



**BROWNSVILLE PUBLIC UTILITIES BOARD**

**Request for Competitive Sealed Proposals**

**FOR**

**GROUP HEALTH, DENTAL, & EMPLOYEE BENEFITS INSURANCE**

**CONSULTING SERVICES**

**2020**

**P012-21**

**Proposal Due: December 9, 2020 by 5:00 PM**  
Proposal Acknowledgement: December 10, 2020 at 10:00 AM



B R O W N S V I L L E  
PUBLIC UTILITIES BOARD

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**LEGAL NOTICE  
AND  
REQUEST FOR PROPOSALS  
P012-21**

**RESPONDENTS ARE CAUTIONED TO READ THE INFORMATION CONTAINED IN THIS RFP CAREFULLY AND TO SUBMIT A COMPLETE RESPONSE TO ALL REQUIREMENTS AND QUESTIONS AS DIRECTED.**

The Brownsville Public Utilities Board (BPUB) will accept sealed Proposals for Group Health, Dental and Employee Benefits Insurance Consulting Services, **until 5:00 PM, December 9, 2020** in the Brownsville PUB Purchasing Office, 1155 FM 511, Olmito, Texas. **Any responses received after this time shall not be considered and will not be opened. Facsimile and email responses are not acceptable when responding to this Request for Proposals.**

Proposals will be publicly acknowledged on December 10, 2020 at 10:00 AM. Firms are invited to call (956) 214-6020 to listen to the proposal acknowledgement.

Detailed specifications may be obtained at BPUB Purchasing website [https://www.brownsville-pub.com/rfp\\_status/open/](https://www.brownsville-pub.com/rfp_status/open/)

Please send one (1) original and four (4) copies of the proposal and identify each as an original or copy accordingly, **mark on the outside of the envelope and on any carrier's envelope:** "SEALED PROPOSAL FOR GROUP HEALTH, DENTAL, & EMPLOYEE BENEFITS INSURANCE CONSULTING SERVICES, P012-21, DECEMBER 9, 2020, 5:00 PM", and send to the attention of Diane Solitaire, Purchasing Department, 1155 FM 511, Olmito, Texas 78575.

The BPUB will not be responsible in the event that the U.S. Postal Service or any other courier system fails to deliver the sealed proposals to the Brownsville Public Utilities Board, Purchasing Office by the given deadline above.

The BPUB reserves the right to reject any or all proposals and to waive irregularities contained therein and to accept any proposals deemed most advantageous to the BPUB. BPUB reserves the right to contact any Respondent for clarification after responses are opened and/or to further negotiate with any Respondent if such clarification is deemed desirable by BPUB. BPUB reserves the right to evaluate the responses submitted, or to reject any or all submittals should it be deemed in BPUB's best interest. BPUB reserves the right to negotiate with any, all or none of the Respondents.

Any Proposal may be withdrawn prior to the above-scheduled time for the opening of Proposals or authorized postponement thereof. All timely proposals become the property of the BPUB upon receipt and shall not be returned. Any information deemed to be confidential by respondent should be clearly noted on the page(s) where the confidential information is contained. BPUB, however, cannot guarantee that it will not be compelled to disclose all or part of any public record under the Texas Public Information Act, since

information deemed to be confidential by the respondent may not be considered confidential under Texas law, or pursuant to a Court Order.

*Diane Solitaire*

Brownsville Public Utilities Board  
(956) 983-6366 - Phone

**Please submit this page upon receipt**

**ACKNOWLEDGEMENT FORM**

**GROUP HEALTH, DENTAL, & EMPLOYEE BENEFITS INSURANCE CONSULTING SERVICES  
P012-21**

For any clarifications, please contact Diane Solitaire at Brownsville PUB Purchasing Department at (956) 983-6366 or e-mail: [dsolitaire@brownsville-pub.com](mailto:dsolitaire@brownsville-pub.com)

Please email or mail this page upon receipt of the RFP package or legal notice. If you only received the legal notice and you want the RFP package mailed please provide a method of shipment with account number in the space designated below.

Check one:

**Yes, I will be able to send a RFP; obtained RFP package from website.**

**Yes, I will be able to send a RFP; please email the RFP package.**

Email: \_\_\_\_\_

**Yes, I will be able to send a RFP; please mail the RFP package using the carrier & account number listed below:**

Carrier: \_\_\_\_\_

Account: \_\_\_\_\_

**No, I will not be able to send a RFP for the following reason:**

\_\_\_\_\_  
\_\_\_\_\_

If you are unable to send your proposal, kindly indicate your reason above and return this form **via email to: [dsolitaire@brownsville-pub.com](mailto:dsolitaire@brownsville-pub.com)**. This will ensure you remain active on our vendor list.

Date \_\_\_\_\_

Company: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

# REQUEST FOR PROPOSAL

## Group Health, Dental, Employee Benefits Insurance Consulting Services

### **GENERAL BACKGROUND**

The City, located in Cameron County on the Rio Grande approximately 23 miles from the Gulf of Mexico, is a home rule city organized and existing under the laws of the state of Texas, including the City's Charter, as amended (the "charter"). The City owns and operates a combined electric, water, and wastewater utilities system (collectively, the "system") serving the City and certain areas outside the city. The City's authority with regard to public utility ownership and services is generally exercised through the Brownsville Public Utilities Board (the "Board"). The Board, created and established by Article VI of the Charter as a separate and distinct agency of the city, has authority to control, manage, and operate the system and to expand and apply System revenues, subject to certain limitations. The Charter provides that the power to issue bonds; to encumber, sell, or hypothecate the system; and the city retains to fix rates, fees, and charges of the system. The mailing address of the Board is Post Office Box 3270, Brownsville, Texas 78520-3270, and the telephone number of the Board is (956) 983-6100. The Board's fiscal year is the 12-month period ended September 30 of each year and is referred to herein as the "fiscal year."

