



LEGAL NOTICE

AND

INVITATION TO BID B#008-23

Sealed bids will be received by the Brownsville Public Utilities Board (BPUB of the City of Brownsville, Texas at the Brownsville PUB Purchasing Department located at 1155 FM 511, Olmito, Texas 78575 until **5:00 PM on November 22, 2022** for the Anthracite Filter Media for Water Treatment Plant II.

Bids received after this time will not be considered.

Bids will be publicly opened and read aloud on November 23, 2022 at 10:00 AM. Bidders can request a copy of the bid tabulation by emailing nespinoza@brownsville-pub.com. Vendors can call in at 10:00 AM, November 23, 2022 to (956) 214-6020 to listen to the bid opening.

Detailed specifications may be obtained at the following website: https://www.brownsville-pub.com/rfp_status/open/

Please mark on the outside of the envelope and on any carrier's envelope/package: "B008-23 SEALED BID FOR THE ANTHRACITE FILTER MEDIA FOR WATER TREATMENT PLANT II, November 22, 2022 5:00 PM", and send to the attention of Diane Solitaire, BPUB Purchasing Department, 1155 FM 511, Olmito, Texas 78575.

The Brownsville PUB will not be responsible in the event that the U.S. Postal Service or any other courier system fails to deliver the sealed bids to the Brownsville PUB, Purchasing office by the given deadline above. **No bid will be accepted via facsimile or electronic transmission.**

The Brownsville PUB reserves the right to reject any or all bids and to waive irregularities contained therein and to accept any bid deemed most advantageous to the Brownsville PUB.

BY: *Diane Solitaire*
Purchasing Department
(956) 983-6366

ACKNOWLEDGEMENT FORM
B#008-23 Anthracite Filter Media for Water Treatment Plant II

For any clarifications, please contact Nicole Espinoza at the Brownsville Public Utilities Board, Purchasing Department at (956) 983-6353 or via e-mail at nespinoza@brownsville-pub.com.

Please e-mail this page upon receipt of the legal notice. If you only received the legal notice and you want the bid 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 bid; obtained bid package from website.**

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

Email: _____

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

Carrier: _____

Account: _____

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

If you are unable to send your bid, kindly indicate your reason for “No bid” above and return this form **via email to** nespinoza@brownsville-pub.com. This will ensure you remain active on our vendor list.

Date: _____

Company: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Fax: _____

Email: _____

Special Instructions

Contract Information

- **Interpretation**

Questions concerning terms, conditions, and technical specifications should be directed to:

Nicole Espinoza, Purchasing Buyer or Diane Solitaire, Materials/Warehouse Manager
Phone: (956) 983-6353 (956) 983-6366

- **Tentative Time Line**

1. November 7, 2022 – November 22, 2022 - Vendors work on bid.
2. November 22, 2022 at 5:00 PM - **Vendor must submit two (2) sets of bid documents sealed in an envelope to:**

Diane Solitaire, Purchasing Department
1155 FM 511
Olmito, TX 78575

Bid #008-23 – Anthracite Filter Media for Water Treatment Plant II
Due: November 22, 2022 at 5:00 PM

*The above noted information must be included on bid envelope and on any carrier's envelope/package. The Brownsville PUB will not be held responsible for missing, lost or late mail. **Brownsville PUB will not accept facsimile or electronic transmission of sealed bids.***

3. November 14, 2022 – Deadline for questions
4. November 23, 2022 - Open bids at 10:00 AM
5. November 23, 2022 to Dec. 15, 2022 – Evaluate bids
6. December 23, 2022 - Provide Final Recommendations
7. January 9, 2023 - Send to BPUB Board for approval

- **Or Equal**

Brand name or manufacturer's reference used in this request is descriptive – not restrictive – it is intended to indicate type and quality desired. Brands of like nature and quality will be considered. If bidding on other than referenced specifications, please provide complete descriptive information of said article.

- **Pricing**

Bid unit price on quantity specified, extend and show total. In case of errors in extension, unit prices shall govern. **Price shall remain firm for six (6) months after date on purchase order. Vendors can bid on individual chemicals; this is NOT an all or none bid (not applicable to this bid).**

All fields (UNIT PRICE, TOTAL PRICE & ESTIMATED DELIVERY IN DAYS) on the Cost Sheet page must be filled. The data must be complete to identify the bidding brand.

Failure to submit any of the above information with the sealed bid will disqualify bid.

