditions Assessment | _____ | _____ |
| Master Facility Plans | _____ | _____ |
| Feasibility Studies | _____ | _____ |
| Pre-Bond Planning, Coordination | _____ | _____ |
| & Public Relations | _____ | _____ |
| Site Planning | _____ | _____ |
| Civil Engineering | _____ | _____ |
| Landscape Design | _____ | _____ |
| Structural Design | _____ | _____ |

| | | |
|---|---|---|
| MEP Engineering | _____ | _____ |
| Interior Design | _____ | _____ |
| Technology Infrastructure Design | _____ | _____ |
| Communication Systems Design | _____ | _____ |
| Acoustical Evaluation | _____ | _____ |
| Energy Audits | _____ | _____ |
| Environmental / hazardous materials inspections | _____ | _____ |
| Life Safety System | _____ | _____ |
| Americans with Disabilities Act audit/review ADA | _____ | _____ |
| Bond Issue Assistance | _____ | _____ |

D. Does your firm furnish educational specifications / program designs, as part of your basic services, to the District in a complete, bound document form? Is this part of your firms "basic services"?

Yes_____ No_____

E. Describe the manner in which your firm will work with the District to define the educational specification / program and to create the design.

_____
_____

F. Other advantages offered by your firm that would be of benefit to the District.

_____
_____
_____

G. Describe technology expertise and experience your firm offers.

_____
_____
_____

H. <u>CAD CAPABILITIES</u>

What percentage of construction documents are produced on CAD?_____

At the project's conclusion, will your firm transmit to the District drawings and specifications for the District's use?

Yes_____ No_____ In AutoCAD format: Yes_____ No_____

Would your firm grant the District the license to reproduce any and all documents including drawings and specifications, for the purpose of future maintenance of the building, future alterations to the building or future additions to the building by another architect, assuming the architect for the addition would be liable for their addition?

Yes_____ No_____

I. PROFESSIONAL LIABILITY INSURANCE

Provide insurance agency name and contact information_____

Describe limits per project, limits in aggregate and deductible_____

Describe your firm's loss ratio for the last five (5) years_____

J. EXPERIENCE PROFILE

List the total number of projects for the last five (5) years, including renovations and additions.

| Project Type | New Construction | Renovation / Addition |
|---|---|---|
| Elementary Schools | _____ | _____ |
| Middle Schools | _____ | _____ |
| High Schools | _____ | _____ |
| Administrative/ Support Facilities | _____ | _____ |
| Athletic Facilities/ Gyms/Field houses | _____ | _____ |
| Auditoriums | _____ | _____ |
| Fine Arts Facilities | _____ | _____ |

Specialized educational facilities (any educational facility not listed above)

_____
_____

K. PROJECT REFERENCES

List five (5) completed K-12 educational projects that would be representative of your firm's work and services provided within the past 5 years. Include the construction method such as, Construction Manager-At-Risk, Construction Manager-Agent, Competitive Sealed Proposal etc. utilized for each project and the name of the construction firm or agent.

1. Project_____

   Construction Delivery Method, Firm & Contract
   _____

   District_____

   Contact person/ Title_____
   Phone number_____

   Project Description_____

   Original Contract Sum_____

   Final Contact Sum_____

   Principal-in-Charge_____

   Project Architect / Manager_____

2. Project_____

   Construction Delivery Method, Firm & Contract
   _____

   District_____

   Contact person/ Title_____
   Phone number_____

   Project Description_____

   Original Contract Sum_____

   Final Contact Sum_____

   Principal-in-Charge_____

   Project Architect / Manager_____

3. Project_____

   Construction Delivery Method, Firm & Contract
   _____

   District_____

   Contact person/ Title_____
   Phone number_____

   Project Description_____

   Original Contract Sum_____

   Final Contact Sum_____

   Principal-in-Charge_____

   Project Architect / Manager_____

4. Project_____

   Construction Delivery Method, Firm & Contract
   _____

   District_____

   Contact person/ Title_____
   Phone number_____

   Project Description_____

   Original Contract Sum_____

   Final Contact Sum_____

   Principal-in-Charge_____

   Project Architect / Manager_____

5. Project_____

   Construction Delivery Method, Firm & Contract
   _____

   District_____

   Contact person/ Title_____
   Phone number_____

   Project Description_____

   Original Contract Sum_____

   Final Contact Sum_____

   Principal-in-Charge_____

   Project Architect / Manager_____

6. Project_____

   Construction Delivery Method, Firm & Contract
   _____

   District_____

   Contact person/ Title_____
   Phone number_____

   Project Description_____

   Original Contract Sum_____

   Final Contact Sum_____

   Principal-in-Charge_____

   Project Architect / Manager_____

L. CURRENT CLIENTS AND PROJECTS

List three (3) of your current K-12 school district clients whose projects reflect the scope of your present workload.

1. Project _____

   District _____

   Contact person / title _____
   Phone number _____

   Project Description
   _____
   _____
   _____

2. Project _____

   District _____

   Contact person / title _____
   Phone number _____

   Project Description
   _____
   _____
   _____

3. Project _____

   District _____

   Contact person / title _____
   Phone number _____

   Project Description
   _____
   _____
   _____

M. LIST THE NUMBER OF CURRENT ONGOING PROJECTS.

Number of Educational projects in progress_____

Number of Other projects in progress_____

N. PLEASE ATTACH A BROCHURE OR MATERIALTHAT DESCRIBES EXAMPLES OF YOUR FIRM'S RELEVANT PROJECTS.

Provide sample cost estimate prepared during design phase of the project and a sample of final cost estimate of same project.

