



**LEGAL NOTICE  
AND  
INVITATION TO BID  
BID # 010-23**

The Brownsville Public Utilities Board will accept sealed bids for the **Annual Safety Shoe Program, until 5:00 PM, January 11, 2023** in the BPUB Purchasing Office, 1155 FM 511, Olmito, Texas 78575. Bids received after this time will not be considered.

Bids will be publicly opened and read aloud on January 12, 2023 at 10:00 AM. Bidders can request a copy of the bid tabulation by emailing [riflores@brownsville-pub.com](mailto:riflores@brownsville-pub.com). Vendors can call in at 10:00 AM, January 12, 2023 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/](https://www.brownsville-pub.com/rfp_status/open/)

Two sets of bid documents (one original and one copy) shall be enclosed in a sealed envelope and shall be plainly marked on the **outside of the envelope and on any carrier's envelope: "SEALED BIDS FOR ANNUAL SAFETY SHOE PROGRAM, B010-23, January 11, 2023, 5:00 PM"**, and send to the attention of Diane Solitaire, Purchasing Department, 1155 FM 511, Olmito, Texas 78575.

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

The BPUB 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 BPUB.

BY: ***Diane Solitaire***  
Purchasing  
Public Utilities Board  
(956) 983-6364 - Phone

**Please submit this page upon receipt.**

**Acknowledgment Form**

**B010-23 Annual Safety Shoe Program**

For any clarifications, please contact Mr. Rick Flores at Brownsville PUB Purchasing Department at (956) 983-6368 or (956) 983-6364 or via e-mail: [riflores@brownsville-pub.com](mailto:riflores@brownsville-pub.com)

Please e-mail this page upon receipt of the bid 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 response, kindly indicate your reason for "No quote" above and return this form **via email** [riflores@brownsville-pub.com](mailto:riflores@brownsville-pub.com). This will ensure you remain active on our vendor list.

Date \_\_\_\_\_

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

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

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

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

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

E-mail: \_\_\_\_\_

**IF SPECIFICATIONS ARE DOWNLOADED FROM WEBSITE PLEASE RETURN THIS PAGE TO THE  
EMAIL LISTED ABOVE**

## Special Instructions Contract Information

- **Interpretation**

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

Rick Flores, Buyer      or  
(956) 983-6368

Diane Solitaire Materials/Warehouse  
Manager (956) 983-6366

- **Tentative Time Line**

1. December 12, 2022 to January 11, 2023 - Vendors work on bid.
2. January 11, 2023 at 5:00 P.M. - Vendor must submit **two sets** of bid documents sealed in an envelope to: **PLEASE MARK “ORIGINAL” AND “COPY”**:

Diane Solitaire, Purchasing  
1155 FM 511  
Olmito, TX 78575

Bid #010-23 – Annual Safety Shoe Program  
Due – January 11, 2023 at 5:00 P.M.

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

3. January 12, 2023 - Open bids at 10:00 A.M.
4. January 12, 2023 – January 20, 2023 - Evaluate bids
5. January 23, 2023 - Provide Final Recommendations
6. February 13, 2023 - Send to Board for approval
7. Term of contract will commence February 2023

- **Unauthorized Communications**

After release of this solicitation, Bidder's contact regarding this bid with members of the bid 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 Bidder shall have any contact or discussion, verbal or written, with any members of the BPUB Board of Directors, members of the bid 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 bidder violates the foregoing prohibition by contacting any of the above

listed parties with whom contact is not authorized, such contact may result in the bidder being disqualified from the procurement process.

- **Conflict of Interest Statement**

No employee, officer or agent must participate in the selection, award or administration of a contract supported by a federal or non-federal award if he or she has a real or apparent conflict of interest.

- **Reference Checks**

The BPUB will contact prospective firm's references by telephone or email. Complete the attached "Previous Customer Reference Worksheet", for each reference provided.

