

#### LEGAL NOTICE

#### AND

#### INVITATION TO BID B#042-23

Sealed bids will be received by the Brownsville Public Utilities Board (BPUB) of the City of Brownsville, Texas at the Brownsville PUB Purchasing Department located at 1155 FM 511, Olmito, Texas 78575 until **5:00 PM on June 21, 2023** for the purchase of a 20-inch Backwash Waste Pump with a 125 Horsepower (HP) motor.

#### Bids received after this time will not be considered.

Bids will be publicly opened and read aloud on June 22, 2023 at 10:00 AM. Bidders can request a copy of the bid tabulation by emailing <u>riflores@brownsville-pub.com</u>. Vendors can call in at 10:00 AM, June 15, 2023 to (956) 214-6020 to listen to the bid opening.

Detailed specifications may be obtained at the following website: <a href="https://www.brownsville-pub.com/rfp">https://www.brownsville-pub.com/rfp</a> status/open/

Please mark on the outside of the envelope and on any carrier's envelope/package: "B042-23 SEALED BID FOR THE PURCHASE OF A 20-INCH BACKWASH WASTE PUMP WITH A 125 HP MOTOR, JUNE 21, 2023 5:00 PM", and send to the attention of Diane Solitaire, BPUB Purchasing Department, 1155 FM 511, Olmito, Texas 78575.

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

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

BY: **Diane Solitaire** 

Purchasing Department (956) 983-6366

#### ACKNOWLEDGEMENT FORM

B#042-23 Purchase of a 20-Inch Backwash Waste Pump with a 125 HP Motor

For any clarifications, please contact Rick Flores at the Brownsville Public Utilities Board, Purchasing Department at (956) 983-6368 or via e-mail at <u>riflores@brownsville-pub.com</u>.

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

| Che  | ec      | k 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:  |
| fori | n<br>de | u are unable to send your bid, kindly indicate your reason for "No bid" above and return this via email to riflores@brownsville-pub.com. This will ensure you remain active on our or list. |
|      |         | pany:   |
|      |         | e:  |
|      |         | ess:  |
|      |         | State:Zip Code:   |
| Pho  | n       | e:  |
|      |         |   |
| Em   |         |   |

#### **Special Instructions**

#### **Contract Information**

#### • Interpretation

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

Rick Flores

Phone: (956) 983-6368

#### • Tentative Time Line

- 1. June 5, 2023 June 21, 2023 Vendors work on bid.
- 2. June 21, 2023 at 5:00 PM Vendor must submit two (2) sets of bid documents sealed in an envelope to:

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

Bid #042-23 – Purchase of a 20-Inch Backwash Waste Pump with a 125 HP Motor

Due: June 21, 2023 at 5:00 PM

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

- 3. June 12, 2023 Deadline for questions
- 4. June 22, 2023 Open bids at 10:00 AM
- 5. June 22, 2023 to June 26, 2023 Evaluate bids
- 6. June 26, 2023 Provide Final Recommendations
- 7. July 10, 2023 Send to BPUB Board for approval

#### • Or Equal

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

#### Pricing

Bid unit price on quantity specified, extend and show total. In case of errors in extension, unit prices shall govern. *Price shall remain firm until all material has been received*.

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

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

#### • Vendor Representative

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

#### Quality of Products

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

#### Determining Factors for Award

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

#### • Contract with Vendor/Entity Indebted to BPUB

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

#### • Vendor ACH (Direct Deposit) Services

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

#### • Tax Identification Number (TIN)

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

#### Taxes

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

#### Signing of Bid

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

#### EEOC Guidelines

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

#### • Living Wage Statement

On April 16, 2007, the BPUB Board of Directors approved a local "living wage" policy that requires all Contractors and Subcontractors performing 100% Non-Federally funded work for the BPUB to pay a minimum wage rate of \$8.00/hour. The BPUB requires that all Contractors and Subcontractors comply with this policy.

#### • As Needed Basis (NOT APPLICABLE)

Product will be ordered "as needed" and be billed as such over a period of six (6) months. The Brownsville Public Utilities Board has the right to increase or decrease quantities as deemed necessary.