Provide a sample schedule.

O. POST CONSTRUCTION SERVICES

Describe your firm's warranty phase services and procedures.

**SAN BENITO CONSOLIDATED INDEPENDENT SCHOOL DISTRICT**
**240 N. Crockett**
**SAN BENITO, TEXAS 78586**

**CERTIFICATE OF RESIDENCY**

The state of Texas has passed a law concerning non-resident contractors. This law can be found in Texas Educational Code under Chapter 2252, Subchapter A. this law makes it necessary for the SAN BENITO CONSOLIDATED Independent School District to determine the residency of its offerors or bidders. In part, this law reads as follows:

"Section:2252.001

(3) 'Non-resident bidder' refers to a person who is not a resident.

(4) "Resident bidder' refers to a person whose principal place of business in this state.

Section: 2252.002

A governmental entity may not award a governmental contract to a nonresident bidder unless the nonresident bidder underbids the lowest bid submitted by a responsible resident bidder by an amount that is not less than the amount by which a resident bidder would be required to underbid the nonresident bidder to obtain a comparable contract in the state in which the nonresident's principal place of business is located."

I certify that _____
(Name of Company Bidding)
Is, under Section 2252.001 (3) and (4); a
_____Resident Bidder _____Non-Resident Bidder

My or our principal place of business under Section: 2252.001 (3) and (4), is in the city of

_____in the state of _____

(a) Does your "resident state" require bidders whose principal place of business is in Texas to underbid bidders whose residence state is the same as yours by a prescribed amount of percentage to receive a comparable contract? Yes____ No____
(b) If yes, what is that amount or percentage? _____

_____
Signature of Authorized Company Representative

_____
Printed Name of Authorized Company Representative

_____
Title/Position with company Date

**SAN BENITO CONSOLIDATED INDEPENDENT SCHOOL DISTRICT**
**240 N. Crockett**
**SAN BENITO, TEXAS 78586**

**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 a person or an owner or operator of the business entity has been convicted of a felony. This notice must include a general description of the conduct resulting in the conviction of a felony.

NOTE: This notice is not required of a publicly held corporation.

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 (printed): _____

A. My firm is a publicly held corporation; therefore; this reporting requirement is not applicable.
   Signature of Company Official: _____
B. My firm is not owned nor operated by anyone who was been convicted of a felony:
   Signature of Company Official: _____

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: _____
   _____
   _____

   Signature of Company Official: _____

**NON-DISCRIMINATION STATEMENT**
**EQUAL EMPLOYMENT OPPORTUNITY**

Any proposers shall be in compliance with the Executive Order 11246, entitled "Equal Employment Opportunity" as amended by Executive Order 11375, and as supplemented in Department of Labor Regulations (41 CRF Part 60). During the performance of this contract, the vendor agrees not to discriminate against any employee or applicant for employment because of race, color, national origin, age, religion, gender, marital status, handicapping condition, or political belief.

In accordance with Federal Law and U.S. Department of Agriculture policy, San Benito C.I.S.D. is prohibited from discriminating on the basis of race, color, national original, sex, age, or disability. To file a complaint of discrimination, write USDA Director, Office of Civil Rights, 1400 Independence Avenue SW, Washington, DC, 20250-9410 or call 1-(800) 795-3272 or 1 – (202) – 720-6382 (TTY). USDA is an equal opportunity provider and employer.

Name of Company: _____ Date: _____

Signature: _____ Date: _____

# SAN BENITO CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

## ACKNOWLEDGEMENT FORM
## PLEASE MAKE SURE THAT YOU HAVE DONE THE FOLLOWING:

| | | | | |
|---|---|---|---|---|
| **1.** | YOU MUST COMPLETE AND RETURN THE **FELONY CONVICTION NOTICE, NON-COLLUSIVE AFFIDAVIT, 1295 FORM, CONFLICT OF INTEREST FORM, CRIMINAL HISTORY RECORD INFORMATION REQUEST, CCH VERFICATION FORM, VENDOR CERTIFICATION FORM, AND CERTIFICATION REGARDING TERRORIST ORGANIZATIONS & BOYCOTTING OF ISRAEL.** | **_____ YES** | **___** | **NO** |
| **2.** | YOU MUST INCLUDE INSURANCE WITH THE BID (IF REQUIRED) | **_____YES** | **___** | **NO** |
| **3.** | YOU MUST INCLUDE ANY SAMPLES THAT ARE REQUIRED | **_____YES** | **___** | **NO** |
| **4.** | YOU MUST INCLUDE ANY STATE CERTIFICATE OR LICENSE WITH THE BID (IF REQUIRED) | **_____YES** | **___** | **NO** |
| **5.** | YOU MUST VERIFY UNIT PRICE TO TOTAL PRICE | **_____YES** | **___** | **NO** |
| **6.** | YOU MUST INCLUDE A W-9 IRS FORM (Downloadable at www.sbcisd.net) | **____ YES** | **___** | **NO** |
| **7.** | You must complete and return the HUB Certification Form and Reference Sheet | **____ YES** | **___** | **NO** |
| **8.** | Have the addendum(s) been acknowledged, if applicable. | **_____YES** | **___** | **NO** |
| **9.** | IF YOUR COMPANY IS NOT BIDDING ON THIS BID/PROPOSAL, PLEASE STATE REASON. | | | |

_____

Deviations from specifications if any: _____

_____

I have read all the specifications and general bid requirements and do hereby certify that all items submitted meet all specifications, conditions, and instructions of said bid. The signature below confirms that our company will enter into a binding contract with San Benito C.I.S.D. for item(s) awarded to our company.

