



Request for Proposals
For
Employee Assistance Program Services

P032-23

Proposals due by 5:00 p.m. (Central Time), April 19, 2023

Brownsville Public Utilities Board
1425 Robinhood Drive, P.O. Box 3270
Brownsville, TX 78523-3270
<http://www.brownsville-pub.com>

**LEGAL
NOTICE AND
REQUEST FOR PROPOSALS
P#032-23**

The Brownsville Public Utilities Board (“BPUB”) is requesting Competitive Sealed Proposals (hereon styled “RFP”) for Employee Assistance Program Services. BPUB’s Purchasing Office located at 1155 FM 511, Olmito, TX, will accept RFP’s from qualified firms **until 5:00 PM, April 19, 2023. RFP’s received after this time will not be considered.**

RFP’s will be acknowledged by BPUB on April 20, 2023 at 10:00 AM (CST). Firms are invited to listen to the opening via conference call, (956) 214-6020, at 10:00 AM, April 20, 2023.

BPUB RFP documents may be obtained from the BPUB website at https://www.brownsville-pub.com/rfp_status/open/

Please mark on the **outside of the envelope and on any carrier’s envelope: “Sealed Proposal for Employee Assistance Program Services, P032-23, April 19, 2023, 5:00 PM”**, c/o Diane Solitaire, Purchasing Department, 1155 FM 511, Olmito, TX 78575.

BPUB will not be responsible in the event that the U.S. Postal Service or any other courier system fails to deliver the sealed proposal package to the BPUB Purchasing Office by the given RFP deadline above. **Electronic transmission or facsimile of RFP’s will not be acceptable.**

BPUB reserves the right to reject any or all responses and to waive irregularities contained therein and to accept any response deemed most advantageous to BPUB.

Diane Solitaire

Materials/Warehouse Manager
Brownsville Public Utilities Board
(956) 983-6366 - Phone

Please submit this page upon receipt

ACKNOWLEDGEMENT FORM

P#032-23

Employee Assistance Program Services

For any clarifications, please contact Diane Solitaire at the BPUB Purchasing Department at (956) 983-6366 or via e-mail at dsolitaire@brownsville-pub.com.

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

Check one:

Yes, I will be able to send an RFP response and obtain the RFP package from website.

Yes, I will be able to send an RFP response; please email the RFP package.

Email: _____

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

Carrier: _____

Account: _____

No, I will not be able to send an RFP response for the following reason:

If you are unable to send your RFP response, kindly indicate your reason above and return this form **via email to dsolitaire@brownsville-pub.com**. This will ensure you remain active on our vendor list.

Date _____

Company: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

INTRODUCTION

Introduction

BPUB is located in Brownsville, Texas and is a community-owned utility providing full-service utility solutions (electric, water, sewer) to our customers. Our workforce consists of approximately 600 employees.

Our current EAP program allows for up to four (4) total counseling sessions per year for our employees and their dependents combined. Additional sessions, if applicable, would need to be coordinated through BPUB's health insurance plan, which is currently Blue Cross Blue Shield of Texas (BCBSTX). Our contract with our current EAP provider expires on June 30, 2023.

Objective

Brownsville Public Utilities Board (BPUB) is accepting proposals from qualified organizations for a robust Employee Assistance Program (EAP). The EAP will be available to all BPUB employees and their dependents. The provider should offer core counseling, crisis counseling, critical incident response, work/life support, self-directed tools and online library, as well as other services described in the RFP.

Instructions to Participating Firms

The Brownsville Public Utilities Board of the City of Brownsville, Texas is requesting proposals from firms interested in providing employee assistance program services to the BPUB. Firms with relevant experience and qualifications are encouraged to submit their proposal. Preparation of submittals will be at the expense of the firm.

The agreement period will be for a period of three (3) years with the option to renew for three (3) additional one (1) year periods under the same terms and conditions of the contract contingent upon mutual agreement by both parties.