#### Contract and Purchase Order

The product shall be delivered FOB BPUB to Water Treatment Plant 1, 94 West 13<sup>th</sup> Street, Brownsville, TX 78520. A contract for the product will be placed into effect by means of a purchase order issued by the Brownville PUB after tabulation and final approval by the Board.

#### Brownsville PUB Rights

- 1. If only one (1) or no bid is received by "submission date", the BPUB has the right to reject, re-bid, accept and/or extend the bid by up to an additional two (2) weeks from original submission date.
- 2. The right to reject any/or all bids and to make awards as they may appear to be advantageous to the Brownsville PUB.
- 3. The right to hold bid for sixty (60) days from submission date without action, and to waive all formalities in bidding.

- 4. The right to extend the total bid beyond the original sixty (60) day period prior to an award, if agreed upon in writing by all parties (BPUB and bidder/vendor) and if bidder/vendor holds original prices firm.
- 5. The right to terminate for cause or convenience all or any part of the unfinished portion of the Project resulting from this solicitation within thirty (30) calendar days written notice; <u>for cause</u>: upon default by the bidder/vendor, for delay or non-performance by the bidder/vendor; or if it is deemed in the best interest of the BPUB <u>for BPUB</u> convenience.
- 6. The right to increase or decrease quantities. In bid, stipulate whether an increase or decrease in quantities will affect bid price.

#### Corrections

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

## COST SHEET Bid #042-23

| ITEM   | QTY    | DESCRIPTION                                | UNIT  | TOTAL |
|--------|--------|--|-------|-------|
| NUMBER |        |  | PRICE |       |
| 1      | 1 EACH | 20-Inch Backwash Waste Pump, one           |       |       |
|        |        | stage with a 125 HP General Electric       |       |       |
|        |        | motor, 900 RPM with space heaters,         |       |       |
|        |        | Q3 NC winding thermostats and              |       |       |
|        |        | ground lug <sub>7</sub> 3/60/460 volt, oil |       |       |
|        |        | lubricated pump, Fairbanks Morse           |       |       |
|        |        | Pump, Model #8312 or equivalent            |       |       |
|        |        |  |       |       |
|        |        | Name of Product Bid:                       |       |       |
|        |        |  |       |       |
|        |        |  |       |       |
|        |        |  |       |       |
|        |        | Delivery in Days (ARO):                    |       |       |
|        |        |  |       |       |
|        |        |  |       |       |
|        |        | Additional charges, if applicable          |       |       |
|        |        |  |       |       |
|        |        |  |       |       |
|        |        |  |       |       |

## **SPECIAL INSTRUCTIONS:**

| the increase or decrease will affect b                                   | -                         | uantities. In bio         | i, stipulate whethe |  |  |
|--|---------------------------|---------------------------|---------------------|--|--|
| Yes, an increase or decrease in  | n quantity will affect b  | oid price above.          |                     |  |  |
| No, an increase or decrease in quantity will not affect bid price above. |                           |                           |                     |  |  |
|  |                           |                           |                     |  |  |
| Company Name:  |                           |                           |                     |  |  |
| Authorized Company Representative:_                                      | (                         | Print Name and Title)     |                     |  |  |
| Authorized Company Representative:_                                      | ,                         | ,                         |                     |  |  |
| Company Address:   | SIGNATURE (Failure to sig | gn bid will automatically | disqualify bid)     |  |  |
| Street Γelephone #: Fax #:   | City                      | State                     | Zip Code            |  |  |
| Twenty-Four Hour Telephone #:  |                           |                           |                     |  |  |
| Email:   |                           |                           |                     |  |  |