**Company Name:**_____**Agent Name:** _____

**Print Name:**_____**Authorized Signature:** _____

**Address:**_____**City:**_____**ST:**_____**Zip Code:** _____

**Telephone: (**_____**)**_____**Fax: (**____**)**_____**E-mail:** _____

**Federal Id#:**_____**and/or Social Security #:**_____

**Address for Purchasing Order**

_____

_____

_____

**Address for Payment:**

_____

_____

_____

**Note: Please complete and submit this form with your bid or <u>company will be disqualified.</u>**

SAN BENITO CONSOLIDATED INDENDENT SCHOOL DISTRICT

**REFERENCES:**

Contractors must complete and submit three (3) references preferably school districts that your company has done work for in the past. This attachment is part of the evaluation criteria and will be weighted accordingly.

1. Contact Person_____
   Company Name_____
   Address_____
   Phone No._____

2. Contact Person_____
   Company Name_____
   Address_____
   Phone No._____

3. Contact Person_____
   Company Name_____
   Address_____
   Phone No._____

**HUB CERTIFICATION**

San Benito CISD would like to know if your company is a State of Texas registered HUB (Historically Underutilized Business).

| Company Name | Texas certified HUB | | VID Number (required if Texas HUB) |
|---|---|---|---|
| | ☐ Yes | ☐ No | |

**(Attach copy of HUB certificate if applicable)**

**SAN BENITO CONSOLIDATED INDEPENDENT**

**SCHOOL DISTRICT**

**TO BE SUBMITTED WITH BID/PROPOSAL/QUOTE**
**FELONY CONVICTION NOTICE**

State of Texas legislative Senate Bill No. 1, Section 44.034, Notification of Criminal History, Subscretioin (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 an owner 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 PUBLICY-HELD COROPORATION

Please check off one box and sign the form in the appropriate space(s)

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

VENDOR'S NAME: _____

AUTHORIZED COMPANY OFFICIAL'S NAME (Printed): _____

☐ A. My firm is a publicly-held corporation, therefore, this reporting requirements is not applicable.

Signature of Company Official: _____

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

Signature of Company Official: _____

☐ C. My firm is owned and 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: _____

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

**2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.**

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of Interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of _____ , on the _____ day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

**ADD ADDITIONAL PAGES AS NECESSARY**

Must file online at www.ethics.state.tx.us/File

Form **W-9**
(Rev. October 2018)
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.**

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

**1** Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

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

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

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____

**Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should 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 FATCA reporting code (if any) _____

*(Applies to accounts maintained outside the U.S.)*

**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. Also see *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.*

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS 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-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), 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.

*If you do not 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. 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, and

4. 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).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 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 section 1446 withholding on your share of partnership income.

In the cases below, the following person must give 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.

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

**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, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 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, 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 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 under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code,* later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships,* earlier.

## What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code,* later, and the Instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

## 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

## Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note: ITIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. 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 line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

## Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

## Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

| IF the entity/person on line 1 is a(n) . . . | THEN check the box for . . . |
|---|---|
| • Corporation | Corporation |
| • Individual<br>• Sole proprietorship, or<br>• Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes. | Individual/sole proprietor or single-member LLC |
| • LLC treated as a partnership for U.S. federal tax purposes,<br>• LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or<br>• LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes. | Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation) |
| • Partnership | Partnership |
| • Trust/estate | Trust/estate |

## Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

**Exempt payee code.**

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

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)

2—The United States or any of its agencies or instrumentalities

3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

4—A foreign government or any of its political subdivisions, agencies, or instrumentalities

5—A corporation

6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession

7—A futures commission merchant registered with the Commodity Futures Trading Commission

8—A real estate investment trust

9—An entity registered at all times during the tax year under the Investment Company Act of 1940

10—A common trust fund operated by a bank under section 584(a)

11—A financial institution

12—A middleman known in the investment community as a nominee or custodian

13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

| IF the payment is for . . . | THEN the payment is exempt for . . . |
|---|---|
| Interest and dividend payments | All exempt payees except for 7 |
| Broker transactions | Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012. |
| Barter exchange transactions and patronage dividends | Exempt payees 1 through 4 |
| Payments over $600 required to be reported and direct sales over $5,000[1] | Generally, exempt payees 1 through 5[2] |
| Payments made in settlement of payment card or third party network transactions | Exempt payees 1 through 4 |

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

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

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

**Note:** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

### Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

### Line 6

Enter your city, state, and ZIP code.

## 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.

If you are a single-member LLC that is disregarded as an entity separate from its owner, 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 *What Name and Number To Give the Requester,* later, 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 SSA 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. Go to *www.irs.gov/Forms* to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to *www.irs.gov/OrderForms* to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and 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 U.S. 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 item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code,* earlier.

**Signature requirements.** Complete the certification as indicated in items 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.