The following instructions should be followed:

1. RFP responses must include a statement that they are valid for a minimum period of ninety (90) days subsequent to the RFP Response closing date.
2. Please limit response to relevant material; additional information must be submitted in the form of an attachment or appendix.
3. Identify the question being answered in the introduction to each response.
4. After release of this solicitation, Proposer's contact regarding this RFP with members of the RFP evaluation, interview or selection panels, and employees of

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

5. The BPUB is not bound under any contract until it authorizes the General Manager to execute the contract and the contract is executed by both parties.
6. 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.
7. The successful Firm agrees to send a personal representative with binding authority for the company to the BPUB upon request to make adjustments and/or assist with coordination of all transactions as needed.
8. The Brownsville PUB has implemented a payment service for vendors by depositing the payment directly to the vendor's bank account. Successful vendor(s) will be required to receive payments directly through Automated Clearing House (ACH) in lieu of a paper check. The awarded vendor must agree to receive payments via ACH (Direct Deposit).
9. 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 of 28% or 30% depending on the U.S. status and the source of income as per IRS Publication 1220. The W9 or W8 form must be included with proposal response. Attached are sample forms.
10. The BPUB is exempt from Federal Excise Tax, State Sales Tax and Local taxes. Do not include tax in the proposal. If it is determined that tax was included in the proposal, it will not be included in the tabulation or any awards. Tax exemption certificates will be furnished upon request.
11. Failure to sign proposal will disqualify it. Person signing proposal should show title or authority to bind their firm to a contract.
12. During the performance of this contract, the Firm agrees not to discriminate

against any employee or applicant for employment because of race, national origin, age, religion, gender, marital or veteran status or physically challenging condition.

13. On April 16, 2007, the BPUB Board of Directors approved a local “living wage” policy that requires all Contractors and Subcontractors performing 100% Non-Federally funded Work for the BPUB to pay not less than a minimum wage rate of \$8.00/hour. The BPUB requires that all Contractors and Subcontractors comply with this policy.
14. The BPUB will contact prospective firm’s references by telephone or email. Complete the attached “Previous Customer Reference Worksheet” for each reference provided.
15. Firm agrees to maintain professional errors and omissions liability insurance in the amount of not less than one million dollars (\$1,000,000.00) annual aggregate, on a claims made basis, as long as reasonably available under standard policies.

BPUB Rights

1. If only one or no RFP response is received by "submission date", the BPUB has the right to reject, re-propose, accept and/or extend the RFP by up to an additional two (2) weeks from original submission date.
2. The right to reject any/or all RFPs and to make award as they may appear to be advantageous to the Brownsville Public Utilities Board.
3. The right to hold RFP for 90 days from submission date without action, and to waive all formalities in RFP.
4. The right to extend the total RFP beyond the original 90-day period prior to an award if agreed upon in writing by both parties and if RFP holds firm.
5. The right to terminate all or any part of the unfinished portion of the work resulting from this solicitation within thirty (30) days written notice; upon default by the firm, for delay or non-performance by the firm, or if it is deemed in the best interest of the Utilities for convenience.
6. The BPUB reserves the right to request additional information or to meet with representatives from responding organizations to discuss points in the RFP before and after submission, any and all of which may be used in forming a recommendation.
7. The BPUB reserves the right to reject any and all qualification statements, and to accept the RFP it considers in its best interest based upon the requirements and descriptions outlined in this RFP.

Any interpretation, correction, or change of the RFP 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 RFP 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 RFP to ascertain if any addenda have been issued, and to obtain any and/ or all addenda, execute them, and return addenda with the response to the RFP. Addenda may also be posted on BPUB's webpage.

Fees

For services not directly associated with these services, provide either an hourly fee for each person who will provide these services to BPUB or a cost per employee rate. State how out-of-pocket expenses will be billed.

Scope of Services

BPUB aspires for all of its employees to live up to their potential in both their personal and professional life. The EAP should promote early diagnosis, treatment, support, and resources to help our employees realize their potential. The organization's projected benefit from the EAP is a decrease in the direct and indirect effects that employees' personal and/or professional issues have on the business.