## **CHECKLIST**

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

| NAME FORM DESCRIPTION   |   | RIPTION           | SUBMITTED WITH BID |    |  |
|---|---|-------------------|--------------------|----|--|
|   |   |                   | YES                | NO |  |
|   |   |                   |                    |    |  |
|   | Acknowledgement Form                          |                   |                    |    |  |
|   |   |                   |                    |    |  |
| Legal Notice  | Debarment Certification                       |                   |                    |    |  |
|   |   |                   |                    |    |  |
|   | Ethics Statement                              |                   |                    |    |  |
|   |   |                   |                    |    |  |
|   | Conflict of Interest Ques                     | tionnaire         |                    |    |  |
|   |   |                   |                    |    |  |
|   | W9 or W8 Form                                 |                   |                    |    |  |
|   |   |                   | Ш                  |    |  |
|   | Direct Deposit Form (wil                      | ll be provided to |                    |    |  |
|   | the awarded vendor) Residence Certification I |                   |                    |    |  |
|   | Ш   |                   |                    |    |  |
|   | 7:101110                                      | 1 . 1             |                    |    |  |
|   | Bid Schedule/Cost sheet                       | completed and     | Ш                  |    |  |
| C 'IT '   | signed Cashier Check or Bid Bo                | 1 0 50/ 0 55 1    |                    |    |  |
| Special Instructions  |   |                   |                    |    |  |
|   | Amount of Bid (if applic                      | cable)            |                    |    |  |
|   | OCHA 200 L (if li                             | 1-1 - \           | Ш                  |    |  |
|   | OSHA 300 Log (if applied                      |                   |                    |    |  |
|   | Contractor Pre-Bid Discl                      | -                 | Ш                  |    |  |
|   | signed and notarized (if a                    |                   |                    |    |  |
|   | Sub-Contractor Pre-Bid I                      |                   | Ш                  |    |  |
|   | completed, signed, and n                      | otarizea (11      |                    |    |  |
|   | applicable)                                   |                   | П                  | П  |  |
| References  | Complete the Provious C                       | vataman Dafananaa |                    |    |  |
| References Complete the Previous Customer Reference Worksheet for each reference provided |   |                   | Ш                  |    |  |
| Addenda   | Worksheet for each feler                      | ence provided     |                    |    |  |
| / Iddelida  |   |                   |                    |    |  |
|   |   |                   |                    |    |  |

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

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

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

| COMPANY:         |                                  |         |
|------------------|----------------------------------|---------|
| AGENT NAME:      |                                  |         |
| AGENT SIGNATURE: |                                  |         |
| ADDRESS:         |                                  |         |
| CITY:            |                                  |         |
|                  | ZIP CODE:                        |         |
| TELEPHONE:       | TELEFAX:                         |         |
|                  | AND/OR SOCIAL SECU               | RITY #: |
|                  |                                  |         |
| DEVIAT           | IONS 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, <u>PRIOR TO</u> 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 pr   | ospective participant certifies to the best of their knowled  | dge and belief that they and their   |
| b)<br>c) | Are not presently debarred, suspended, proposed for devoluntarily excluded from covered transactions by any Fee Have not within a three year period preceding this bide judgment rendered against them for commission of the connection with obtaining, attempting to obtain, or perform Local) transaction or contract under a public transaction antitrust statutes or commission of embezzlement, theft destruction of records, making false statements, or received Are not presently indicted for or otherwise criminally or entity (Federal, State, Local) with commission of any paragraph (1) (b) of this certification; and Have not within a three year period preceding this applied transactions (Federal, State, or Local) terminated for cause I understand that a false statement on this certification may bid or termination of the award. In addition, under 18 US may result in a fine up to a \$10,000.00 or imprisonment for the statement of the stateme | deeral department or agency: been convicted of or had a civil fraud or a criminal offense in brining a public (Federal, State, or on; violation of Federal or State to, forgery, bribery, falsification or ing stolen property; to civilly charged by a government to of the offenses enumerated in cation/bid had one or more public the or default.  The agency of the offenses enumerated in the cation of the offense enumerated in the cation of the offenses enumerated in the offenses enumerated i |
|          | Name and Title of Authorized Representative (Typed)   |  |
|          | Signature of Authorized Representative  | Date   |

 $\hfill \square$  I am unable to certify to the above statements. My explanation is attached