- **Vendor Representative**

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

- **Quality of Products**

All items must be new, in first class condition, including containers suitable for shipment and storage. No substitutions in standard grades or lesser quality will be accepted. Non-compliance with technical specifications will result in cancellation of purchase order.

- **Determining Factors for Award**

1. Compliance with requirements of the technical specifications of the product
2. Net Price
3. Time and conditions of delivery
4. Safety and environmental spill record will be considered when determining the responsibility of the bidder

- **Contract with Vendor/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.

- **Vendor ACH (Direct Deposit) Services**

The BPUB 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, a W9 form, or a W8 form in cases of a foreign vendor, will be required of all vendors doing business with the Brownsville PUB/SRWA. 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 bid response.** Attached are sample forms.

- **Taxes**

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

- **Signing of Bid**

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

- **EEOC Guidelines**

During the performance of this contract, the contractor 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 a minimum wage rate of \$8.00/hour. The BPUB requires that all Contractors and Subcontractors comply with this policy.

- **As Needed Basis**

The Brownsville Public Utilities Board has the right to increase or decrease quantities as deemed necessary.

- **Term of Contract and Purchase Order**

The product shall be delivered FOB BPUB to the location specified below. A contract for the product will be placed into effect by means of a purchase order issued by the Brownville PUB after tabulation and final approval by the Board. The contract for the chemical shall be for a period of one (1) year after the date of the purchase order, with the option to renew annually for an additional two (2), one (1) year periods, if service and price are satisfactory, and the renewal is agreed upon in writing by both parties.

- **Brownsville PUB and SRWA Rights**

1. If only one (1) or no bid is received by "submission date", the BPUB has the right to reject, re-bid, accept and/or extend the bid by up to an additional two (2) weeks from original submission date.
2. The right to reject any/or all bids and to make awards as they may appear to be advantageous to the Brownsville PUB.

3. The right to hold bid for sixty (60) days from submission date without action, and to waive all formalities in bidding.
4. The right to extend the total bid beyond the original sixty (60) day period prior to an award, if agreed upon in writing by all parties (BPUB and bidder/vendor) and if bidder/vendor holds original 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 bidder/vendor, for delay or non-performance by the bidder/vendor; or if it is deemed in the best interest of the BPUB for BPUB convenience.
6. The right to increase or decrease quantities. In bid, stipulate whether an increase or decrease in quantities will affect bid price.

- **Corrections**

Any interpretation, correction, or change of the invitation to bid will be made by ADDENDUM. Changes or corrections will be issued by the Brownsville PUB Purchasing Department. **Addenda will be emailed to all who have returned the Bid Acknowledgement Form.** Addenda will be issued as expeditiously as possible. It is the responsibility of the vendors to determine whether all addenda have been received. It will be the responsibility of all respondents to contact the Brownsville PUB prior to submitting a response to the invitation to bid to ascertain if any addenda have been issued, and to obtain all addenda, execute them, and return addenda with the response to the invitation to bid. Addenda may also be posted on BPUB's webpage.

COST SHEET
Bid #008-23

| ITEM NUMBER | QTY | DESCRIPTION | UNIT PRICE | TOTAL |
|------------------------|---------------------------------|--|-----------------------|--------------|
| 1 | 1,800 Cubic Feet | Filter Anthracite as per attached specifications (WPII); Effective Size: 0.95 mm to 1.05 mm Uniformity coefficient: 1.40 45 Tons | | |
| | | Additional costs, if applicable (i.e., hazmat, fuel surcharge, delivery fees) | | |
| | | Name of Product Bid: _____ Delivery in Days (ARO): _____ | | |
| | | TOTAL COST | | |

SPECIAL INSTRUCTIONS: For Anthracite Filter Media

PRICE SHALL BE BY THE TOTE. PRODUCT SHALL BE DELIVERED TO THE WATER TREATMENT PLANT II (WP2) LOCATION, 1495 ROBINHOOD DRIVE, BROWNSVILLE, TEXAS 77821. PRODUCT WILL BE ORDERED "AS NEEDED" AND BE BILLED AS SUCH OVER A PERIOD OF ONE (1) YEAR. PRICE SHALL REMAIN FIRM FOR ONE (1) YEAR. THE BROWNSVILLE PUB WILL ACCEPT A FULL SHIPMENT OF THE QUANTITY SPECIFIED ABOVE.