## INSTRUCTIONS TO BIDDERS

The Brownsville Public Utilities Board (BPUB), Purchasing Department is requesting bids from vendors for a safety shoe program. It is the intent of the BPUB to establish an annual requirement contract for safety shoes/boots for employees in designated job classifications. The bid price will remain firm for the 12-month period after award of contract.

- A. DESCRIPTION: See attached list of previously purchase boots and shoes. The attached list is for descriptive purposes only. It is not restrictive; boots/shoes may be added or deleted from the list without notification. Successful vendor will be provided a list of acceptable boots/shoes for issuance to employees.
- B. EMPLOYEE CLASSIFICATION: The BPUB intends to furnish the appropriate safety boot/shoe for BPUB employees in classifications authorized by each department. **Eligible job classification.**
- C. QUANTITIES: There are approximately 350 BPUB employees, and one (1) pair of shoes or boots shall be issued per employee on a yearly basis, or as needed and approved by Safety Department representative. BPUB has the right to increase or decrease quantities throughout the 12-month period.
- D. SAFETY SHOE ALLOWANCE: The current allotment for BPUB employees that are eligible for boots/shoes purchase is a maximum of \$170.00. Any amount exceeding the authorized amount will be the employee's responsibility.
- E. ORDERS: The BPUB will order from the successful vendor(s) through means of a PROPERLY DRAWN AND AUTHORIZED PURCHASE ORDER. Vendor will receive an e-mail notification providing the eligible employee's information and an electronic form requiring transaction information to be submitted by vendor when transaction is completed. BPUB employee must present his or her BPUB identification card at the time of the purchase.

**NOTE: VENDORS ARE NOT TO ACCEPT ANY ORDERS WITHOUT A PROPERLY AUTHORIZED ANNUAL PURCHASE ORDER NUMBER THE BPUB WILL NOT BE HELD LIABLE FOR ORDERS TAKEN BY VENDOR WITHOUT A PROPERLY ISSUED PURCHASE ORDER**

- F. DELIVERIES: The deliveries will be handled through the successful vendor. When orders arrive, employees will pick up boots/shoes from vendor and sign receipt and authorization form. Vendor may deliver, mail or email the receipts and invoice to Accounts Payable Department, 1425 Robinhood Drive Brownsville, Texas 78521 or to email: [APinvoices@brownsville-pub.com](mailto:APinvoices@brownsville-pub.com), to verify order of the employee boots/shoes. However, should delivery of the safety shoes be necessary, the vendor shall deliver items F.O.B. Destination, Freight Prepaid to the delivery address specified at the time of order. BPUB may also consider a mobile service to size and/or deliver safety shoes.

- G. RETURN OF ITEMS: The vendor agrees that safety boots/shoes ordered from a catalog without being tried on in the store may be returned by the employee without charge if they do not fit. However, the fact that an employee does not like the style of the boot/shoe from the catalog after receiving it shall not be sufficient reason to return the boot/shoe. The vendor shall be responsible for properly fitting BPUB employees. If the BPUB employee finds the boot/shoe does not fit properly, the vendor must exchange the boot/shoe for another boot/shoe within thirty (30) days of purchase.
- H. DEFECTIVE PRODUCT: All defective products shall be replaced and exchanged by the vendor. The cost of the transportation, unpacking, inspection, re-packing, re-shipping, or other like expenses shall be paid by the vendor. All replacement products must be received by the BPUB within seven (7) days of initial notification.
- I. LOCAL FACILITY: In order to assure that any ensuing contracts will provide the necessary support required for the item specified, each vendor must have a local facility in the Brownsville area and/or a mobile unit. Each facility must be staffed by trained personnel and have a sufficient inventory in order to provide quality service on the items specified. BPUB may inspect the facilities to determine adequacy.
- J. SAFETY BOOT/SHOE SPECIFICATION: As part of personal protective equipment, all boots/shoes must meet ASTM F2413-05 (formerly ANSI Z41 PT99) and OSHA code of Federal Regulation (CFR) 29, part 1910, Subdivide 136 rated safety footwear for employees working in field functions and in areas where there is a danger of foot injuries due to falling or rolling objects piercing the sole and where such employees' feet are exposed to electrical hazard. **NO SOFT SIDED OR SNEAKER/SPORT TYPE APPEARING SHOES SHALL BE SOLD TO BPUB EMPLOYEES FOR WORK. This includes those styles with steel safety toe.** Boots/Shoes shall be available with puncture resistant/puncture proof and non-slip soles. In addition, special resistance to high heat, oil, chemical, metal chips or destructive abrasive materials, grease, water and/or electrical hazard may be a required based on job functions. The boot/shoe will have a cushion arch insole to be sweat resistant and set on a die cut cork filler or similar material insole backer. The boot/shoe must have molded counters, and **must be brown or black color only.** Items quoted will be of the highest quality in accordance with the accepted safety standards.
- K. DETERMINING FACTORS FOR AWARD: Discount offered off vendor(s) catalog published prices, stock availability, reputation of brand names offered, and reputation of the bidder. Information must be made available upon request.
- L. AWARD SYSTEM: The BPUB will select the most advantageous bid from successful vendor(s).
- a. The BPUB reserves the right to designate other vendors of choice if the successful low bid vendor(s) is unable to provide the items as specified.
  - b. All successful vendor(s) of choice shall hold their bid firm for a period of twelve (12) months.