## (THIS FORM MUST BE COMPLETED IN ITS ENTIRETY AND SUBMITTED WITH BID RESPONSE)

| CONFLICT OF INTEREST QUESTIONNAIRE For vendor doing business with local governmental entity   | FORM CIQ                         |  |  |  |  |
|---|----------------------------------|--|--|--|--|
| This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.   | OFFICE USE ONLY                  |  |  |  |  |
| 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).  | Date Received                    |  |  |  |  |
| By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.   |                                  |  |  |  |  |
| A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.  |                                  |  |  |  |  |
| Name of vendor who has a business relationship with local governmental entity.  |                                  |  |  |  |  |
| Check this box if you are filing an update to a previously filed questionnaire. (The law re completed questionnaire with the appropriate filing authority not later than the 7th busines you became aware that the originally filed questionnaire was incomplete or inaccurate.)  | ss day after the date on which   |  |  |  |  |
| Name of local government officer about whom the information is being disclosed.   |                                  |  |  |  |  |
| Name of Officer   |                                  |  |  |  |  |
| Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary. |                                  |  |  |  |  |
| A. Is the local government officer or a family member of the officer receiving or I other than investment income, from the vendor?  | ikely to receive taxable income, |  |  |  |  |
| Yes No  |                                  |  |  |  |  |
| B. Is the vendor receiving or likely to receive taxable income, other than investmen of the local government officer or a family member of the officer AND the taxable local governmental entity?   |                                  |  |  |  |  |
| Yes No  |                                  |  |  |  |  |
| 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.  |                                  |  |  |  |  |
| Check this box if the vendor has given the local government officer or a family member as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a)(a)(b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c   |                                  |  |  |  |  |
| 7   |                                  |  |  |  |  |
| Signature of vendor doing business with the governmental entity   | Date                             |  |  |  |  |
| Form provided by Texas Ethics Commission 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.

<u>Local Government Code § 176.001(1-a)</u>: "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
      - $\hbox{(i) a contract between the local governmental entity and vendor has been executed;}\\$

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.

Form provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 1/1/2021

## ${\bf Previous\ Customer\_Reference\ Worksheet}$

| Name of Customer:                               | Customer Contact:                                      |
|---|--|
| Customer Address:                               | Customer Phone Number:                                 |
|   |  |
|   | Customer Email:  |
| Name of Company Performing Referenced Wor       | rk:  |
| What was the Period of Performance?             | What was the Final Acceptance Date?                    |
| From:   | •  |
| To:   |  |
| Dollar Value of Contract?                       | What Type of Contract?                                 |
|   | Firm Fixed   |
| \$  | Price Time   |
|   | and Material   |
|   | Not to   |
|   | Exceed   |
| Provide a brief description of the work perform | ed for this customer (add additional page if required) |
|   |  |
|   |  |
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## 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 <b>a resident Texas bidder</b> as defined in Art. 60               | 1g.  |
| Signature:  |  |
| Print Name:   |  |
| I certify that is a <b>nonresident bidder</b> as defined in Art. 601g | (Company Name) . and our principal place of business is: |
|   | (City and State)   |
| Signature:  |  |
| Print Name:   |  |