Additional information regarding BPUB's mission, programs, projects, and financial structure is available in the BPUB's website at [www.brownsville-pub.com](http://www.brownsville-pub.com).

### **PURPOSE**

The information contained in these specifications is confidential and is to be used only in connection with preparing a proposal for all or part of the following consulting services:

- Advise and assist in the request for proposals process for BPUB's Basic Life/AD&D, Voluntary Life/AD&D, Group Long Term Disability, Voluntary Short Term Disability, Voluntary Group Cancer/Dread Disease, and Voluntary Group Vision, Voluntary Critical Illness, and Cafeteria Plan and Flexible Spending Accounts Administration (hereafter referred to as Employee Benefits). Request, review and evaluate the renewal proposals and provide recommendations to the Board of Directors.
- Advise and assist in the renewals for BPUB's Group Health and Dental Self-Funded Insurances. Review and evaluate the proposals and provide recommendations to the Board of Directors.
- Assist in Risk Management/Insurance Special Projects such as Actuary Study Update and Group Health and Dental Insurance Audit.
- Monitor and oversee the Group Health and Dental Self-Funded Insurance and prepare monthly insurance fund status reports.
- Advise and assist BPUB in general consulting services related to the Group Health and Dental Insurances and Employee Benefits Insurances.

## **MINIMUM QUALIFICATIONS**

The proposing Firm must:

1. Have demonstrated experience in the following:
  - a. Best practices in Group Health, Dental, Employee Benefits Insurance consulting services.
  - b. Assisting clients with Group Health, Dental, Employee Benefits Insurance services.
  - c. Ability to work collaboratively with clients to provide timely, high-quality, and cost-effective results.
2. Have been in business for a minimum of five (5) years providing the scope of services consistent with those sought in this RFP.
3. Have experience providing similar services to at least three (3) other entities.
4. Not be in bankruptcy or previously filed for bankruptcy, conservatorship, receivership, or in the possession of a regulatory agency.
5. Disclose any legal and/or regulatory inquiries and/or sanctions against the Firm or any individuals employed by the Firm.
6. Provide a statement stating that the consultant is independent from any solutions vendor. The statement must be submitted to be considered.

## **SCOPE OF SERVICES**

The BPUB of the City of Brownsville, Texas, is seeking Insurance Consultant Professional Services for the following:

1. Advisement and assistance in the request for proposal process of the BPUB Employee Benefits Insurances to include:
  - a. Basic Life/AD&D,
  - b. Voluntary Life/AD&D,
  - c. Group Long Term Disability,
  - d. Voluntary Short Term Disability,
  - e. Voluntary Group Cancer/Dread Disease,
  - f. Voluntary Group Vision Insurances,
  - g. Voluntary Critical Illness, and
  - h. Cafeteria Plan and Flexible Spending Accounts Administration

The Firm will advise and assist in the request for proposal process of the BPUB Employee Benefits Insurances by performing the following:

The Firm will advise and assist in the renewal process by performing the following:

- a. Prepare and develop the RFP including the specifications of the RFP based on BPUB requirements and the Texas Local Government Code. Attend a pre-proposal meeting. This meeting is optional based on the request by the BPUB staff.
  - b. Monitor the RFP process and respond to all vendor questions after release of RFP and develop addendum(s) if needed.
  - c. Follow all Texas Local Government Code requirements in the release and follow-up of the RFP.
  - d. Review and analyze the proposals received by the BPUB.
  - e. Assist and advise BPUB in proposal negotiations.
  - f. Prepare a final recommendation report to be presented to the BPUB Board of Directors
  - g. Meet with BPUB staff and BPUB Board of Directors to review the analysis and recommendations. Meetings include three meetings with BPUB staff and three meetings with the BPUB Board of Directors where the insurances are presented to the BPUB Board of the Directors for consideration and approval.
  - h. Assist with the implementation of the selected plans.
2. Advisement and assistance in the renewal of the Group Health and Dental Self-Funded Insurances
- a. The Firm will advise and assist in the renewal process by performing the following:
  - b. Obtain renewal offers
  - c. Review and analyze renewal offers
  - d. Assist and advise BPUB in renewals negotiations
  - e. Prepare and develop a final recommendation report
  - f. Meet with BPUB staff and BPUB Board of Directors to review the renewal analysis and recommendations. Meetings include three meetings with BPUB staff and three meetings with the BPUB Board of Directors where the insurance renewal is presented to the BPUB Board of the Directors for consideration and approval.
  - g. Assist with the implementation of the selected plan(s)
  - h. Prepare monthly Health and Dental Self-Funded Insurance Plan Fund Status Reports
3. Advise and assist BPUB to insure that the BPUB Group Health and Dental Self-Funded Insurance Plan is in compliance with federal and state rules and regulations.
4. Insurance consulting services requested by the BPUB related to the Group Health and Dental Insurances and Employee Benefits Insurances. The number of hours estimated for a 12-month period is 40 hours.