Brownsville PUB has the right to increase or decrease quantities. In bid, stipulate whether the increase or decrease will affect bid price.

() Yes, an increase or decrease in quantity will affect bid price above.

() No, an increase or decrease in quantity will not affect bid price above.

This contract shall be for a period of one (1) year from the date of the purchase order.

() Option 1: price will remain firm for one year

NSF Certification letter must be enclosed with bid documents. Three (3) municipal references using this product successfully are to be included with the bid documents. The vendor must provide, with bid and upon request at any time, evidence of adequate liability insurance, other insurances, permits and authorizations.

Company Name:_____

Authorized Company Representative:_____ (Print Name and Title)

Authorized Company Representative:_____ **SIGNATURE (Failure to sign bid will automatically disqualify bid)**

Company Address:_____

Street City State Zip Code

Telephone #:_____ Fax #: _____

Twenty-Four Hour Telephone #:_____

Email:_____

SPECIFICATIONS FOR THE ANTHRACITE FILTER MEDIA FOR WATER TREATMENT PLANT II

PURPOSE:

Anthracite Filter Media is to be used in gravity filters for clarification of water, by passing of water through a graded bed of media (Anthracite and sand).

PRODUCT REQUIREMENTS:

Material must meet and/or exceed American Water Works Association Standard B100 (latest revision) for Filtering Material. Typical samples and/or test reports detailing the physical and chemical characteristics of the filtering material will be provided for review and approval as required by the specification. If independent testing is required per specification, test reports of the actual material produced will be submitted for approval prior to release for shipment.

Material will be packaged in one cubic foot polypropylene or paper bags Anthracite- 50 lbs. each and palletized.

HANDLING/DELIVERY/UNLOADING:

- A. Prior to first delivery vendor shall submit a Contractor Job Safety Analysis (JSA) Form and conform to the Recommended Safe Job Procedure specified on the Contractor JSA Form.
- B. Delivery vehicles shall meet all OSHA and DOT Regulations and any other Federal and State Regulations that are applicable.
- C. Quality control data is to be provided with each delivery.
- D. The Anthracite Filter Media is to be delivered to the Water Treatment Plant II, 1495 Robinhood Drive, Brownsville, Texas 78521. Delivery hours are Monday through Friday, from 8:00 AM to 5:00 PM.
- E. Off-loading of product during delivery shall be performed in a safe manner and in a way that minimizes chemical spills and leaks.

SHIPMENT QUANTITY:

- A. Estimated amount required is for one (1) year.

GENERAL REQUIREMENTS:

- A. A service representative should be available within three (3) days after summons, to provide guidance and assistance, as needed, in the application and use of this product.
- B. The vendor is responsible for all insurance requirements including public liability insurance in the minimum amount prescribed by law protecting the Brownsville PUB from any and all claims and demands that may be made against said Board as a result of the vendor's delivery of Anthracite Filter Media. All TCEQ, EPA and Department of Health permits must be secured. Vendor must comply with other Federal, State or Local Regulations pertinent to transporting and handling of Anthracite Filter Media. The vendor must provide, with bid and upon request at any time, evidence of adequate liability insurance, other insurances, permits and authorizations.

REJECTION OF SHIPMENT:

- A. The vendor shall remove his product from the WPPI immediately upon substantial proof that the product offered is not performing the expected results as per specifications above. The Water Treatment Manager will notify the vendor of unacceptable results in product performance and/or failure to meet specified requirements. The Water Treatment Manager's decision shall be final. A period of two (2) weeks will be allowed for removal of product.
- C. Upon failure of the product to comply with any part of these specifications, the Brownsville PUB has the right to reject product and will notify vendor to remove product from the WPPI premises at no cost to the Brownsville PUB.

Insurance Requirements

The vendor is responsible for all insurance requirements including public liability insurance in the minimum amount prescribed by law protecting the Brownsville Public Utilities Board from any and all claims and demands which may be made against said Board as a result of the vendor's delivery of chemical. Brownsville PUB, in its sole discretion, may require at Bidder's expense certain insurance guaranteeing performance and payment of the services to be provided hereunder and may require at Bidder's expense to maintain in force certain types of insurance during the time services are being performed and to name Brownsville PUB together with their board members and employees as additional insured's on all required insurance policies except worker's compensation. Insurance must be underwritten by companies acceptable to Brownsville PUB and authorized to do business in the State of Texas. Insurance Certificate(s) shall provide for 30 days advance notice to Brownsville PUB of any policy cancellation. True and correct copies must be filed with Brownsville PUB prior to the commencement of performing service hereunder.