BPUB seeks an EAP provider that meets the following criteria:

1. Three (3) year contract with an option to renew for three (3) additional one-year terms.
2. Allows for self and supervisor/HR referrals.
3. Provides access to services in both English and Spanish.
4. Provides appropriately licensed counselors who can deliver urgent and non-urgent services.
5. Provides crisis response services immediately through telephone with service available 24/7.
6. Provides each employee and dependents at least four (4) free visits per incident with options that include face-to-face, telephone or video service.
7. Provides referrals to qualified professional resources for specialized counseling or rehabilitation needs including, but not limited to: anger management, substance abuse, psychological issues, crisis management, domestic violence and workplace violence. Referrals should be available within Cameron or Hidalgo Counties of Texas.
8. Provides an online library, self-help tools, and resources for work related-topics, personal improvement topics, family care (including child & elder care), adoption and foster care, stress management, substance abuse, health and nutrition, legal and financial topics. Webinars and training for personal and workplace skill development are also desired.
9. Provides brochures and materials for open enrollment or health fairs upon request.
10. Provides periodic mail and/or electronic communication of programs to employees.
11. Provides, at minimum, quarterly reports on utilizations and general service provided/accessed.
12. Provides confidentiality, privacy and protection of EAP records.

Additional preferred service criteria are as follows:

13. On-site assistance for work place emergencies.
14. Provides or coordinates fitness for duty evaluations.

15. Participates in virtual/in-person wellness lunch and learns (1-2 x/year) and in-person wellness fairs (1x/year).

Employee Demographics

BPUB reports that as of March 16, 2023:

- Employee Count: 580
- Gender: 123 Females/457 Males

City & Zip Code Counts:

CITY/ZIP	Count
BAYVIEW - 78566	2
BROWNSVILLE - 78520	115
BROWNSVILLE - 78521	210
BROWNSVILLE - 78522	2
BROWNSVILLE - 78523	2
BROWNSVILLE - 78526	138
COMBES - 78535	1
EDINBURG - 78542	1
HARLINGEN - 78550	6
HARLINGEN - 78552	10
LA FERIA - 78559	2
LAGUNA HEIGHTS - 78578	1
LAGUNA VISTA - 78578	2

CITY/ZIP	Count
LOS FRESNOS - 78566	39
LOS FRESNOS - 78586	1
LYFORD - 78569	1
MCALLEN - 78503	1
MCALLEN - 78504	1
OLMITO - 78566	1
OLMITO - 78575	11
PORT ISABEL - 78578	6
RIO HONDO - 78583	4
SAN BENITO - 78576	1
SAN BENITO - 78586	19
SAN JUAN - 78589	2
SOUTH PADRE ISLAND - 78597	1

Proposal Requirements

BPUB requests vendors provide response to the following:

1. For each number (1-15) under “Scope of Services”,
 - a. Do you offer the service?
 - b. Describe the service offered and its process.
 - c. Describe when the service is available.
 - d. Describe how the service will be accessed.
2. What are the credentials of the counselors who may be assigned?
3. If in-person services are available, provide the list of locations, address and business hours.
4. Describe the planning, implementation and transition process along with the timeline.
 - a. Include communication material examples.
5. Provide an example EAP brochure.
6. Cost of Services

- a. For a contract of three years, provide the annual cost for the EAP benefit based on an employee count of 600. Identify the services included in the cost.
 - b. If there are additional services beyond what is included, what are the services and the costs?
7. Explain the billing process and cycle.
8. Provide three references for whom you have provided EAP services. Include business name, contact, title, phone and email.

Proposal Due Date

Proposals are due **April 19, 2023** by **5:00 PM**, delivered via mail or courier service, to the BPUB Purchasing Department, 1155 FM 511, Olmito, TX 78575. **Proposals received after the deadline will not be considered.**

Proposals will be acknowledged on April 20, 2023 at 10:00 AM.

Submission of Proposals

A. Request for Information

By submitting a proposal, the respondent agrees to furnish such information as the BPUB may reasonably require. This information includes, but is not limited to, information that indicates financial resources as well as the ability to provide services. To the extent there are any revisions or additions to the information provided or requested in the RFP, an addendum to the RFP will be sent to all respondents that initially received the RFP. Any addenda so issued are to be considered part of the specifications of the RFP. The BPUB reserves the right to make investigations regarding the qualifications of the respondent.