- c. The successful vendor(s) shall fill orders within a specified time, usually within the same day or about 3-5 days if boot/shoe is not in stock, as requested by the BPUB.
- M. RIGHT TO CANCEL: The BPUB, reserves the right, with 30 days termination notice, to cancel the SAFETY SHOE PROGRAM with the successful vendor for the following reasons:
- a. Failure of vendor to adhere to discount as noted on bid
  - b. Vendor's failure to timely respond to order requests
  - c. Vendor's failure to comply with any part of the bid specifications
  - d. Inferior or poor quality of the product as determined by BPUB
  - e. Evidence of collusion
  - f. Failure to maintain a reasonable stock on hand for delivery to BPUB
- N. BROWNSVILLE PUB RIGHTS
- 1. If only one 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 award as they may appear to be advantageous to the Brownsville Public Utilities Board.
  - 3. The right to hold bid for 90 days from submission date without action, and to waive all formalities in bid.
  - 4. The right to extend the total bid beyond the original 90-day period prior to an award, if agreed upon in writing by all parties (BPUB and vendor/contractor) and if bidder/vendor holds original bid 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 bid, stipulate whether an increase or decrease in services will affect bid price.
- O. INVOICES: All invoices shall be sent with any credit memorandum to the Accounts Payable Department, 1425 Robinhood Drive, Brownsville, Texas 78521 or emailed to APinvoices@brownsville-pub.com. Invoices shall list price for boot/shoe purchased less the bid discount percentage and total amount due. Invoice must also reflect Purchase Order number, employee full name, and department. BPUB terms are Net 30 Days.
- P. ERRORS: The successful vendor shall promptly adjust any error in quantity, quality, or price of delivered items under the bid contract and shall provide credit memoranda to the BPUB Accounts Payable Department.
- Q. VENDOR REPRESENTATIVE: The successful vendor agrees to send a personal representative with binding authority for the company to the BPUB upon request to make adjustments and/or assist with the coordination of all transactions as needed.

- R. THE SAFETY SHOE PROGRAM: percentage discounts offered below shall be from the vendor's latest catalog and shall be net including delivery F.O.B. BPUB. **Please provide link for online catalog with the bid.**
- S. 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.
- T. 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. 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 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.
- U. TAXES: The Brownsville Public Utilities Board 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 certificate will be furnished upon request.
- V. 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.
- W. 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).**
- X. 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.
- Y. 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.
- Z. 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 only. **Addenda will be emailed to all who have returned the Bid Acknowledgment form.** Addenda will be issued as expeditiously as possible. It is



the responsibility of the vendor 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 any all addenda, execute them, and return addenda with the response to the invitation to bid. Addenda may be posted on BPUB's webpage.