Bidder shall carry insurance in the following amounts:

1. Comprehensive General Liability
 - a. Bodily Injury \$1,000,000 each occurrence
 - b. Property Damage \$1,000,000 each occurrence
2. Personal Injury Coverage \$1,000,000
3. Worker's Compensation As required by Law
4. Comprehensive Automobile Liability Insurance (applicable to owned, non-owned and hired vehicles)
 - a. Bodily Injury \$50,000 each person, \$500,000 combined single limit each occurrence
 - b. Property Damage \$1,000,000 each occurrence

All insurance in the above amounts shall name both Bidder and Brownsville PUB as insured.

Certificates showing that Bidder has and continues to protect itself and Brownsville PUB by means of such insurance shall be provided to the Brownsville PUB upon request at any time during contract period.

REQUIRED FORMS FORM CHECKLIST

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

| NAME | FORM DESCRIPTION | SUBMITTED WITH BID | |
|----------------------|--|--------------------------|--------------------------|
| | | YES | NO |
| Legal Notice | Acknowledgement Form | <input type="checkbox"/> | <input type="checkbox"/> |
| | Debarment Certification | <input type="checkbox"/> | <input type="checkbox"/> |
| | Ethics 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 vendor) | <input type="checkbox"/> | <input type="checkbox"/> |
| | Residence Certification Form | <input type="checkbox"/> | <input type="checkbox"/> |
| Special Instructions | 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 (if applicable) | <input type="checkbox"/> | <input type="checkbox"/> |
| | OSHA 300 Log (if applicable) | <input type="checkbox"/> | <input type="checkbox"/> |
| | Contractor Pre-Bid Disclosure completed, signed and notarized (if applicable) | <input type="checkbox"/> | <input type="checkbox"/> |
| | Sub-Contractor Pre-Bid Disclosure completed, signed, and notarized (if applicable) | <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 | | | |
| | | | |
| | | | |

ETHICS STATEMENT (Complete and Return with bid)

The undersigned bidder, by signing and executing this bid, certifies and represents to the Brownsville Public Utilities Board that bidder 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 bid; the bidder also certifies and represents that the bidder 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 bid, the bidder certifies and represents that bidder 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 bid on the basis of any consideration not authorized by law; the bidder also certifies and represents that bidder has not received any information not available to other bidders so as to give the undersigned a preferential advantage with respect to this bid; the bidder further certifies and represents that bidder has not violated any state, federal, or local law, regulation or ordinance relating to bribery, improper influence, collusion or the like and that bidder 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 bid; the bidder 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 bid, the submission of this bid, the award of this bid or the performance, delivery or sale pursuant to this bid.

THE BIDDER 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 BID.

I have read all of the specifications and general bid 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 BID SUBMITTAL DATE. ANY LISTED DEVIATIONS IN A FINALLY SUBMITTED BID MAY ALLOW THE OWNER TO REJECT A BID AS NON-RESPONSIVE.

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER
RESPONSIBILITY MATTERS
(THIS FORM MUST BE COMPLETED IN ITS ENTIRETY AND SUBMITTED WITH BID RESPONSE)

Name of Entity: _____

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

- a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
- b) Have not within a three year period preceding this bid been convicted of or 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;
- c) 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
- d) Have not within a three year period preceding this application/bid had one or more public transactions (Federal, State, or Local) terminated for cause or default.

I understand that a false statement on this certification may be grounds for rejection of this bid 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 AND SUBMITTED WITH BID RESPONSE)

| CONFLICT OF INTEREST QUESTIONNAIRE For vendor doing business with local governmental entity | | FORM CIQ |
|---|--|-----------------|
| <p>This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.</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> | OFFICE USE ONLY <div style="border: 1px solid black; height: 100px; width: 100%;"></div> | |
| 1 Name of vendor who has a business relationship with local governmental entity. | | |
| 2 <input type="checkbox"/> 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. | | |
| <p>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="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p> <p>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="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p> | | |
| 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 <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). | | |
| 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.