### **INSURANCE POLICIES TIMELINE**

Insurances to be obtained in 2021 are to be effective as follows:

- a. Request for proposals and renewal processes start the 3<sup>rd</sup> quarter of the year.
- b. Proposal and renewal recommendation presented to the BPUB Board of Directors – October/November 2020
- c. Policies take effect January 1, 2021

## **PROPOSAL SUBMISSION REQUIREMENTS**

It is the proposing Firm's responsibility to provide all required information, including required attachments. No information beyond that specifically requested is required, and proposing Firms are requested to keep their submissions to the shortest length consistent with making a complete presentation of qualifications. Unless otherwise indicated, a proposal that does not provide all of the information requested below may be rejected.

To this end, the proposing Firm shall complete and/or submit the following documents as part of the sealed proposal package presented in the following format and order.

The proposals must follow all formats and address all portions of the RFP set forth herein providing all information requested.

1. Proposal Format
  - a. The proposals must be structured, presented, and labeled in the following manner:
  - b. Table of Contents
  - c. Section 1.0 - Executive Summary
  - d. Section 2.0 – Company Information
  - e. Section 3.0 – Company Background
  - f. Section 4.0 – Company Qualifications
  - g. Section 5.0 – References
  - h. Section 6.0 – Proposed Solution
  - i. Section 7.0 – Implementation Approach
  - j. Section 8.0 – Pricing
  - k. Section 9.0 – Insurance Requirements
  - l. Section 10.0 – Certified Statement
  - m. Section 11.0 – Independent Consultant Statement
  - n. Section 12.0 – Other Required Information
2. Failure to follow the specified format, label the responses correctly, or address all of the subsections may, at the BPUB's sole discretion, result in the rejection of the Proposal. Proposals should not contain extraneous information. All information presented in a Proposal must be relevant in response to a requirement of this RFP, must be clearly labeled, and, if not incorporated into the body of the Proposal itself, must be referenced to the appropriate place within the body of the Proposal. The Proposal pages shall be numbered, and each section labeled.
3. Table of Contents

All pages are to be numbered and the table of contents should identify each major section.
4. Section 1.0 – Executive Summary
  - a. An Executive Summary of no more than four (4) pages should be included. With the first page dedicated to describing how the Firm meets the minimum qualifications of this RFP,



and the remaining three pages identifying and substantiating the basis of the contention that the Firm is the best qualified to provide the requested services for the BPUB. Please address what the Firm offers to the BPUB, that competing Firms cannot offer. Include the location of the office at which the services to be provided hereunder will be performed.

5. Section 2.0 – Company Information

- a. 2.1 - Provide the legal entity name.
- b. 2.2 - Identify if the Firm is a subsidiary of a larger company. If so, whom?
- c. 2.3 - Provide the proposal contact name, address, phone number, and email address.
- d. 2.4 - Identify the location of company headquarters, and office which will support the implementation.
- e. 2.5 - Identify the location of staff that will be assigned to this project.
- f. 2.6 - Identify all subcontractors and associated scope of work.
- g. 2.7- Identify any pending litigation against the Firm.
- h. 2.8 - Identify if Firm has filed any bankruptcy or insolvency processed in the last 10 years.
- i. 2.9 - Identify any mergers, acquisitions, or sales of the Firm within the last five years. If so, include an explanation providing relevant details.
- j. Firms are required to provide all requested information. Failure to provide a full response may provide a basis for disqualification.

6. Section 3.0 – Company Background

- a. This section should identify the following:
- b. 3.1 - A description of the Firm’s background, nature of business and organizational history.
- c. 3.2 - A statement of how many years of experience the Firm has with Group Health & Dental Insurance and Employee Benefits Insurance Consulting Services as required by this RFP.
- d. The Company Background section should not exceed 3 pages.

7. Section 4.0 – Company Qualifications

- a. In this section of proposal, the Firm should identify company and staff qualifications and experience in implementing solutions. More specifically, this section should identify the following:
- b. 4.1 - Describe your experience in Group Health & Dental Insurance and Employee Benefits Insurances Consulting Services
- c. 4.2 - Identify your existing client base including the number of clients you provided the services being proposed here.
- d. The Company Qualifications section should not exceed 3 pages.

8. Section 5.0 – References

- a. The Firm must provide at least six (6) references. At least two (2) of the references should be for services that have been provided in the last two (2) years. To the extent possible, BPUB prefers references from local government or utility agencies with similar demographics. For each reference, Firm should provide the following information:

- b. 5.1 - Entity name
- c. 5.2 - Customer contact information (name, title, phone, and email)
- d. 5.3 - Scope of work performed identifying the services provided and solutions implemented
- e. 5.4 - Project start and end date

9. Section 6.0 - Proposed Solution

- a. In this section the Firm should identify the proposed solution up to and including the following:
  - b. 6.1 – Provide a comprehensive overview of the solution proposed.
  - c. 6.2 - Provide a brief written response for each requirement in the scope of services section that confirms your intent to meet the requirement. Firms are encouraged to provide brief descriptions of how the solution meets the requirements to allow the evaluators to fully understand the features, functions, and capabilities.
  - d. 6.3 – Based on the Firm’s experience and expertise, identify any additional proposed features, functions, or capabilities that BPUB should consider to meet the stated goals.