### **BID SUBMISSION FORM**

THE ATTACHED LIST OF SAFETY BOOTS/SHOES IS FOR DESCRIPTIVE PURPOSE ONLY; IT IS NOT RESTRICTIVE. SAFETY BOOTS/SHOES MAY BE ADDED TO THE LIST ONLY THROUGH BPUB AUTHORIZATION.

A FLAT DISCOUNT RATE OF \_\_\_\_\_% (PERCENT) WILL BE DEDUCTED FROM ALL ITEMS LISTED IN THE MOST CURRENT CATALOG. DISCOUNT SHALL BE FIRM FOR A PERIOD OF TWELVE (12) MONTHS AFTER DATE OF CONTRACT AWARD. ALL BIDS MUST BE F.O.B. BROWNSVILLE, TEXAS.

DELIVERY TIME: \_\_\_\_\_ DAYS FROM RECEIPT OF ORDER

TERM OF AGREEMENT: The term of agreement for the SAFETY SHOE PROGRAM will be from the date of the award for one (1) year with the option to renew for two (2) additional one (1) year periods if service and price are satisfactory and agreed upon writing by both parties.

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

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

Authorized Company Representative: \_\_\_\_\_  
**Signature – Failure to sign Bid will disqualify it**

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

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

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

E-mail: \_\_\_\_\_

**COST SHEET  
B010-23**

Brand	Style	Item Description	Discount	Price	Size
For Meter Reading Department TRADITIONAL LACE UP					
Red Wing	3507	Men's Steel Toe Shoes 6-inch, Lace up			B 9-14, D 7-15, EE 7-14, and H 8-13
Red Wing	3508	Men's Steel Toe Shoes 8-inch, Lace up			B 9 1/2-14, D 7-15, EE 7-14, H 8-13
Red Wing	2234	Men's 6-inch Lace up Boot			D7-12,13,14,15 EE8-12,13,14 H8-12,13,14
Red Wing	2235	Men's 6-inch Lace up Boot			B9-12,13,14,15 D6-12,13,14,15,16 EE7-12,13,14, H8-12,13,14
Worx	5800	Men's Steel Toe Shoes 8-inch, Lace up			M 7-12,13,14, WW 8-12,13
Red Wing	2414	Men's Steel Toe Shoes 8-inch, Lace up			B 10-14, D 7-15, E 7-13, EEE 7-14
Red Wing	3505	Men's Steel Toe 11-inch Pull On			D 7-15, EE 7-13, H 8-13
ELECTRICAL - LINEMAN BOOTS					
Red Wing	2450	Men's Steel Toe 16-inch, Lineman			E 8-13
Red Wing	4420	Men's 9-inch logger boot			D7-12,13,14,15 EE8-12,13,14
Red Wing	4420	Men's Steel Toe 9-inch, Lineman			D 7-15, EE 8-14
Red Wing	2218	Men's Steel Toe 9-inch Logger, Lineman			B 9-14, D 6-16, E 8-13, EE 8-14
TRADITIONAL PULL ON BOOTS					
Worx	5700	Men's 10-inch pull up Boot			M 8-12,13,14 WW 8-12,13
Worx	5908	Men's 8-inch Boot			M7-12,13,14 WW 8-12,13,14
Red Wing	2231	Men's 11-inch pull on Boots			M10,12,13,14 A10,12,13,14,B412,13,14,15,16 C8-12,13D5-12,13,14,15,16 E6-12,13,14 EEE6-12,13,14,15,16
Red Wing	4470	Men's 11-inch Pull-on Boot			B9-12,13,14 d7-12,13,14,15 E8-11
Red Wing	4470	Men's 11-inch Pull-on Boot			B9-12,13,14 d7-12,13,14,15 E8-11