B. Proposals Binding

Any proposal may be withdrawn in writing prior to the date and time set for receipt of proposals. The BPUB anticipates negotiating and executing an agreement with selected respondent(s) by June, 2023. However, any proposal submitted and not withdrawn prior to the date and time set for receipt of proposals will be considered valid until the period ending July, 2023.

C. Incurred Expenses

The BPUB is not responsible for any costs incurred by a respondent to this RFP, including costs of participating in presentations or meetings with the BPUB.

D. Proprietary Information

All materials submitted to the BPUB in response to this RFP are, upon receipt by

the BPUB, the property of the BPUB, may not be returned to the submitting party, and are subject to the Public Information Act, Chapter 522, Texas Government Code (the "Act"). Respondents should familiarize themselves with the provisions of the Act. In no event shall the BPUB, the City, or any of their agents, representatives, consultants, directors, officers or employees be liable to a respondent for the disclosure of all or a portion of the information submitted in response to this RFP.

If a respondent has special concerns about information which it desires to make available to the BPUB but which it believes constitutes a trade secret, proprietary information, or other information excepted from disclosure, such respondent should specifically and conspicuously designate that information by placing "CONFIDENTIAL" in the center header of each such page affected. Blanket, all-inclusive identifications by designation of whole pages or sections as containing proprietary information, trade secrets or confidential commercial or financial information are discouraged and may be deemed invalid.

If the BPUB receives a request for public disclosure of all or any portion of a response, the BPUB will use reasonable efforts to notify the applicable respondent of the request and give such respondent an opportunity to assert, in writing and at its sole expense, a claimed exception under the Act or other applicable law within the time period specified in the notice issued by the BPUB and allowed under the Act.

E. Acceptance/Rejection/Modification to Proposals

1. The BPUB reserves the right to negotiate modifications to the proposals, to reject any or all proposals, to request and consider additional information from any respondent, and to waive minor irregularities and technical defects. The BPUB will not waive non-compliance with the deadline to submit the response to the RFP.
2. The BPUB reserves the right to seek new proposals when it determines that it is in the BPUB's best interest to do so.
3. The BPUB reserves the right to accept the written proposal as an offer.
4. The BPUB reserves the right to award the contract to other qualified respondent(s) if the primary respondent chosen does not execute an agreement with the BPUB within thirty (30) days of being notified of selection.

Evaluation Criteria and Selection Process

All proposals must be completed and convey all of the information requested in order to be considered responsive. If the proposal fails to conform to the essential requirements of the RFP, the Brownsville PUB alone will determine whether the variance is significant

enough to consider the proposal susceptible to being made acceptable and therefore a candidate for further consideration, or not susceptible to being made acceptable and therefore not considered for award. Only the information provided with the proposal, subsequent discussions and clarifications provided in writing, and the proposer's written Best and Final Offer, is used in the evaluation process and award determination. Only these criteria will be considered on the award determination.

A committee made up of members of the BPUB Staff will review, score and rank all the SOQ submittals received based on the criteria specified below and develop a shortlist of up to three (3) responsive companies. In the event of a tie for 3rd place, the firm with the highest score under "Provider Network" will prevail.

The short list of firms may be required to make final presentations, which may include an interview, to the BPUB Board. The BPUB Board will make the final selection and authorization for General Manager and CEO and BPUB staff to negotiate a contract and later possible actual contract award.

The BPUB Board exercises its discretion in the final selection of a candidate for contract negotiations, and will not be bound by the BPUB staff recommendation, scoring and ranking. The BPUB staff's preliminary reviews and scoring of submittals merely determines the top ranked firms who are most technically qualified as finalists and are eligible for interviews by the Board.

A. Evaluation Criteria

The proposals will be reviewed and evaluated internally using a point system. This may result in the selection of a company, or a short list of companies who may be required to provide additional information in writing or via an interview. A demonstration of services may also be requested. Regardless of the criteria met, BPUB will select the proposal it feels best meets the needs of BPUB and its employees.

The evaluation criteria will include:

1. Provider Network **Weight: (30 points)**
 - a. Sufficient provider network that 1) is located close in proximity to employees as represented in the Employee Demographics, and 2) is comprehensive enough to meet the needs of most, if not all, employee needs including a mix of male/female professionals and expertise and specialties across a broad spectrum of subjects.