Previous Customer_Reference Worksheet

| | | |
|---|--|------------------------|
| Name of Customer: | | Customer Contact: |
| Customer Address: | | Customer Phone Number: |
| | | |
| | | Customer Email: |
| Name of Company Performing Referenced Work: | | |

| | | |
|--|--|--|
| What was the Period of Performance? | | What was the Final Acceptance Date? |
| From: | | |
| To: | | |
| Dollar Value of Contract? \$_____ | | What Type of Contract? Firm Fixed Price Time and Material Not to Exceed |

[illegible]

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**

► 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. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> 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. <input type="checkbox"/> 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) _____ <small>(Applies to accounts maintained outside the U.S.)</small> |
| | 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.

Form **W-8BEN-E**

(Rev. October 2021)

Department of the Treasury
Internal Revenue Service**Certificate of Status of Beneficial Owner for
United States Tax Withholding and Reporting (Entities)**▶ For use by entities. Individuals must use Form W-8BEN. ▶ Section references are to the Internal Revenue Code.
▶ Go to www.irs.gov/FormW8BENE for instructions and the latest information.
▶ Give this form to the withholding agent or payer. Do not send to the IRS.

OMB No. 1545-1621

Do NOT use this form for:

- U.S. entity or U.S. citizen or resident W-9
- A foreign individual W-8BEN (Individual) or Form 8233
- A foreign individual or entity claiming that income is effectively connected with the conduct of trade or business within the United States (unless claiming treaty benefits) W-8ECI
- A foreign partnership, a foreign simple trust, or a foreign grantor trust (unless claiming treaty benefits) (see instructions for exceptions) . . . W-8IMY
- A foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a U.S. possession claiming that income is effectively connected U.S. income or that is claiming the applicability of section(s) 115(2), 501(c), 892, 895, or 1443(b) (unless claiming treaty benefits) (see instructions for other exceptions) W-8ECI or W-8EXP
- Any person acting as an intermediary (including a qualified intermediary acting as a qualified derivatives dealer) W-8IMY