**3. 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 made in settlement of payment card and third party network transactions, 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), ABLE accounts (under section 529A), 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: |
|---|---|
| 1. Individual | The individual |
| 2. Two or more individuals (joint account) other than an account maintained by an FFI | The actual owner of the account or, if combined funds, the first individual on the account[1] |
| 3. Two or more U.S. persons (joint account maintained by an FFI) | Each holder of the account |
| 4. Custodial account of a minor (Uniform Gift to Minors Act) | The minor[2] |
| 5. a. The usual revocable savings trust (grantor is also trustee) | The grantor-trustee[1] |
| b. So-called trust account that is not a legal or valid trust under state law | The actual owner[1] |
| 6. Sole proprietorship or disregarded entity owned by an individual | The owner[3] |
| 7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A)) | The grantor* |
| **For this type of account:** | **Give name and EIN of:** |
| 8. Disregarded entity not owned by an individual | The owner |
| 9. A valid trust, estate, or pension trust | Legal entity[4] |
| 10. Corporation or LLC electing corporate status on Form 8832 or Form 2553 | The corporation |
| 11. Association, club, religious, charitable, educational, or other tax-exempt organization | The organization |
| 12. Partnership or multi-member LLC | The partnership |
| 13. A broker or registered nominee | The broker or nominee |
| 14. 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 |
| 15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B)) | The trust |

[1] List 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.

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

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

[4] 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,* earlier.

***Note:** The grantor also must provide a Form W-9 to trustee of trust.

**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, 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.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic 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 property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at *spam@uce.gov* or report them at *www.ftc.gov/complaint.* You can contact the FTC at *www.ftc.gov/idtheft* or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see *www.IdentityTheft.gov* and Pub. 5027.

Visit *www.irs.gov/IdentityTheft* 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 (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and 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. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

# 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

_____ _____

Signature of vendor doing business with the governmental entity 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.

# LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

**FORM CIS**

(Instructions for completing and filing this form are provided on the next page.)

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

This is the notice to the appropriate local governmental entity that the following local government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code.

**OFFICE USE ONLY**

Date Received

**1 Name of Local Government Officer**

**2 Office Held**

**3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code**

**4 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.**

**5 List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted from vendor named in item 3 exceeds $100 during the 12-month period described by Section 176.003(a)(2)(B).**

Date Gift Accepted _____ Description of Gift _____

Date Gift Accepted _____ Description of Gift _____

Date Gift Accepted _____ Description of Gift _____

(attach additional forms as necessary)

**6 SIGNATURE** I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. I also acknowledge that this statement covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code.

_____

Signature of Local Government Officer

## Please complete either option below:

**(1) Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

_____ Signature of officer administering oath

_____ Printed name of officer administering oath

_____ Title of officer administering oath

**OR**

**(2) Unsworn Declaration**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____ , on the _____ day of _____, 20_____.
(month) (year)

_____

Signature of Local Government Officer (Declarant)

# LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

Section 176.003 of the Local Government Code requires certain local government officers to file this form. A "local government officer" is defined as a member of the governing body of a local governmental entity; a director, superintendent, administrator, president, or other person designated as the executive officer of a local governmental entity; or an agent of a local governmental entity who exercises discretion in the planning, recommending, selecting, or contracting of a vendor. This form is required to be filed with the records administrator of the local governmental entity not later than 5 p.m. on the seventh business day after the date on which the officer becomes aware of the facts that require the filing of this statement.

A local government officer commits an offense if the officer knowingly violates Section 176.003, Local Government Code. An offense under this section is a misdemeanor.

Refer to chapter 176 of the Local Government Code for detailed information regarding the requirement to file this form.

## INSTRUCTIONS FOR COMPLETING THIS FORM

*The following numbers correspond to the numbered boxes on the other side.*

**1. Name of Local Government Officer.** Enter the name of the local government officer filing this statement.

**2. Office Held.** Enter the name of the office held by the local government officer filing this statement.

**3. Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code.** Enter the name of the vendor described by Section 176.001(7), Local Government Code, if the vendor: a) has an 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), Local Government Code; b) has given to the local government officer or a family member of the officer one or more gifts as described by Section 176.003(a)(2)(B), Local Government Code; or c) has a family relationship with the local government officer as defined by Section 176.001(2-a), Local Government Code.

**4. Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.** Describe the nature and extent of the employment or other business relationship the vendor has with the local government officer or a family member of the officer as described by Section 176.003(a)(2)(A), Local Government Code, and each family relationship the vendor has with the local government officer as defined by Section 176.001(2-a), Local Government Code.

**5. List gifts accepted, if the aggregate value of the gifts accepted from vendor named in item 3 exceeds $100.** List gifts accepted during the 12-month period (described by Section 176.003(a)(2)(B), Local Government Code) by the local government officer or family member of the officer from the vendor named in item 3 that in the aggregate exceed $100 in value.

**6. Signature.** Signature of local government officer. Complete this section after you finish the rest of this report. You have the option to either: (1) take the completed form to a notary public where you will sign above the first line that says “Signature of Local Government Officer” (an electronic signature is not acceptable) and your signature will be notarized, or (2) sign above both lines that say “Signature of Local Government Officer (Declarant)” (an electronic signature is not acceptable), and fill out the unsworn declaration section.