2. Services and Resources **Weight: (30 points)**
 - a. Services offered.
 - b. Methods of delivering services such as in-person, telephonic, live chat, mobile app, website, printed brochures, on-site training, etc.
 - c. Accessibility of services and resources.
 - d. Availability of services and resources.

- e. Credentialing of counselors
- 3. Timeline and Budget Weight: **(15 points)**
 - a. Ability to provide services by July 1, 2023
 - b. Ability to determine total cost of services as outlined in the Scope of Work
 - c. Length of price guarantee, if any.
- 4. Responsiveness of Proposal Weight: **(15 points)**
 - a. Responsiveness to RFP and BPUB’s perceived needs.
 - b. Demonstrated best-practices and anticipation of BPUB’s needs.
 - c. Ability to produce valuable utilization reports without compromising client privacy.
- 5. Organizational Experience Weight: **(10 points)**
 - a. Company history and experience in providing EAP services to similarly situated organizations, including public sector organizations.
 - b. References.

POSSIBLE MAXIMUM POINTS 100

Any questions regarding this RFP or requests for available materials should be directed in writing via e-mail to:

dsolitaire@brownsville-pub.com

Please understand that all fees (including respondent counsel fees, if any) that the BPUB is expected to pay are contingent upon the final approval by the BPUB Board of Directors, and that the laws of the State of Texas will govern the obligations of the BPUB.

Information submitted relative to this RFP will not be released by the BPUB during the evaluation process or prior to contract award, unless the BPUB is required to do so by law.

B. Tentative Schedule

- 1. RFP issued April 3, 2023.
- 2. **Proposals due no later than 5:00 p.m., Central Time, on April 19, 2023.**
- 3. Anticipated selection of preferred respondent(s) by May, 2023.
- 4. If applicable, execute an agreement by June, 2023

Format and Content of RFP

This section of the RFP describes the required format and content for the respondent's proposal. This standardization will facilitate evaluation of all proposals. Failure to comply with the required organization outlined in this RFP may result in a lowered evaluation. Proposals that are substantially incomplete or lack key information may be rejected. A proposal will be considered incomplete if the response to requested information states that the respondent considers the information to be proprietary and as such the information is not disclosed.

Proposals should be prepared in a manner that is simple and straightforward, with a concise description of capabilities to satisfy requirements of the RFP. Emphasis should be placed on completeness and clarity of content.

Proposals should be organized in the order in which the requirements are presented in this RFP. Each paragraph of the response should reference the section of the corresponding section of the RFP. Respondent should respond to all information requested in this RFP or indicate why no response is given. It is also helpful to repeat the text of the requirements as it appears in the RFP prior to your answer to that question. Proposals that are not organized in this manner risk elimination for consideration if the evaluators cannot determine where the answer to a particular question is located within the response.

A. General Information

Please provide the following general information about the firm and contact information for the person who is authorized to answer questions and to negotiate final terms and conditions on behalf of the respondent:

Name of Respondent
Main Office Address
Names and Addresses of Authorized Representatives
Telephone Number, Facsimile Number, E-mail Address

B. Disclosure Requirements

For all products, please list any offering documents or other types of disclosure requirements.

C. Ability to Meet the BPUB's Schedule

Please confirm that the respondent can meet the BPUB's expectations as disclosed in the "Tentative Schedule" found on Page 12.

D. Conditions and Covenants

1. By acceptance of the respondent's proposal, the BPUB reserves the right to negotiate any proposed conditions and covenants.
2. Please provide any conditions and covenants that will affect your response.

E. Information Relating to the Respondent

Please provide the following:

1. An electronic copy or website reference to the respondent's most recent audited financial statements.
2. Detail any criminal investigations or pertinent litigation against the respondent, either pending or concluded within the past three years. Specifically address any litigation or administrative proceedings involving the Department.
3. Disclose any possible conflicts of interest or circumstances that could create the appearance of a conflict of interest. Disclose all contractual or informal business arrangements or relationships, including fee arrangements and consulting agreements, as well as any personal relationships, between your firm, including professional staff, and any BPUB staff and/or members of the City.