Instead use Form:**Part I Identification of Beneficial Owner**

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|--|--|---|---|---|---|---|---|--|---|--|--|---|--|---|--|--|---|--|--|--|--|--|---|--|---|--|---|--|---|
| 1 Name of organization that is the beneficial owner | 2 Country of incorporation or organization | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 Name of disregarded entity receiving the payment (if applicable, see instructions) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 Chapter 3 Status (entity type) (Must check one box only): <table border="0"> <tr> <td><input type="checkbox"/> Simple trust</td> <td><input type="checkbox"/> Tax-exempt organization</td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Partnership</td> </tr> <tr> <td><input type="checkbox"/> Central Bank of Issue</td> <td><input type="checkbox"/> Private foundation</td> <td><input type="checkbox"/> Complex trust</td> <td><input type="checkbox"/> Foreign Government - Controlled Entity</td> </tr> <tr> <td><input type="checkbox"/> Grantor trust</td> <td><input type="checkbox"/> Disregarded entity</td> <td><input type="checkbox"/> Estate</td> <td><input type="checkbox"/> Foreign Government - Integral Part</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> International organization</td> <td colspan="2"></td> </tr> </table> | | <input type="checkbox"/> Simple trust | <input type="checkbox"/> Tax-exempt organization | <input type="checkbox"/> Corporation | <input type="checkbox"/> Partnership | <input type="checkbox"/> Central Bank of Issue | <input type="checkbox"/> Private foundation | <input type="checkbox"/> Complex trust | <input type="checkbox"/> Foreign Government - Controlled Entity | <input type="checkbox"/> Grantor trust | <input type="checkbox"/> Disregarded entity | <input type="checkbox"/> Estate | <input type="checkbox"/> Foreign Government - Integral Part | <input type="checkbox"/> International organization | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Simple trust | <input type="checkbox"/> Tax-exempt organization | <input type="checkbox"/> Corporation | <input type="checkbox"/> Partnership | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Central Bank of Issue | <input type="checkbox"/> Private foundation | <input type="checkbox"/> Complex trust | <input type="checkbox"/> Foreign Government - Controlled Entity | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Grantor trust | <input type="checkbox"/> Disregarded entity | <input type="checkbox"/> Estate | <input type="checkbox"/> Foreign Government - Integral Part | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> International organization | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If you entered disregarded entity, partnership, simple trust, or grantor trust above, is the entity a hybrid making a treaty claim? If "Yes," complete Part III. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 Chapter 4 Status (FATCA status) (See instructions for details and complete the certification below for the entity's applicable status.) <table border="0"> <tr> <td><input type="checkbox"/> Nonparticipating FFI (including an FFI related to a Reporting IGA FFI other than a deemed-compliant FFI, participating FFI, or exempt beneficial owner).</td> <td><input type="checkbox"/> Nonreporting IGA FFI. Complete Part XII.</td> </tr> <tr> <td><input type="checkbox"/> Participating FFI.</td> <td><input type="checkbox"/> Foreign government, government of a U.S. possession, or foreign central bank of issue. Complete Part XIII.</td> </tr> <tr> <td><input type="checkbox"/> Reporting Model 1 FFI.</td> <td><input type="checkbox"/> International organization. Complete Part XIV.</td> </tr> <tr> <td><input type="checkbox"/> Reporting Model 2 FFI.</td> <td><input type="checkbox"/> Exempt retirement plans. Complete Part XV.</td> </tr> <tr> <td><input type="checkbox"/> Registered deemed-compliant FFI (other than a reporting Model 1 FFI, sponsored FFI, or nonreporting IGA FFI covered in Part XII). See instructions.</td> <td><input type="checkbox"/> Entity wholly owned by exempt beneficial owners. Complete Part XVI.</td> </tr> <tr> <td><input type="checkbox"/> Sponsored FFI. Complete Part IV.</td> <td><input type="checkbox"/> Territory financial institution. Complete Part XVII.</td> </tr> <tr> <td><input type="checkbox"/> Certified deemed-compliant nonregistering local bank. Complete Part V.</td> <td><input type="checkbox"/> Excepted nonfinancial group entity. Complete Part XVIII.</td> </tr> <tr> <td><input type="checkbox"/> Certified deemed-compliant FFI with only low-value accounts. Complete Part VI.</td> <td><input type="checkbox"/> Excepted nonfinancial start-up company. Complete Part XIX.</td> </tr> <tr> <td><input type="checkbox"/> Certified deemed-compliant sponsored, closely held investment vehicle. Complete Part VII.</td> <td><input type="checkbox"/> Excepted nonfinancial entity in liquidation or bankruptcy. Complete Part XX.</td> </tr> <tr> <td><input type="checkbox"/> Certified deemed-compliant limited life debt investment entity. Complete Part VIII.</td> <td><input type="checkbox"/> 501(c) organization. Complete Part XXI.</td> </tr> <tr> <td><input type="checkbox"/> Certain investment entities that do not maintain financial accounts. Complete Part IX.</td> <td><input type="checkbox"/> Nonprofit organization. Complete Part XXII.</td> </tr> <tr> <td><input type="checkbox"/> Owner-documented FFI. Complete Part X.</td> <td><input type="checkbox"/> Publicly traded NFFE or NFFE affiliate of a publicly traded corporation. Complete Part XXIII.</td> </tr> <tr> <td><input type="checkbox"/> Restricted distributor. Complete Part XI.</td> <td><input type="checkbox"/> Excepted territory NFFE. Complete Part XXIV.</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Active NFFE. Complete Part XXV.</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Passive NFFE. Complete Part XXVI.</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Excepted inter-affiliate FFI. Complete Part XXVII.</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Direct reporting NFFE.</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Sponsored direct reporting NFFE. Complete Part XXVIII.</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Account that is not a financial account.