10. Section 7.0 - Implementation Approach

- a. In this section the Firm should address the following:
  - b. 7.1 – Provide a project organization chart highlighting the key staff who will be assigned to accomplish the work required by this RFP, illustrate the lines of authority, and designate the individual responsible for the completion of each service component and deliverable. Provide brief bios for the project manager and assigned key project personnel.
  - c. 7.2 - Describe your implementation methodology and approach. This includes the tools and techniques that will be used, and methodologies that the Firm will employ.
  - d. 7.3 – Describe the roles and responsibilities of both the BPUB and Firm staff during each phase of implementation. In addition, provide an estimated level of effort for the BPUB staff during implementation.
  - e. 7.4 – Provide a project schedule that identifies key tasks, deliverables, milestones, and resources required. BPUB seeks a detailed understanding of the work plan that will be followed to ensure success.

11. Section 8.0 – Pricing

The BPUB is seeking a clear and comprehensive understanding of all costs associated with the services. In this section, the Firm must itemize all costs and the methodology for calculation of fees. Price should include proposed fees on a fixed basis for each requirement in the scope of services section, to include travel, lodging, and miscellaneous expenses. If derived via time estimate and hourly rates, the information should be included.

12. Section 9.0 - Insurance Requirements

Evidence of policy, or ability to obtain a professional liability (E&O) policy, must be submitted in order to be considered. The Firm awarded the project will be required to have a professional liability (E&O) policy with a minimum limit of \$1,000,000.

13. Section 10.0 – Certified Statement

Certified statement that the Firm is not debarred, suspended, or otherwise prohibited from professional practice by any federal, state or local agency. This form must be submitted in order to be considered (Page 20).

14. Section 11.0 – Independent Consultant Statement

A statement stating that the consultant is independent from any solutions vendor. The statement must be submitted to be considered.

15. Section 12.0 – Other Required Information

Proposal Acknowledgement Form (Page 4) completed and to be submitted upon receipt of proposal document; Ethics Statement (Page 19) completed and submitted with proposal response; and the Conflict of Interest Questionnaire (Page 21) submitted with proposal response. The W9 or W8-BEN (Pages 25 or 26) must be completed, signed and submitted with proposal response.

**EVALUATION PROCEDURE AND CRITERIA**

**All proposals must be completed and convey all of the information requested in order to be considered responsive. If the proposal fails to conform to the essential requirements of the RFP, Brownsville PUB alone will determine whether the variance is significant enough to consider the proposal susceptible to being made acceptable and therefore a candidate for further consideration, or not susceptible to being made acceptable and therefore not considered for award. Only the information provided with the proposal, subsequent discussions and clarifications provided in writing, and the proposer’s written Best and Final Offer, is used in the evaluation process and award determination. Only these criteria will be considered on the award determination.**

A BPUB committee will review the proposals submitted in response to this request and will make recommendations. The BPUB committee will review all proposals in light of the following major evaluation criteria with corresponding weights:

1. The Firm’s qualifications and resources to efficiently provide the consulting services requested by BPUB in relation to the planning and the procurement of Employee Benefits, Group Health and Group Dental Insurance services, weight: 4;
2. The Firm’s experience in providing consulting services for planning and procuring Employee Benefits, Group Health and Group Dental insurance services for similar type and size entities, weight: 4;
3. Experience and qualifications of the team to be assigned by the Firm to plan and procure the Employee Benefits, Group Health and Group Dental insurance services, weight: 5;
4. The Firm’s proposed methodology for providing services requested in the scope of services, weight 5;

5. The Firm's proposed cost for services and the methodology stated for setting compensation, weight: 2;
6. Evidence of the Firm's past performance in terms of cost control and quality of work (based on references, examples of similar consulting services projects in relation to Employee Benefits, Group Health and Group Dental Insurance services, and other pertinent information), weight: 3.

Finalist Firms may be required to conduct a presentation of their proposals. Presentations may encompass (but are not limited to) past projects and demonstration of ability to understand and design based on client needs.

Please be advised that cost will not be the sole determining factor in BPUB's selection of a consulting Firm. The decision to conduct interviews or check references of individual Firms, all Firms, or no Firms is at the sole discretion of BPUB.

### **PROPOSAL INFORMATION**

All proposal envelopes shall contain a signed original and four (4) copies. The original proposals will be opened and only the Firm's name read aloud at the BPUB Purchasing Office located at 1155 FM 511, Olmito, Texas. All proposals will be managed by BPUB in a manner that avoids disclosure of the contents to competing firms and keeps the proposals confidential during any negotiations. All proposals will be open for public inspection as stated in the open records act, after the contract is awarded; however, trade secrets and confidential commercial or financial information in the proposals specifically identified by the firms will not be open for public inspection. Accordingly, all pages in the proposal that the Firm considers to be proprietary and confidential should be appropriately marked.

Direct any questions to Diane Solitaire, Purchasing Department, by phone at (956) 983-6366 or by email at [dsolitaire@brownsville-pub.com](mailto:dsolitaire@brownsville-pub.com).

Candidates must guarantee their Original Proposal or subsequently clarified proposal for at least ninety (90) days from the Original Proposal opening date. To obtain the best and final offers, the BPUB may require written clarifications and explanations of Firm proposals after Original Proposal submissions when certain candidates have been selected for interviews. The BPUB will not be liable for any of the Firm's costs or expenses incurred in preparation or presentation of the Proposal(s). The BPUB also reserves the right to conduct a pre-award survey, or to require other evidence of technical, production, managerial, financial, or other abilities prior to the award of the contract.