Agreement Terms and Conditions

The BPUB reserves the right to reject any proposed form of agreement that does not conform to the RFP or any of the BPUB's requirements for agreements and contracts. The conclusion of any agreement resulting from the acceptance of a proposal must be approved by the BPUB.

PROPOSAL COST SHEET
P032-23

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

ITEM	DESCRIPTION	Cost per employee	Total Plan cost
1	Counseling Services for BPUB employees and dependents as outlined in the Scope of Services above		
2	Additional Preferred services as outlined in the Scope of Services above		
3	Additional Services (If applicable) List on separate sheet of paper, if needed.		

Company Name: _____

Authorized Company Representative: _____

Authorized Company Representative: _____

Signature (Failure to sign proposal will disqualify it)

Company Address: _____

Telephone #: _____

Fax #: _____

Email: _____

Required Forms CHECKLIST

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

NAME	FORM DESCRIPTION	SUBMITTED WITH BID	
		YES	NO
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	<input type="checkbox"/>	<input type="checkbox"/>
Special Instructions (if applicable)	Bid Schedule/Cost sheet completed and signed	<input type="checkbox"/>	<input type="checkbox"/>
	Cashier Check or Bid Bond of 5% of Total Amount of Bid	<input type="checkbox"/>	<input type="checkbox"/>
	OSHA 300 Log	<input type="checkbox"/>	<input type="checkbox"/>
	Contractor Pre-Bid Disclosure completed, signed and notarized	<input type="checkbox"/>	<input type="checkbox"/>
	Sub-Contractor Pre-Bid Disclosure completed, signed, and notarized	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
References	Complete the Previous Customer Reference Worksheet for each reference provided	<input type="checkbox"/>	<input type="checkbox"/>
Addenda			

ETHICS STATEMENT (Complete and Return this form with Response)

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

THE FIRM SHALL DEFEND, INDEMNIFY, AND HOLD HARMLESS THE BROWNSVILLE PUBLIC UTILITIES BOARD, ALL OF ITS OFFICERS, AGENTS AND EMPLOYEES FROM AND AGAINST ALL CLAIMS, ACTIONS, SUITS, DEMANDS, PROCEEDING, COSTS, DAMAGES, AND LIABILITIES, ARISING OUT OF, CONNECTED WITH, OR RESULTING FROM ANY ACTS OR OMISSIONS OF FIRM OR ANY AGENT OR EMPLOYEE OF FIRM IN THE EXECUTION OR PERFORMANCE OF THIS RFP.

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

COMPANY: _____

AGENT NAME: _____

AGENT SIGNATURE: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____

TELEPHONE: _____ TELEFAX: _____

FEDERAL ID#: _____ AND/OR SOCIAL SECURITY #: _____

DEVIATIONS FROM SPECIFICATIONS IF ANY:

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

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

Name of Entity: _____

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

Are not presently debarred, suspended, proposed for debarment or suspension by The State Bar of Texas or any Federal court.

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

Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, Local) with commission of any of the offenses enumerated in this paragraph of the certification; and

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

Name and Title of Authorized Representative (Typed)

Signature of Authorized Representative

Date

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

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

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 <hr/> Date Received	
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.	<hr style="width: 50%; margin: 0 auto;"/> 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 style="text-align: center;">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 style="text-align: center;">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	<hr style="width: 50%; margin: 0 auto;"/> Signature of vendor doing business with the governmental entity <hr style="width: 50%; margin: 0 auto;"/> 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.

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:

Provide a brief description of the work performed for this customer (add additional page if required)

**Request for Taxpayer
Identification Number and Certification**

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

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"/> 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) ▶ _____ 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											
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> </table>											
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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 ▶
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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

<p>1 Name of organization that is the beneficial owner</p>	<p>2 Country of incorporation or organization</p>																
<p>3 Name of disregarded entity receiving the payment (if applicable, see instructions)</p>																	
<p>4 Chapter 3 Status (entity type) (Must check one box only):</p> <table style="width: 100%; border: none;"> <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></td> <td></td> <td><input type="checkbox"/> International organization</td> <td></td> </tr> </table> <p>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</p>		<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	
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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 style="width: 50%; vertical-align: top;"> <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. 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For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 59689N

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