---

**Local Government Code § 176.001(2-a)**: “Family relationship” means a relationship between a person and another person within the third degree by consanguinity or the second degree by affinity, as those terms are defined by Subchapter B, Chapter 573, Government Code.

**Local Government Code § 176.003(a)(2)(A):**

(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.

## Confidential*

The San Benito Consolidated Independent School District is required by Texas Education Code Chapter 22, Subchapter C to review the criminal history of applicants, employees, independent contractors, student teachers, and certain volunteers. The information requested below is necessary to obtain criminal history record information.

***Please print.***

Name _____
*Last* *First* *Middle*

Social Security Number _____ Date of birth _____

Driver's License _____
*State and Number*

Mailing Address _____
*Street* *City* *State* *Zip*

Sex: ❑ Male ❑ Female Ethnicity: ❑ Black ❑ White/Other

I understand that the information I am providing about age, sex, and ethnicity will not be used to determine eligibility for employment but will be used *solely* for the purpose of obtaining criminal history record information.

_____
Signature

_____
Date

* This form will be removed from the application and filed separately in the HR office.

*San Benito CISD, an equal opportunity employer, does not discriminate on basis of race, color, national origin, sex, religion, age or disability in employment or provision of services, programs or activities.*

# DPS Computerized Criminal History (CCH) Verification

## (AGENCY COPY)

I, _____, have been notified that a Computerized Criminal
APPLICANT or EMPLOYEE NAME (Please print)
History (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB information I supply.

Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using name and DOB method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of $24.95 to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

**(This copy must remain on file by your agency. Required for future DPS Audits)**

_____
Signature of Applicant or Employee

_____
Date

SAN BENITO CISD
Agency Name (Please print)

_____
Agency Representative Name (Please print)

_____
Signature of Agency Representative

_____
Date

For Agency Use Only:

**Please:**
**Check and Initial each Applicable Space**

CCH Report Printed:

YES ☐ NO ☐ _____ initial

Purpose of CCH: _____

Hire ☐ Not Hired ☐ _____ initial

Date _____ _____ initial

Destroyed _____ _____ initial

**Retain in your files**

Rev. 02/2011

**SAN BENITO CONSOLIDATED INDEPENDENT SCHOOL DISTRICT**
VENDOR CERTIFICATIONS

## CERTIFICATION OF COMPLIANCE WITH TEXAS FAMILY CODE

Pursuant to Texas Family Code, Section 231.006, a child support obligor who is more than thirty (30) days delinquent in paying child support or a business entity in which the child support obligor is a sole proprietor, partner, shareholder, or owner with an ownership interest of at least twenty-five percent (25%) is not eligible to receive payments from State funds under a contract to provide property, materials, or services until all arrearages have been paid; the obligor is in compliance with a written repayment agreement or court order as to the existing delinquency; or a court of continuing jurisdiction over the child support order has granted the obligor an exemption as part of a court-supervised effort to improve earnings and child support payments. The undersigned proposer certifies that he or she, as the proposing individual, or the proposing business entity named in this contract, bid or application, is not ineligible under Section 231.006 of the Texas Family Code, to receive the specified grant, loan or payment, and acknowledges that a contract resulting from this solicitation may be terminated and payment may be withheld if the certification provided herein is found to be inaccurate. **NOTE: Owners not owning at least twenty-five percent (25%) of the business entity submitting this proposal need not execute this certification and acknowledgement.**

## REQUIRED CONTRACT PROVISIONS FOR NON-FEDERAL ENTITY CONTRACTS UNDER FEDERAL AWARDS – APPENDIX II TO 2 CFR PART 200

**The following provisions are required and apply when federal funds are expended by SBCISD, and/or its cooperative members, for any contract resulting from this procurement process.**

**(A) Contracts for more than the simplified acquisition threshold currently set at $150,000, which is the inflation adjusted amount determined by the Civilian Agency Acquisition Council and the Defense Acquisition Regulations Council (Councils) as authorized by 41 U.S.C. 1908, must address administrative, contractual, or legal remedies in instances where contractors violate or breach contract terms, and provide for such sanctions and penalties as appropriate.**

Pursuant to Federal Rule (A) above, when federal funds are expended by SBCISD, and/ or its cooperative members, SBCISD, and/or its cooperative members, reserves all rights and privileges under the applicable laws and regulations with respect to this procurement in the event of breach of contract by either party.

**Proposer Certification (Antitrust Certification Statement):**
_____**YES, I agree to the above.** (Initial:____**)**
_____**NO, I do not agree to the above.** (Initial:____)

**(B) Termination for cause and for convenience by the grantee or subgrantee including the manner by which it will be effected and the basis for settlement. (All contracts in excess of $10,000)**

Pursuant to Federal Rule (B) above, when federal funds are expended by SBCISD, and/ or its cooperative members, SBCISD, and/or its cooperative members, reserves the right to immediately terminate any agreement in excess of $10,000 resulting from this procurement process in the event of a breach or default of the agreement by Vendor, in the event vendor fails to: (1) meet schedules, deadlines, and/or delivery dates within the time specified in the procurement solicitation, contract, and/or a purchase order; (2) make any payments owed; or (3) otherwise perform in accordance with the contract and/or the procurement solicitation. SBCISD, and/or its cooperative members, also reserves the right to terminate the contract immediately, with written notice to vendor, for convenience, if SBCISD, and/or its cooperative members, believes, in its sole discretion that it is in the best interest of SBCISD, and/or its cooperative members, to do so. The vendor will be compensated for work performed and accepted and goods accepted by SBCISD, and/or its cooperative members, as of the termination date if the contract is terminated for convenience of SBCISD, and/or its cooperative members. Any award under this procurement process is not exclusive and SBCISD, and/or its cooperative members, reserves the right to

purchase goods and services from other vendors when it is in the best interest of SBCISD, and/or its cooperative members.