The BPUB will follow Texas Local Government Code procurement procedures found at: Sections 252.021(b)(c); 252.041(b); 252.042; 252.043(h); 252.049(b).

To ensure that the award is made to the Firm whose proposal best meets the needs of the BPUB, discussion may be conducted with the top three (3) rated Firms at BPUB's discretion. The BPUB may require more than one meeting be held with the top three (3) rated Firms. After the meeting(s), five (5) working days will be allowed for the Firms to submit all requested additional information and explanations in writing, which shall be deemed a part of their final offer. The Firm shall submit

with such clarifications and explanations any revised projected schedule. The Firms shall be treated fairly and equally with respect to any and all opportunities for discussion, clarification, and explanation of proposals.

Any Firm may be required, at the option of the BPUB, to demonstrate successful performance of similar services. The services to be demonstrated shall have similar functional and performance characteristics as those required in these specifications. The potential demonstration(s) shall occur at a mutually agreed upon time and location.

### **INSTRUCTIONS TO RFP RESPONDENTS**

Firms must submit a signed original and four (4) copies of the proposal in a sealed package. Proposals shall be submitted to the BPUB Purchasing Office, 1155 FM 511, Olmito, Texas, no later than **5:00 PM on December 9, 2020**.

Sealed envelope must be clearly labeled as follows:

**Brownsville Public Utilities Board**

**Attention: Diane Solitaire**

**1155 FM 511**

**Olmito, TX 78575**

**“P012-21 Group Health, Dental, and Employee Benefits Insurance Consulting Services, December 9, 2020, 5:00 PM”**

### **CONTRACT WITH FIRM/ENTITY INDEBTED TO BPUB**

It is a policy of the BPUB to refuse to enter into a contract or other transaction with an individual, sole proprietorship, joint venture, Limited Liability Company or other entity indebted to BPUB.

### **FIRM REPRESENTATIVE**

The successful Firm agrees to send a personal representative with binding authority for the company to the BPUB upon request to make adjustments and/or assist with coordination of all transactions as needed.

### **VENDOR ACH (DIRECT DEPOSIT) SERVICES**

The Brownsville PUB has implemented a payment service for vendors by depositing the payment directly to the vendor’s bank account. Successful vendor(s) will be required to receive payments directly through Automated Clearing House (ACH) in lieu of a paper check. **The awarded vendor must agree to receive payments via ACH (Direct Deposit).**

### **TAX IDENTIFICATION NUMBER (TIN)**

In accordance with IRS Publication 1220, Aw9 form, or a W8 form in cases of a foreign vendor, will be required of all vendors doing business with the Brownsville PUB. If a W9 or W8 form is not made available to Brownsville PUB, the first payment will be subject to income tax withholding at a rate of 28% or 30% depending on the U.S. status and the source of income as per IRS Publication 1220. **The W9 or W8 form must be included with proposal response.** Attached are sample forms.

## **TAXES**

The BPUB is exempt from Federal Excise Tax, State Sales Tax and Local taxes. Do not include tax in the proposal. If it is determined that tax was included in the proposal, it will not be included in the tabulation or any awards. Tax exemption certificates will be furnished upon request.

## **SIGNING OF PROPOSAL**

**Failure to manually sign proposal will disqualify it.** Person signing proposal should show title or authority to bind their firm to a contract.

## **EEOC GUIDELINES**

During the performance of this contract, the Firm agrees not to discriminate against any employee or applicant for employment because of race, national origin, age, religion, gender, marital or veteran status or physically challenging condition.

## **LIVING WAGE STATEMENT**

On April 16, 2007, the BPUB Board of Directors approved a local “living wage” policy that requires all Contractors and Subcontractors performing 100% Non-Federally funded Work for the BPUB to pay not less than a minimum wage rate of \$8.00/hour. The BPUB–requires that all Contractors and Subcontractors comply with this policy.

## **TERM OF CONTRACT**

The services shall be performed in Brownsville, Texas. A personal services contract for the services will be placed into effect after evaluation and final approval by BPUB Board of Directors. The contract term desired is three years with years two and three subject to administration and Board approval.

## **BROWNSVILLE PUB RIGHTS**

1. If only one or no proposal is received by “submission date”, the BPUB has the right to reject, re-advertise, accept and/or extend the proposal by up to an additional two (2) weeks from original submission date.
2. The right to reject any/or all proposals and to make award as they may appear to be advantageous to the Brownsville Public Utilities Board.
3. The right to hold proposal for up to 90 days from submission date without action, and to waive all formalities in proposal.
4. The right to extend the total proposal beyond the original 90-day period prior to an award, if agreed upon in writing by all parties (BPUB and vendor/contractor) and if proposer/vendor holds original proposal prices firm.
5. The right to terminate for cause or convenience all or any part of the unfinished portion of the Project resulting from this solicitation within thirty (30) calendar days written notice; for cause: upon default by the vendor/contractor, for delay or non-performance by the vendor/contractor; or if it is deemed in the best interest of the BPUB for BPUB’s convenience.
6. In proposal, stipulate whether an increase or decrease in services will affect proposal price.