Brand	Style	Item Description	Discount	Price	Size
Red Wing	2230	Men's Steel Toe Cowboy/Work boots, 11-inch Pull-On			B 10-14, D 7-15, EE 7-14, H 8-13
Red Wing	2405	Men's Steel Toe Cowboy/Work boots, 11-inch Pull-On			B 9-14, D 7-15, EE 7-14, H 8-13
Red Wing	2406	Men's Steel Toe Shoes 8-inch, Lace up			A 10-14, B 8-15, C 8-13, D 6-16, E 7-13, EE 6-15, H 7-15
Red Wing	4473	Men's Steel Toe Shoes 8-inch, Lace up			B 9-14, D 4-14, E 8-12, EE 8-12
Red Wing	2408	Men's Steel Toe Shoes 6-inch, Lace up			B 8-15, D 6-16, E 8-13, EE 7-15, H 8-15
Worx	5266	Men's Steel Toe Shoes 6-inch, Lace up			M 4-12, 13, 14, WW 8-12, 13
Red Wing	2245	Men's 6-inch Steel Toe Shoes Lace up			B9-12,13,14 D7-12,13,14,15,16E8-12,13 EE 6-12,13 EE 6-12,13,14,15,16
Red Wing	2401	Men's Steel Toe Shoes 6-inch Lace up			B9-12,13,14 D7-12,13,14,15 EE8-12,13,14 H8-12,13,14
Red Wing	6692	Men's Chukka 6-inch Lace up			D 8-12,13 EE8-12,13
Red Wing	4421	Men's 6-inch Lace up			D8-12,13,14 EE8-12,13
Red Wing	4433	Men's 6-inch lace up			B 10-12,13,14 D8-12,13,14,15 EE 8-12,13,14 H8-12,13
Red Wing	83600	Men's 6-inch Lace up			D 8-12,13,14 EE8-12,13,14
Red Wing	83608	Men's 6-inch pull-on Boot			D7-12,13,14 EE 7-12,13,14
Red Wing	83906	Men's 11-inch Pull-on Boot			D8-12,13,14 EE 8-12,13
Marshall Boots	83610	Men's 11-inch Pull-on Boot			D8-12,13,14 EE8-12,13
Marshall Boots	83912	Men's 11-inch Pull on Boot			D8-12,13,14,15,16 EE8-12,13,14

Brand	Style	Item Description	Discount	Price	Size
ARIAT	10012948	Men's 10" sierra steel toe puncture resistant wellington			D8-12,13,14,15,16 EE8-12,13,14
ARIAT	10010133	Men's work hog square steel toe work boot			D8-12,13,14 EE8-12,13
ARIAT	10011921	Overdrive composite toe work boot steel toe			D8-12,13,14,15,16 EE8-12,13,14
ARIAT	10012942	Overdrive composite toe water proof work boot			D8-12,13,14 EE8-12,13

The Brand, Style numbers and sizes are for bidding purposes only and in no way a guarantee that these brands and styles will be purchased. BPUB has the right to add or remove boot/shoe styles to match employee job descriptions. If bidding other than brand and style specified, please provide detailed specifications for the product you are bidding on and mark the comparable Red Wing brand/style.

## REQUIRED FORMS

### FORMS CHECKLIST

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

NAME	FORM DESCRIPTION	SUBMITTED WITH RFP/BID	
		YES	NO
Legal Notice	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 vendor)	<input type="checkbox"/>	<input type="checkbox"/>
	Residence Certification Form	<input type="checkbox"/>	<input type="checkbox"/>
Special Instructions (if applicable)	Bid/Price 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			

**ETHICS STATEMENT (THIS FORM MUST BE COMPLETED IN ITS ENTIRETY AND SUBMITTED WITH BID RESPONSE)**

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 VENDOR 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, 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)**

<b>CONFLICT OF INTEREST QUESTIONNAIRE</b> <b>For vendor doing business with local governmental entity</b>		<b>FORM CIQ</b>
<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>	<b>OFFICE USE ONLY</b>	
<p><b>1</b> Name of vendor who has a business relationship with local governmental entity.</p>	<p>Date Received</p>	
<p><b>2</b> <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.)</p>		
<p><b>3</b> Name of local government officer about whom the information is being disclosed.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Name of Officer</p>		
<p><b>4</b> 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> <p style="margin-top: 20px;">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: 100px;"> <input type="checkbox"/> Yes      <input type="checkbox"/> No         </p> <p style="margin-top: 10px;">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: 100px;"> <input type="checkbox"/> Yes      <input type="checkbox"/> No         </p>		
<p><b>5</b> 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.</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;">             _____              Date           </p>		