**Proposer Certification (Antitrust Certification Statement):**
**_____YES, I agree to the above.** (Initial:____**)**
**_____NO, I do not agree to the above.** (Initial:____)

**(C) Equal Employment Opportunity. Except as otherwise provided under 41 CFR Part 60, all contracts that meet the definition of —federally assisted construction contractll in 41 CFR Part 60-1.3 must include the equal opportunity clause provided under 41 CFR 60-1.4(b), in accordance with Executive Order 11246, —Equal Employment Opportunityll (30 FR 12319, 12935, 3 CFR Part, 1964-1965 Comp., p. 339), as amended by Executive Order 11375, —Amending Executive Order 11246 Relating to Equal Employment Opportunity,ll and implementing regulations at 41 CFR part 60, —Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor.ll**

Pursuant to Federal Rule (C) above, when federal funds are expended on any federally assisted construction contract, the equal opportunity clause is incorporated byreference herein.

**Proposer Certification (Antitrust Certification Statement):**
**_____YES, I agree to the above.** (Initial:____**)**
**_____NO, I do not agree to the above.** (Initial:____)

**(D) Davis-Bacon Act, as amended (40 U.S.C. 3141-3148). When required by Federal program legislation, all prime construction contracts in excess of $2,000 awarded by non-Federal entities must include a provision for compliance with the Davis-Bacon Act (40 U.S.C. 3141-3144, and 3146-3148) as supplemented by Department of Labor regulations (29 CFR Part 5, —Labor Standards Provisions Applicable to Contracts Covering Federally Financed and Assisted Constructionll). In accordance with the statute, contractors must be required to pay wages to laborers and mechanics at a rate not less than the prevailing wages specified in a wage determination made by the Secretary of Labor. In addition, contractors must be required to pay wages not less than once a week. The non-Federal entity must place a copy of the current prevailing wage determination issued by the Department of Labor in each solicitation. The decision to award a contract or subcontract must be conditioned upon the acceptance of the wage determination. The non-Federal entity must report all suspected or reported violations to the Federal awarding agency. The contracts must also include a provision for compliance with the Copeland –Anti-Kickbackll Act (40 U.S.C. 3145), as supplemented by Department of Labor regulations (29 CFR Part 3, —Contractors and Subcontractors on Public Building or Public Work Financed in Whole or in Part by Loans or Grants from the United Statesll). The Act provides that each contractor or subrecipient must be prohibited from inducing, by any means, any person employed in the construction, completion, or repair of public work, to give up any part of the compensation to which he or she is otherwise entitled. The non-Federal entity must report all suspected or reported violations to the Federal awarding agency.**

Pursuant to Federal Rule (D) above, when federal funds are expended by SBCISD, and/or its cooperative members, during the term of an award for all contracts and subgrants for construction or repair, the vendor will be in compliance with all applicable Davis-Bacon Act provisions.

**Proposer Certification (Antitrust Certification Statement):**
**___YES, I agree to the above.** (Initial:____)
**___NO, I do not agree to the above.** (Initial:____)

**(E) Contract Work Hours and Safety Standards Act (40 U.S.C. 3701-3708). Where applicable, all contracts awarded by the non-Federal entity in excess of $100,000 that involve the employment of mechanics or laborers must include a provision for compliance with 40 U.S.C. 3702 and 3704, as supplemented by Department of Labor regulations (29 CFR Part 5). Under 40 U.S.C. 3702 of the Act, each contractor must be required to compute the wages of every mechanic and laborer on the basis of a standard work week of 40 hours. Work in excess of the standard work week is permissible provided that the worker is compensated at a rate of not less than one and a half times the basic rate of pay for all hours worked in excess of 40 hours in the work week.**

**The requirements of 40 U.S.C. 3704 are applicable to construction work and provide that no laborer or mechanic must be required to work in surroundings or under working conditions which are unsanitary, hazardous or dangerous. These requirements do not apply to the purchases of supplies or materials or articles ordinarily available on the open market, or contracts for transportation or transmission of intelligence.**

Pursuant to Federal Rule (E) above, when federal funds are expended by SBCISD, and/or its cooperative members, the vendor certifies that during the term of an award for all contracts by SBCISD, and/or its cooperative members, resulting from this procurement process, the vendor will be in compliance with all applicable provisions of the Contract Work Hours and Safety Standards Act.

**Proposer Certification (Antitrust Certification Statement):**
**_____YES, I agree to the above.** (Initial:**___)**
____ **NO, I do not agree to the above.** (Initial:____)

**(F) Rights to Inventions Made Under a Contract or Agreement. If the Federal award meets the definition of "funding agreement" under 37 CFR §401.2 (a) and the recipient or subrecipient wishes to enter into a contract with a small business firm or nonprofit organization regarding the substitution of parties, assignment or performance of experimental, developmental, or research work under that "funding agreement," the recipient or subrecipient must comply with the requirements of 37 CFR Part 401, "Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements," and any implementing regulations issued by the awarding agency.**

Pursuant to Federal Rule (F) above, when federal funds are expended by SBCISD, and/or its cooperative members, the vendor certifies that during the term of an award for all contracts by SBCISD, and/or its cooperative members, resulting from this procurement process, the vendor agrees to comply with all applicable requirements as referenced in Federal Rule (F) above.