## **CORRECTIONS**

Any interpretation, correction, or change to the RFP will be made by ADDENDUM. Changes or corrections will be issued by the BPUB Purchasing Department. **Addenda will be emailed or faxed to all who have returned the Proposal Acknowledgement form.** Addenda will be issued as expeditiously as possible. It is the responsibility of the Firms to determine whether all addenda have been received. It will be the responsibility of all respondents to contact the BPUB prior to submitting a response to the RFP to ascertain if any addenda have been issued, and to obtain any all addenda, execute them, and return addenda with the response to the RFP. Addenda may also be posted on the BPUB website.

## **PROJECTED PROJECT TIMELINE**

The BPUB has established the following timeline relating to the selection process. Dates are estimates only and are subject to change.

<b>Item</b>	<b>Date(s)</b>
RFP issued:	November 16, 2020
Deadline to Submit Questions	November 30, 2020 by 5:00 PM
Proposals due:	<b>December 9, 2020 by 5:00 PM</b>
Proposals acknowledgment:	December 10, 2020 at 10:00 AM
Proposals evaluated:	December 30, 2020
Board Approval:	February 8, 2021
Project start date:	March 1, 2021

## **REFERENCE CHECKS**

The BPUB will contact prospective firm's references by email and/or telephone.

## **RFP IS NOT A BASIS FOR OBLIGATIONS**

This request for competitive sealed proposals does not constitute an offer to contract and does not commit the BPUB to the award of a contract to anyone or to pay any costs incurred in the preparation and submission of proposals. The BPUB reserves the right to reject any or all proposals that do not conform to the requirements stated in this document. The BPUB also reserves the right to cancel all or part of this request for proposals for any reason determined by the BPUB to be in the best interest of the rate payers.

## **RIGHTS TO SUBMITTED MATERIALS**

All proposals and material submitted to the BPUB by a firm, in response to this RFP, shall become the property of the BPUB after the proposal submission deadline. The BPUB's return of the proposals/material will be subject to the requirements of the laws of the State of Texas.

## **BUSINESS REQUIREMENTS**

Firms shall respond to each of the items listed below. Proposal shall include for each phase, a detailed description of how the specific phase would be met, including what would be required from the BPUB to meet the specific phase. Respondents must provide a response to each one of

these phases. Respondents are encouraged to recommend as part of their proposal additional options, features or measures to help the BPUB meet its objectives on a separate sheet of paper.

### **UNAUTHORIZED COMMUNICATIONS**

After release of this solicitation, Proposer's contact regarding this RFP with members of the RFP evaluation, interview or selection panels, and employees of the BPUB or officials of the BPUB other than the Purchasing Manager or Purchasing Staff is prohibited and may result in disqualification from this procurement process. No officer, employee, agent or representative of the Proposer shall have any contact or discussion, verbal or written, with any members of the BPUB Board of Directors, members of the RFP evaluation, interview, or selection panels, BPUB staff, or directly or indirectly through others, seek to influence any BPUB Board member, BPUB staff regarding any matters pertaining to this solicitation, except as herein provided. If a representative of any Proposer violates the foregoing prohibition by contacting any of the above listed parties with whom contact is not authorized, such contact may result in the Proposer being disqualified from the procurement process.



## PROPOSAL COST SHEET

P012-21

The undersigned Firm, having read and examined the requirements and specifications for the above, proposes to perform the services set forth in the Original Proposal. The undersigned Firm hereby proposes to furnish the following product, as described herein, for the cost of:

DESCRIPTION	ESTIMATED HOURS TO COMPLETE	HOURLY RATE
1. Advisement and assistance in the RFP process & procurement of the BPUB Employee Benefits insurances to include Item 1, a through h		
2. Advisement and assistance in the renewal of the BPUB Group Health and Dental Self-Funded Insurance, Item 2, a through h		
3. Advise and assist BPUB to ensure that the BPUB Group Health and Dental Self-Funded Insurance Plan is in compliance with federal and state rules and regulations, Item 3		
4. Insurance consulting services requested by the BPUB related to the Group Health and Dental Insurances and Employee Benefits Insurances, Item 4		

NOTE: Hourly rate should include proposed fees for the items described under the Scope of Services section, to include training, travel, lodging, and miscellaneous expenses.

Company Name: \_\_\_\_\_

Authorized Company Representative: \_\_\_\_\_

Authorized Company Representative: \_\_\_\_\_

**Signature (Failure to manually sign proposal will disqualify it)**

Company Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

## FORMS CHECKLIST

The following documents are to be submitted as a part of the Bid/RFP/RFQ document

NAME	FORM DESCRIPTION	SUBMITTED WITH BID	
		YES	NO
Required Forms (if applicable)	Acknowledgement Form	<input type="checkbox"/>	<input type="checkbox"/>
	Debarment Certificate	<input type="checkbox"/>	<input type="checkbox"/>
	Ethic Statement	<input type="checkbox"/>	<input type="checkbox"/>
	Conflict of Interest Questionnaire	<input type="checkbox"/>	<input type="checkbox"/>
	W9 or W8 Form	<input type="checkbox"/>	<input type="checkbox"/>
	Direct Deposit Form (Will be provided to the awarded Firm)	<input type="checkbox"/>	<input type="checkbox"/>
	Residence Certification Form	<input type="checkbox"/>	<input type="checkbox"/>
	House Bill 89 Form	<input type="checkbox"/>	<input type="checkbox"/>
	Senate Bill 252 Form	<input type="checkbox"/>	<input type="checkbox"/>
	Byrd Anti-Lobbying Certification Form	<input type="checkbox"/>	<input type="checkbox"/>
Special Instructions (if applicable)	Bid Schedule/Cost sheet completed and signed	<input type="checkbox"/>	<input type="checkbox"/>
	Cashier Check or Bid Bond of 5% of Total Amount of Bid	<input type="checkbox"/>	<input type="checkbox"/>
	OSHA 300 Log	<input type="checkbox"/>	<input type="checkbox"/>
	Contractor Pre-Bid Disclosure completed, signed and notarized	<input type="checkbox"/>	<input type="checkbox"/>
	Sub-Contractor Pre-Bid Disclosure completed, signed, and notarized	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
References	Complete the Previous Customer Reference Worksheet for each reference provided	<input type="checkbox"/>	<input type="checkbox"/>
Addenda		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