Form provided by Texas Ethics Commission

[www.ethics.state.tx.us](http://www.ethics.state.tx.us)

Revised 1/1/2021



**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: \_\_\_\_\_

## 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?
\$ _____		<input type="checkbox"/> Firm Fixed Price <input type="checkbox"/> Time and Material <input type="checkbox"/> Not to Exceed <input type="checkbox"/> Cost Plus Fixed Fee <input type="checkbox"/> Other, Specify: _____

[illegible]

**Request for Taxpayer  
Identification Number and Certification**

► Go to [www.irs.gov/FormW9](http://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.	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	<b>2</b> Business name/disregarded entity name, if different from above	
	<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ <b>Note:</b> 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 <b>not</b> 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) ► _____	
	<b>4</b> 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>	
	<b>5</b> Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	<b>6</b> City, state, and ZIP code	
	<b>7</b> List account number(s) here (optional)	

<b>Part I Taxpayer Identification Number (TIN)</b> 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 <i>How to get a TIN</i> , later. <b>Note:</b> If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.	<b>Social security number</b> [ ][ ]-[ ][ ]-[ ][ ][ ][ ][ ][ ][ ] <b>or</b> <b>Employer identification number</b> [ ][ ]-[ ][ ][ ][ ][ ][ ][ ][ ][ ]
--	--

<b>Part II Certification</b> 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. <b>Certification instructions.</b> 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.
---

<b>Sign Here</b>	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-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](http://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**