**Proposer Certification (Antitrust Certification Statement):**
**___YES, I agree to the above.** (Initial:____)
**___NO, I do not agree to the above.** (Initial:____)

**(G) Clean Air Act (42 U.S.C. 7401-7671q.) and the Federal Water Pollution Control Act (33 U.S.C. 1251-1387), as amended-Contracts and subgrants of amounts in excess of $50,000 must contain a provision that requires the non-Federal award to agree to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401-7671q) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251- 1387). Violations must be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).**

Pursuant to Federal Rule (G) above, when federal funds are expended by SBCISD, and/ or its cooperative members, the vendor certifies that during the term of an award for all contracts by SBCISD, and/or its cooperative members, resulting from this procurement process, the vendor agrees to comply with all applicable requirements as referenced in Federal Rule (G) above.

**Proposer Certification (Antitrust Certification Statement):**
**___YES, I agree to the above.** (Initial:____)
**___NO, I do not agree to the above.** (Initial:____)

**(H) Debarment and Suspension (Executive Orders 12549 and 12689)—A contract award (see 2 CFR 180.220) must not be made to parties listed on the government-wide exclusions in the System for Award Management (SAM), in accordance with the OMB guidelines at 2 CFR 180 that implement Executive Orders 12549 (3 CFR part 1986 Comp., p. 189) and 12689 (3 CFR part 1989 Comp., p. 235), —Debarment and Suspension.ll SAM Exclusions contains the names of parties debarred, suspended, or otherwise excluded by agencies, as well as parties declared ineligible under statutory or regulatory authority other than Executive Order 12549.**

Pursuant to Federal Rule (H) above, when federal funds are expended by SBCISD, and/ or its cooperative members, the vendor certifies that during the term of an award for all contracts by SBCISD, and/or its cooperative members, resulting from this procurement process, the vendor certifies that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation by any federal department or agency.

**Proposer Certification (Antitrust Certification Statement):**
**___YES, I agree to the above.** (Initial:____)
**___NO, I do not agree to the above.** (Initial:____)

**(I) Byrd Anti-Lobbying Amendment (31 U.S.C. 1352) – All Contractors that apply or bid for an award exceeding $100,000 must file the required Lobbying Certification. Each tier certifies to the tier above that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 U.S.C. 1352. Each tier must also disclose any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award. Such disclosures are forwarded from tier to tier up to the non-Federal award.**

Pursuant to Federal Rule (I) above, when federal funds are expended by SBCISD, and/or its cooperative members, the vendor certifies that during the term and after the awarded term of an award for all contracts by SBCISD, and/or its cooperative members, resulting from this procurement process, the vendor certifies that it is in compliance with all applicable provisions of the Byrd Anti-Lobbying Amendment (31 U.S.C. 1352). The undersigned further certifies that:

1. No Federal appropriated funds have been paid or will be paid for on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of congress, or an employee of a Member of Congress in connection with the awarding of a Federal contract, the making of a Federal grant, the making of a Federal loan, the entering into a cooperative agreement, and the extension, continuation, renewal, amendment, or modification of a Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, “Disclosure Form to Report Lobbying”, in accordance with its instructions: https://www.whitehouse.gov/sites/default/files/omb/grants/sflllin.pdf,
3. The undersigned shall require that the language of this certification be included in the award documents for all covered sub-awards exceeding $50,000 in Federal funds at all appropriate tiers and that all subrecipients shall certify and disclose accordingly.

**Proposer Certification (Antitrust Certification Statement):**
**___YES, I agree to the above.** (Initial:____)
**___NO, I do not agree to the above.** (Initial:____)

## EMPLOYMENT VERIFICATION
## FAR 22.18

As applicable, and as a condition for the award of any Federal contract at $50,000 or greater, Vendor certifies that vendor is enrolled in, and is currently participating in, E-Verify or any other equivalent electronic verification of work authorization program operated by the U.S. Department of Homeland Security and does not knowingly employ any person who is an unauthorized alien in conjunction with the contracted services. A breach in compliance with immigration laws and regulations shall be deemed a material breach of the contract and may be subject to penalties up to and including termination of the contract.

**Proposer Certification (Antitrust Certification Statement):**
**___YES, I agree to the above.** (Initial:____)
**____NO, I do not agree to the above.** (Initial:____)

## RECORD RETENTION REQUIREMENTS FOR CONTRACTS PAID FOR WITH FEDERAL FUNDS – 2 CFR § 200.333

When federal funds are expended by SBCISD, and/or its cooperative members, for any contract resulting from this procurement process, the vendor certifies that it will comply with the record retention requirements detailed in 2 CFR § 200.333. The vendor further certifies that vendor will retain all records as required by 2 CFR § 200.333 for a period of three years after grantees or subgrantees submit final expenditure reports or quarterly or annual financial reports, as applicable, and all other pending matters are closed.