**ETHICS STATEMENT (Complete and Return this form with Proposal)**

The undersigned firm, by signing and executing this proposal, certifies and represents to the Brownsville Public Utilities Board that firm has not offered, conferred or agreed to confer any pecuniary benefit, as defined by (1.07 (a) (6) of the Texas Penal Code, or any other thing of value as consideration for the receipt of information or any special treatment of advantage relating to this proposal; the firm also certifies and represents that the firm has not offered, conferred or agreed to confer any pecuniary benefit or other thing of value as consideration for the recipient's decision, opinion, recommendation, vote or other exercise of discretion concerning this proposal, the firm certifies and represents that firm has neither coerced nor attempted to influence the exercise of discretion by any officer, trustee, agent or employee of the Brownsville Public Utilities Board concerning this proposal on the basis of any consideration not authorized by law; the firm also certifies and represents that firm has not received any information not available to other firms so as to give the undersigned a preferential advantage with respect to this proposal; the firm further certifies and represents that firm has not violated any state, federal, or local law, regulation or ordinance relating to bribery, improper influence, collusion or the like and that firm will not in the future offer, confer, or agree to confer any pecuniary benefit or other thing of value of any officer, trustee, agent or employee of the Brownsville Public Utilities Board in return for the person having exercised their person's official discretion, power or duty with respect to this proposal; the firm certifies and represents that it has not now and will not in the future offer, confer, or agree to confer a pecuniary benefit or other thing of value to any officer, trustee, agent, or employee of the Brownsville Public Utilities Board in connection with information regarding this proposal, the submission of this proposal, the award of this proposal or the performance, delivery or sale pursuant to this proposal.

**The firm shall defend, indemnify, and hold harmless the Brownsville Public Utilities Board, all of its officers, agents and employees from and against all claims, actions, suits, demands, proceeding, costs, damages, and liabilities, arising out of, connected with, or resulting from any acts or omissions of contractor or any agent, employee, subcontractor, or Supplier of contractor in the execution or performance of this proposal.**

I have read all of the specifications and general proposal requirements and do hereby certify that all items submitted meet specifications.

COMPANY: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_

AGENT SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ TELEFAX: \_\_\_\_\_

FEDERAL ID#: \_\_\_\_\_ AND/OR SOCIAL SECURITY #: \_\_\_\_\_

**DEVIATIONS FROM SPECIFICATIONS IF ANY:**

**NOTE: QUESTIONS AND CONCERNS FROM PROSPECTIVE CONTRACTORS SHOULD BE RAISED WITH OWNER AND ITS CONSULTANT (IF APPLICABLE) AND RESOLVED IF POSSIBLE, PRIOR TO THE PROPOSAL SUBMITTAL DATE. ANY LISTED DEVIATIONS IN A FINALLY SUBMITTED PROPOSAL MAY ALLOW THE OWNER TO REJECT A PROPOSAL AS NON-RESPONSIVE.**

CERTIFICATION REGARDING  
DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY  
MATTERS (Complete and Return this form with Proposal)

Name of Entity: \_\_\_\_\_

The prospective participant certifies to the best of their knowledge and belief that they and their principals:

Are not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from covered transactions by any Federal department or agency:

Have not within a three year period preceding this proposal been convicted of, had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, Local) with commission of any of the offenses enumerated in paragraph (1) (b) of this certification; and have not within a three year period preceding this application/proposal had one or more public transactions (Federal, State, Local) terminated for cause or default.

I understand that a false statement on this certification may be grounds for rejection of this proposal or termination of the award. In addition, under 18 USC Section 1001, a false statement may result in a fine up to a \$10,000.00 or imprisonment for up to five (5) years, or both.

\_\_\_\_\_  
Name and Title of Authorized Representative (Typed)

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

I am unable to certify to the above statements. My explanation is attached.