## (Rev. October 2018) Department of the Treasury Internal Revenue Service

#### **Request for Taxpayer Identification Number and Certification**

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

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

| Here  | U.S. person ►  | Dat  | e►                |                                   |                              |                 |
|---|--|--|-------------------|-----------------------------------|------------------------------|-----------------|
| Sign  |  |  |                   |                                   |                              |                 |
| you ha  | ication instructions. You must cross out item 2 above if you have been no<br>ave failed to report all interest and dividends on your tax return. For real est<br>sition or abandonment of secured property, cancellation of debt, contribution<br>than interest and dividends, you are not required to sign the certification, but   | ate transactions, item 2 do<br>ons to an individual retirem  | es not apply. Fo  | or mortgage in<br>t (IRA), and ge | terest paid<br>enerally, pay | yments          |
| 4. The  | e FATCA code(s) entered on this form (if any) indicating that I am exemp   | ot from FATCA reporting is   | s correct.        |                                   |                              |                 |
| 3. I ar   | m a U.S. citizen or other U.S. person (defined below); and   |  |                   |                                   |                              |                 |
| <ol> <li>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</li> <li>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<br/>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<br/>no longer subject to backup withholding; and</li> </ol> |  |  |                   |                                   |                              |                 |
|   | r penalties of perjury, I certify that:  |  |                   |                                   |                              |                 |
| Par   |  |  |                   |                                   |                              |                 |
|   |  |  |                   | -                                 |                              |                 |
|   | : If the account is in more than one name, see the instructions for line 1.  see To Give the Requester for guidelines on whose number to enter.  | Also see What Name and   | Employer          | identification                    | number                       |                 |
| TIN, la   |  |  | or                | ldo-MeP                           |                              |                 |
| entitie   | ont alien, sole proprietor, or disregarded entity, see the instructions for F<br>es, it is your employer identification number (EIN). If you do not have a n   |  |                   |                                   | -                            |                 |
| backu   | your TIN in the appropriate box. The TIN provided must match the nam<br>up withholding. For individuals, this is generally your social security num  | ber (SSN). However, for a  |                   | Sunty number                      |                              |                 |
| Par   |  |  | Social con        | curity number                     |                              |                 |
|   |  |  |                   |                                   |                              |                 |
|   | 7 List account number(s) here (optional)   |  |                   |                                   |                              |                 |
|   | 6 City, state, and ZIP code  |  |                   |                                   |                              |                 |
| See   | City state and ZID and   |  |                   |                                   |                              |                 |
| S   | 5 Address (number, street, and apt. or suite no.) See instructions.  | R∈   | equester's name a | and address (or                   | otional)                     |                 |
| Pecific   | is disregarded from the owner should check the appropriate box for the ta  Other (see instructions) ►  | x classification of its owner.   |                   | (Applies to accoun                | ts maintained ou             | tside the U.S.) |
| Print or type.<br>c Instructions  | LLC if the LLC is classified as a single-member LLC that is disregarded fro<br>another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax pu   | rposes. Otherwise, a single-   |                   | anda (if am/)                     |                              |                 |
| or ty   | Limited liability company. Enter the tax classification (C=C corporation, S=<br>Note: Check the appropriate box in the line above for the tax classification   | AND CONTRACTOR OF THE PROPERTY |                   | Exemption from                    | om FATCA n                   | eportina        |
| Print or type.<br>See Specific Instructions on page 3.  | Individual/sole proprietor or Corporation S Corporation single-member LLC  | Partnership  | Trust/estate      | Exempt payer                      | e code (if any               | n               |
|   | Check appropriate box for federal tax classification of the person whose nam following seven boxes.  | 4 Exemptions (codes apply only to<br>certain entities, not individuals; see<br>instructions on page 3):  |                   |                                   |                              |                 |
|   | 2 Business name/disregarded entity name, if different from above   |  |                   |                                   |                              |                 |
|   | O During and Advantage of the control of the contro |  |                   |                                   |                              |                 |
| 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.   |  |  |                   |                                   |                              |                 |

#### General Instructions

Section references are to the Internal Revenue Code unless otherwise

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 (TIN), adoption taxpayer identification number (ATIN), or employer identification number (ATIN), 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)

- 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),
- 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,

Form W-9 (Rev. 10-2018)