**Proposer Certification (Antitrust Certification Statement):**
**___YES, I agree to the above.** (Initial:____)
**____NO, I do not agree to the above.** (Initial:____)

## CERTIFICATION OF COMPLIANCE WITH EPA REGULATIONS APPLICABLE TO GRANTS, SUBGRANTS, COOPERATIVE AGREEMENTS, AND CONTRACTS IN EXCESS OF $50,000 OF FEDERAL FUNDS

When federal funds are expended by SBCISD, and/or its cooperative members, for any contract resulting from this procurement process in excess of $50,000, the vendor certifies that the vendor is in compliance with all applicable standards, orders, regulations, and/or requirements issued pursuant to the Clean Air Act of 1970, as amended (42 U.S.C. 1857(h)), Section 508 of the Clean Water Act, as amended (33 U.S.C. 1368), Executive Order 117389 and Environmental Protection Agency Regulation, 40 CFR Part 15.

**Proposer Certification (Antitrust Certification Statement):**
**___YES, I agree to the above.** (Initial:____)
**____NO, I do not agree to the above.** (Initial:____)

## CERTIFICATION OF COMPLIANCE WITH THE ENERGY POLICY AND CONSERVATION ACT

When federal funds are expended by SBCISD, or its cooperative members, for any contract resulting from this procurement process, the vendor certifies that the vendor will be in compliance with mandatory standards and policies relating to energy efficiency which are contained in the state energy conservation plan issued in compliance with the Energy Policy and Conservation Act (Pub. L. 94-163, 89 Stat. 871).

**Proposer Certification (Antitrust Certification Statement):**
**___YES, I agree to the above.** (Initial:____)
**____NO, I do not agree to the above.** (Initial:____)

## CERTIFICATION OF COMPLIANCE WITH BUY AMERICAN PROVISIONS

Vendor certifies that vendor is in compliance with all applicable provisions of the Buy American Act. Purchases made in accordance with the Buy American Act must still follow the applicable procurement rules calling for free and open competition.

**Proposer Certification (Antitrust Certification Statement):**
**___YES, I agree to the above.** (Initial:____)
**____NO, I do not agree to the above.** (Initial:____)

## CERTIFICATION OF NON-COLLUSION STATEMENT

Vendor certifies that this company, corporation, firm, partnership or individual has not prepared this proposal in collusion with any other proposer, and that the contents of this proposal as to prices, terms or conditions of said proposal have not been communicated by the undersigned nor by any employee or agent to any other person engaged in this type of business prior to the official opening of this proposal.

**Proposer Certification (Antitrust Certification Statement):**
**___YES, I agree to the above.** (Initial:____)
**____NO, I do not agree to the above.** (Initial:____)

**Vendor agrees to comply with all federal, state, and local laws, rules, regulations and ordinances, as applicable. It is further acknowledged that vendor certifies compliance with all provisions, laws, acts, regulations, etc. as specifically noted above.**

Corporate/Company Name: _____

Authorized Signature: _____

Printed Name: _____

Title: _____

Date: _____

Address: _____

City, State, Zip Code: _____

Phone #: _____

Fax #: _____

Email Address: _____

Corporate/Company Website: _____

DUNS #: _____

CAGE #: _____

## NON-COLLUSIVE CERTIFICATE

By submission of this bid or proposal, the Vendor certifies that:

(a) This bid or proposal has been independently arrived at without collusion with any other vendor or with any competitor;

(b) This bid or proposal has not been knowingly disclosed and will not be knowingly disclosed, prior to the opening of the bids, or proposals for this project, to any other vendor, competitor or potential competitor;

(c) No attempt has been or will be made to induce any other person, partnership or corporation to submit or not to submit a bid or proposal;

(d) The person signing this bid or 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 vendor as well as to the person signing in its behalf.

I, _____, have read the standard terms and conditions,
(Print/Type Name of Company Officer)

I fully understand them, and will fully execute them if I am awarded this proposal.

Company _____

Address _____

City, State, Zip Code _____

Telephone Number _____

_____
Authorized Signature

_____
Title

_____
Date

# CERTIFICATIONS REQUIRED AS OF SEPTEMBER 1, 2017

## CERTIFICATION REGARDING TERRORIST ORGANIZATIONS & BOYCOTTING OF ISRAEL

Vendor hereby certifies that it is not a company identified on the Texas Comptroller's list of companies know to have contracts with, or supply services to, a foreign organization designated as a Foreign Terrorist Organization by the U.S. Secretary of State. Vendor further certifies and verifies that neither Vendor, nor affiliate, subsidiary, or parent company of Vendor, if any (the "Vendor Companies"), boycotts Israel, and Vendor agrees that Vendor and Vendor Companies will not boycott Israel during the term of this Agreement. For purposes of this Agreement, the term "boycott" shall mean and include terminating business activities or otherwise taking any action that is intended to penalize, inflict economic harm on, or limit commercial relations with Israel, or with a person or entity doing business in Israel or in an Israeli-controlled territory. See Texas Government Code § 2270. 808 and 2252.151-2252.154.

**Proposer Certification (Terrorist Organizations & Boycotting of Israel):**

- ☐ **YES, I agree to the above.** (Initial: _____)
- ☐ **NO, I do NOT agree to the above.** (Initial: _____)

**San Benito CISD Purchasing Office (Internal Review):**

**Comptroller List was reviewed and The Vendor (IS) (IS NOT) on the list (Circle One)**

**Verified by: (Name and Date):**_____