<b>1</b> Name of organization that is the beneficial owner	<b>2</b> Country of incorporation or organization																
<b>3</b> Name of disregarded entity receiving the payment (if applicable, see instructions)																	
<b>4</b> 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> 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		<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																	
<b>5</b> 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).  <input type="checkbox"/> Participating FFI. <input type="checkbox"/> Reporting Model 1 FFI. <input type="checkbox"/> Reporting Model 2 FFI. <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"/> Sponsored FFI. Complete Part IV. <input type="checkbox"/> Certified deemed-compliant nonregistering local bank. Complete Part V. <input type="checkbox"/> Certified deemed-compliant FFI with only low-value accounts. Complete Part VI. <input type="checkbox"/> Certified deemed-compliant sponsored, closely held investment vehicle. Complete Part VII. <input type="checkbox"/> Certified deemed-compliant limited life debt investment entity. Complete Part VIII. <input type="checkbox"/> Certain investment entities that do not maintain financial accounts. Complete Part IX. <input type="checkbox"/> Owner-documented FFI. Complete Part X. <input type="checkbox"/> Restricted distributor. Complete Part XI.</td><td><input type="checkbox"/> Nonreporting IGA FFI. Complete Part XII. <input type="checkbox"/> Foreign government, government of a U.S. possession, or foreign central bank of issue. Complete Part XIII.  <input type="checkbox"/> International organization. Complete Part XIV. <input type="checkbox"/> Exempt retirement plans. Complete Part XV. <input type="checkbox"/> Entity wholly owned by exempt beneficial owners. Complete Part XVI. <input type="checkbox"/> Territory financial institution. Complete Part XVII. <input type="checkbox"/> Excepted nonfinancial group entity. Complete Part XVIII. <input type="checkbox"/> Excepted nonfinancial start-up company. Complete Part XIX. <input type="checkbox"/> Excepted nonfinancial entity in liquidation or bankruptcy. Complete Part XX.  <input type="checkbox"/> 501(c) organization. Complete Part XXI. <input type="checkbox"/> Nonprofit organization. Complete Part XXII. <input type="checkbox"/> Publicly traded NFFE or NFFE affiliate of a publicly traded corporation. Complete Part XXIII. <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.</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"/> Participating FFI. <input type="checkbox"/> Reporting Model 1 FFI. <input type="checkbox"/> Reporting Model 2 FFI. <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"/> Sponsored FFI. Complete Part IV. <input type="checkbox"/> Certified deemed-compliant nonregistering local bank. Complete Part V. <input type="checkbox"/> Certified deemed-compliant FFI with only low-value accounts. Complete Part VI. <input type="checkbox"/> Certified deemed-compliant sponsored, closely held investment vehicle. Complete Part VII. <input type="checkbox"/> Certified deemed-compliant limited life debt investment entity. Complete Part VIII. <input type="checkbox"/> Certain investment entities that do not maintain financial accounts. Complete Part IX. <input type="checkbox"/> Owner-documented FFI. Complete Part X. <input type="checkbox"/> Restricted distributor. Complete Part XI.	<input type="checkbox"/> Nonreporting IGA FFI. Complete Part XII. <input type="checkbox"/> Foreign government, government of a U.S. possession, or foreign central bank of issue. Complete Part XIII.  <input type="checkbox"/> International organization. Complete Part XIV. <input type="checkbox"/> Exempt retirement plans. Complete Part XV. <input type="checkbox"/> Entity wholly owned by exempt beneficial owners. Complete Part XVI. <input type="checkbox"/> Territory financial institution. Complete Part XVII. <input type="checkbox"/> Excepted nonfinancial group entity. Complete Part XVIII. <input type="checkbox"/> Excepted nonfinancial start-up company. Complete Part XIX. <input type="checkbox"/> Excepted nonfinancial entity in liquidation or bankruptcy. Complete Part XX.  <input type="checkbox"/> 501(c) organization. Complete Part XXI. <input type="checkbox"/> Nonprofit organization. Complete Part XXII. <input type="checkbox"/> Publicly traded NFFE or NFFE affiliate of a publicly traded corporation. Complete Part XXIII. <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"/> Participating FFI. <input type="checkbox"/> Reporting Model 1 FFI. <input type="checkbox"/> Reporting Model 2 FFI. <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"/> Sponsored FFI. Complete Part IV. <input type="checkbox"/> Certified deemed-compliant nonregistering local bank. Complete Part V. <input type="checkbox"/> Certified deemed-compliant FFI with only low-value accounts. Complete Part VI. <input type="checkbox"/> Certified deemed-compliant sponsored, closely held investment vehicle. Complete Part VII. <input type="checkbox"/> Certified deemed-compliant limited life debt investment entity. Complete Part VIII. <input type="checkbox"/> Certain investment entities that do not maintain financial accounts. Complete Part IX. <input type="checkbox"/> Owner-documented FFI. Complete Part X. <input type="checkbox"/> Restricted distributor. Complete Part XI.	<input type="checkbox"/> Nonreporting IGA FFI. Complete Part XII. <input type="checkbox"/> Foreign government, government of a U.S. possession, or foreign central bank of issue. Complete Part XIII.  <input type="checkbox"/> International organization. Complete Part XIV. <input type="checkbox"/> Exempt retirement plans. Complete Part XV. <input type="checkbox"/> Entity wholly owned by exempt beneficial owners. Complete Part XVI. <input type="checkbox"/> Territory financial institution. Complete Part XVII. <input type="checkbox"/> Excepted nonfinancial group entity. Complete Part XVIII. <input type="checkbox"/> Excepted nonfinancial start-up company. Complete Part XIX. <input type="checkbox"/> Excepted nonfinancial entity in liquidation or bankruptcy. Complete Part XX.  <input type="checkbox"/> 501(c) organization. Complete Part XXI. <input type="checkbox"/> Nonprofit organization. Complete Part XXII. <input type="checkbox"/> Publicly traded NFFE or NFFE affiliate of a publicly traded corporation. Complete Part XXIII. <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.																
<b>6</b> 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> (other than a registered address).  City or town, state or province. Include postal code where appropriate. Country																	
<b>7</b> 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)