### 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. 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 NC                     | OT use this form for:   |                    | Instead use Form:   |  |
|---------------------------|---|--------------------|---|--|
| <ul> <li>U.S.</li> </ul>  | entity or U.S. citizen or resident  |                    |   |  |
| <ul> <li>A for</li> </ul> | reign individual  |                    | W-8BEN (Individual) or Form 8233                                  |  |
| A for                     | reign individual or entity claiming that income is effectively connected wit  | th the conduct o   | f trade or business within the United States                      |  |
| (unle                     | ss claiming treaty benefits)  |                    |   |  |
| A for                     | reign partnership, a foreign simple trust, or a foreign grantor trust (unless   | claiming treaty    | benefits) (see instructions for exceptions) W-8IMY                |  |
|                           | reign government, international organization, foreign central bank of issue   |                    |   |  |
|                           | rnment of a U.S. possession claiming that income is effectively connected, 892, 895, or 1443(b) (unless claiming treaty benefits) (see instructions |                    |   |  |
|                           |   | •                  | •   |  |
|                           | person acting as an intermediary (including a qualified intermediary acting   | g as a qualified   | derivatives dealer)   |  |
| Pai                       | t I Identification of Beneficial Owner  |                    |   |  |
| 1                         | Name of organization that is the beneficial owner   |                    | Country of incorporation or organization                          |  |
|                           |   |                    |   |  |
| 3                         | Name of disregarded entity receiving the payment (if applicable, see ins  | structions)        |   |  |
| 4                         | Chapter 3 Status (entity type) (Must check one box only):   | poration           | ☐ Partnership   |  |
|                           | ☐ Simple trust ☐ Tax-exempt organization ☐ Com  | nplex trust        | ☐ Foreign Government - Controlled Entity                          |  |
|                           | ☐ Central Bank of Issue ☐ Private foundation ☐ Esta   | ate                | ☐ Foreign Government - Integral Part                              |  |
|                           | ☐ Grantor trust ☐ Disregarded entity ☐ Inter  | mational organiz   | zation  |  |
|                           | If you entered disregarded entity, partnership, simple trust, or grantor trust above, is the  | entity a hybrid ma | king a treaty claim? If "Yes," complete Part III.  Yes  No        |  |
| 5                         | Chapter 4 Status (FATCA status) (See instructions for details and comp  | olete the certific | ation below for the entity's applicable status.)                  |  |
|                           | ■ Nonparticipating FFI (including an FFI related to a Reporting IGA)  | ☐ Nonrepor         | ting IGA FFI. Complete Part XII.                                  |  |
|                           | FFI other than a deemed-compliant FFI, participating FFI, or  | Foreign g          | overnment, government of a U.S. possession, or foreign            |  |
|                           | exempt beneficial owner).   | central ba         | nk of issue. Complete Part XIII.                                  |  |
|                           | Participating FFI.  | Internation        | nal organization. Complete Part XIV.                              |  |
|                           | Reporting Model 1 FFI.  | _                  | ot retirement plans. Complete Part XV.                            |  |
|                           | Reporting Model 2 FFI.  | _                  | tity wholly owned by exempt beneficial owners. Complete Part XVI. |  |
|                           | Registered deemed-compliant FFI (other than a reporting Model 1   |                    | inancial institution. Complete Part XVII.                         |  |
|                           | FFI, sponsored FFI, or nonreporting IGA FFI covered in Part XII).   |                    | nonfinancial group entity. Complete Part XVIII.                   |  |
|                           | See instructions.   |                    | nonfinancial start-up company. Complete Part XIX.                 |  |
|                           | Sponsored FFI. Complete Part IV.  |                    | nonfinancial entity in liquidation or bankruptcy.                 |  |
|                           | Certified deemed-compliant nonregistering local bank. Complete  | Complete           |   |  |
|                           | Part V.   | 501(c) ord         | anization. Complete Part XXI.                                     |  |
|                           | Certified deemed-compliant FFI with only low-value accounts.  | _                  | organization. Complete Part XXII.                                 |  |
|                           | Complete Part VI.   |                    | raded NFFE or NFFE affiliate of a publicly traded                 |  |
|                           | Certified deemed-compliant sponsored, closely held investment   | ,                  | on. Complete Part XXIII.  |  |
|                           | vehicle. Complete Part VII.   |                    | territory NFFE. Complete Part XXIV.                               |  |
|                           |   |                    | FE. Complete Part XXV.  |  |
|                           | <ul> <li>Certified deemed-compliant limited life debt investment entity.</li> <li>Complete Part VIII.</li> </ul>                                    | _                  | FE. Complete Part XXVI.   |  |
|                           | _ ·   | =                  | inter-affiliate FFI. Complete Part XXVII.                         |  |
|                           | <ul> <li>Certain investment entities that do not maintain financial accounts.</li> <li>Complete Part IX.</li> </ul>                                 | = .                | ·   |  |
|                           |   |                    | orting NFFE.  |  |
|                           | Owner-documented FFI. Complete Part X.  |                    | d direct reporting NFFE. Complete Part XXVIII.                    |  |
|                           | Restricted distributor. Complete Part XI.   |                    | hat is not a financial account.                                   |  |
| 6                         | Permanent residence address (street, apt. or suite no., or rural route). Do no  | ot use a P.O. bo   | k or in-care-or address (other than a registered address).        |  |
|                           | City or town, state or province. Include postal code where appropriate.   |                    | Country   |  |
| 7                         | Mailing address (if different from above)   |                    |   |  |
|                           | City or town, state or province. Include postal code where appropriate.   |                    | Country   |  |
|                           | Deduction Ant Notice and control instance!  |                    | SCOOL S.W. OPEN E.D., 40 COOL                                     |  |