</td> </tr> </table> | | <input type="checkbox"/> Nonparticipating FFI (including an FFI related to a Reporting IGA FFI other than a deemed-compliant FFI, participating FFI, or exempt beneficial owner). | <input type="checkbox"/> Nonreporting IGA FFI. Complete Part XII. | <input type="checkbox"/> Participating FFI. | <input type="checkbox"/> Foreign government, government of a U.S. possession, or foreign central bank of issue. Complete Part XIII. | <input type="checkbox"/> Reporting Model 1 FFI. | <input type="checkbox"/> International organization. Complete Part XIV. | <input type="checkbox"/> Reporting Model 2 FFI. | <input type="checkbox"/> Exempt retirement plans. Complete Part XV. | <input type="checkbox"/> Registered deemed-compliant FFI (other than a reporting Model 1 FFI, sponsored FFI, or nonreporting IGA FFI covered in Part XII). See instructions. | <input type="checkbox"/> Entity wholly owned by exempt beneficial owners. Complete Part XVI. | <input type="checkbox"/> Sponsored FFI. Complete Part IV. | <input type="checkbox"/> Territory financial institution. Complete Part XVII. | <input type="checkbox"/> Certified deemed-compliant nonregistering local bank. Complete Part V. | <input type="checkbox"/> Excepted nonfinancial group entity. Complete Part XVIII. | <input type="checkbox"/> Certified deemed-compliant FFI with only low-value accounts. Complete Part VI. | <input type="checkbox"/> Excepted nonfinancial start-up company. Complete Part XIX. | <input type="checkbox"/> Certified deemed-compliant sponsored, closely held investment vehicle. Complete Part VII. | <input type="checkbox"/> Excepted nonfinancial entity in liquidation or bankruptcy. Complete Part XX. | <input type="checkbox"/> Certified deemed-compliant limited life debt investment entity. Complete Part VIII. | <input type="checkbox"/> 501(c) organization. Complete Part XXI. | <input type="checkbox"/> Certain investment entities that do not maintain financial accounts. Complete Part IX. | <input type="checkbox"/> Nonprofit organization. Complete Part XXII. | <input type="checkbox"/> Owner-documented FFI. Complete Part X. | <input type="checkbox"/> Publicly traded NFFE or NFFE affiliate of a publicly traded corporation. Complete Part XXIII. | <input type="checkbox"/> Restricted distributor. Complete Part XI. | <input type="checkbox"/> Excepted territory NFFE. Complete Part XXIV. | | <input type="checkbox"/> Active NFFE. Complete Part XXV. | | <input type="checkbox"/> Passive NFFE. Complete Part XXVI. | | <input type="checkbox"/> Excepted inter-affiliate FFI. Complete Part XXVII. | | <input type="checkbox"/> Direct reporting NFFE. | | <input type="checkbox"/> Sponsored direct reporting NFFE. Complete Part XXVIII. | | <input type="checkbox"/> Account that is not a financial account. |
| <input type="checkbox"/> Nonparticipating FFI (including an FFI related to a Reporting IGA FFI other than a deemed-compliant FFI, participating FFI, or exempt beneficial owner). | <input type="checkbox"/> Nonreporting IGA FFI. Complete Part XII. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Participating FFI. | <input type="checkbox"/> Foreign government, government of a U.S. possession, or foreign central bank of issue. Complete Part XIII. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Reporting Model 1 FFI. | <input type="checkbox"/> International organization. Complete Part XIV. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Reporting Model 2 FFI. | <input type="checkbox"/> Exempt retirement plans. Complete Part XV. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Registered deemed-compliant FFI (other than a reporting Model 1 FFI, sponsored FFI, or nonreporting IGA FFI covered in Part XII). See instructions. | <input type="checkbox"/> Entity wholly owned by exempt beneficial owners. Complete Part XVI. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Sponsored FFI. Complete Part IV. | <input type="checkbox"/> Territory financial institution. Complete Part XVII. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Certified deemed-compliant nonregistering local bank. Complete Part V. | <input type="checkbox"/> Excepted nonfinancial group entity. Complete Part XVIII. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Certified deemed-compliant FFI with only low-value accounts. Complete Part VI. | <input type="checkbox"/> Excepted nonfinancial start-up company. Complete Part XIX. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Certified deemed-compliant sponsored, closely held investment vehicle. Complete Part VII. | <input type="checkbox"/> Excepted nonfinancial entity in liquidation or bankruptcy. Complete Part XX. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Certified deemed-compliant limited life debt investment entity. Complete Part VIII. | <input type="checkbox"/> 501(c) organization. Complete Part XXI. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Certain investment entities that do not maintain financial accounts. Complete Part IX. | <input type="checkbox"/> Nonprofit organization. Complete Part XXII. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Owner-documented FFI. Complete Part X. | <input type="checkbox"/> Publicly traded NFFE or NFFE affiliate of a publicly traded corporation. Complete Part XXIII. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Restricted distributor. Complete Part XI. | <input type="checkbox"/> Excepted territory NFFE. Complete Part XXIV. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Active NFFE. Complete Part XXV. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Passive NFFE. Complete Part XXVI. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Excepted inter-affiliate FFI. Complete Part XXVII. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Direct reporting NFFE. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Sponsored direct reporting NFFE. Complete Part XXVIII. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Account that is not a financial account. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address (other than a registered address). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City or town, state or province. Include postal code where appropriate. | Country | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 Mailing address (if different from above) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City or town, state or province. Include postal code where appropriate. | Country | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 59689N

Form **W-8BEN-E** (Rev. 10-2021)