**THIS FORM MUST BE COMPLETED IN ITS ENTIRETY & SUBMITTED WITH BID RESPONSE**

<b>CONFLICT OF INTEREST QUESTIONNAIRE</b> For vendor doing business with local governmental entity		<b>FORM CIQ</b>
<p><b>This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.</b></p> <p>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).</p> <p>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.</p> <p>A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.</p>	<b>OFFICE USE ONLY</b>	
<p><b>1 Name of vendor who has a business relationship with local governmental entity.</b></p>  	Date Received   	
<p><b>2</b> <input type="checkbox"/> <b>Check this box if you are filing an update to a previously filed questionnaire.</b> (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.)</p>		
<p><b>3 Name of local government officer about whom the information is being disclosed.</b></p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Name of Officer</p>		
<p><b>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.</b></p> <p style="margin-left: 40px;">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?</p> <p style="margin-left: 80px;"> <input type="checkbox"/> Yes      <input type="checkbox"/> No                 </p> <p style="margin-left: 40px;">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?</p> <p style="margin-left: 80px;"> <input type="checkbox"/> Yes      <input type="checkbox"/> No                 </p>		
<p><b>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.</b></p>		
<p><b>6</b> <input type="checkbox"/> 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).</p>		
<p><b>7</b></p> <p style="text-align: center;">                 _____                  Signature of vendor doing business with the governmental entity             </p> <p style="text-align: right; margin-right: 100px;">                 _____                  Date             </p>		

**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.

**BROWNSVILLE PUBLIC UTILITIES BOARD**  
**RESIDENCE CERTIFICATION**

In accordance with Art. 601g, as passed by the 1985 Texas Legislature, the following will apply. The pertinent portion of the Act has been extracted and is as follows:

Section 1. (a)

(1) "Nonresident bidder" means a bidder whose principal place of business is not in this state, but excludes a contractor whose ultimate parent company or majority owner has its principal place of business in this state.

(2) "Texas resident bidder " means a bidder whose principal place of business is in this state, and includes a contractor whose ultimate parent company or majority owner has its principal place of business in this state.

Section 1. (b)

The state or governmental agency of the state may not award a contract for general construction, improvements, services, or public works projects or purchases of supplies, materials or equipment to a nonresident bidder unless the nonresident's bid is lower than the lowest bid submitted by a responsible Texas resident bidder by the same amount that a Texas resident bidder would be required to underbid a nonresident bidder to obtain a comparable contract in the state in which the nonresident's principal place of business is located.

I certify that \_\_\_\_\_ (Company Name) is a **resident Texas bidder** as defined in Art. 601g.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

I certify that \_\_\_\_\_ (Company Name) is a **nonresident bidder** as defined in Art. 601g. and our principal place of business is:

\_\_\_\_\_  
(City and State)

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_





**Request for Taxpayer  
Identification Number and Certification**

**Give Form to the  
requester. Do not  
send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**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.

**6** City, state, and ZIP code

**7** List account number(s) here (optional)

Requester's name and address (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is 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.

Social security number									
				-					

**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.

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](http://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.*

Form **W-8BEN**

**Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)**

(Rev. February 2014)

► For use by individuals. Entities must use Form W-8BEN-E.

OMB No. 1545-1621

Department of the Treasury  
Internal Revenue Service

► Information about Form W-8BEN and its separate instructions is at [www.irs.gov/formw8ben](http://www.irs.gov/formw8ben).  
► Give this form to the withholding agent or payer. Do not send to the IRS.

**Do NOT use this form if:**

**Instead, use Form:**

- You are NOT an individual . . . . . W-8BEN-E
- You are a U.S. citizen or other U.S. person, including a resident alien individual . . . . . W-9
- You are a beneficial owner claiming that income is effectively connected with the conduct of trade or business within the U.S. (other than personal services) . . . . . W-8ECI
- You are a beneficial owner who is receiving compensation for personal services performed in the United States . . . . . 8233 or W-4
- A person acting as an intermediary . . . . . W-8IMY

**Part I Identification of Beneficial Owner (see instructions)**

1 Name of individual who is the beneficial owner		2 Country of citizenship	
3 Permanent residence address (street, apt. or suite no., or rural route). <b>Do not use a P.O. box or in-care-of address.</b>			
City or town, state or province. Include postal code where appropriate.		Country	
4 Mailing address (if different from above)			
City or town, state or province. Include postal code where appropriate.		Country	
5 U.S. taxpayer identification number (SSN or ITIN), if required (see instructions)		6 Foreign tax identifying number (see instructions)	
7 Reference number(s) (see instructions)		8 Date of birth (MM-DD-YYYY) (see instructions)	

**Part II Claim of Tax Treaty Benefits (for chapter 3 purposes only) (see instructions)**

9 I certify that the beneficial owner is a resident of \_\_\_\_\_ within the meaning of the income tax treaty between the United States and that country.

10 **Special rates and conditions** (if applicable—see instructions): The beneficial owner is claiming the provisions of Article \_\_\_\_\_ of the treaty identified on line 9 above to claim a \_\_\_\_\_ % rate of withholding on (specify type of income): \_\_\_\_\_

Explain the reasons the beneficial owner meets the terms of the treaty article: \_\_\_\_\_

**Part III Certification**

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income to which this form relates or am using this form to document myself as an individual that is an owner or account holder of a foreign financial institution,
  - The person named on line 1 of this form is not a U.S. person,
  - The income to which this form relates is:
    - (a) not effectively connected with the conduct of a trade or business in the United States,
    - (b) effectively connected but is not subject to tax under an applicable income tax treaty, or
    - (c) the partner's share of a partnership's effectively connected income,
  - The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between the United States and that country, and
  - For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.
- Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. **I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.**

**Sign Here**

\_\_\_\_\_  
Signature of beneficial owner (or individual authorized to sign for beneficial owner)      Date (MM-DD-YYYY)

\_\_\_\_\_  
Print name of signer      Capacity in which acting (if form is not signed by beneficial owner)

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 25047Z

Form **W-8BEN** (Rev. 2-2014)