



LEGAL NOTICE

AND

**INVITATION FOR COMPETITIVE SEALED PROPOSALS
P043-23**

The Brownsville Public Utilities Board (BPUB) will accept sealed proposals for Palo Alto Networks Security Project for Silas Ray Power Plant until **5:00 PM, June 28, 2023**, in the Brownsville PUB Purchasing Office, 1155 FM 511, Olmito, Texas. Proposals received after this time will not be considered.

Proposals will be publicly opened and read aloud on June 29, 2023 at 10:00 AM. Vendors can call in at 10:00 AM, June 29, 2023 to (956) 214-6020 to listen to the proposal acknowledgement.

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

Please mark on the outside of the envelope and on any carrier's envelope/package: "P043-23 PALO ALTO NETWORKS SECURITY PROJECT FOR SILAS RAY POWER PLANT, JUNE 28, 2023, 5:00 PM", and send to the attention of Diane Solitaire, 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 Department 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 responsive, from a responsible vendor, which is deemed "BEST VALUE" and most advantageous proposal for the Brownsville PUB, [See: Tx Loc. Govt. Cd. Section 252.043 (b,c)].

BY: ***Diane Solitaire***
Purchasing and Materials Manager
Brownsville Public Utilities Board
(956) 983-6366 – Phone

INSTRUCTIONS TO BIDDERS
Please submit this page upon receipt.

ACKNOWLEDGEMENT FORM

P043-23 Palo Alto Networks Security Project for Silas Ray Power Plant

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

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

Check one:

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

Yes, I will be able to send a bid; please e-mail the bid package.

Email: _____

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

Carrier: _____

Account: _____

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

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

Date: _____

Company: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

REQUEST FOR PROPOSAL

Palo Alto Networks Security Project for Silas Ray Power Plant

OBJECTIVE

The Brownsville Public Utilities Board (BPUB) seeks to purchase Palo Alto Networks security firewalls and CISCO Network hardware for the Silas Ray Power Plant located at 94 West 13th Street, Brownsville, Texas 78520.

After responses to this Request for Proposal (RFP) are received, the BPUB will evaluate and award the qualified vendor whose proposal is most advantageous to the BPUB with price and other factors considered.

GENERAL BACKGROUND

BPUB is located in the City of Brownsville, Texas, on the U.S.-Mexico border near the Gulf of Mexico. BPUB provides electric, water and wastewater utility services to the City and the surrounding area.

BPUB was created and established by Article VI of the City Charter in 1960 as a separate and distinct agency of the City of Brownsville. BPUB has authority to control, manage and operate the utility system. The existing electric customer service area encompasses approximately 133 square miles of Cameron County. The water and wastewater service areas include the City and most of the surrounding area.

BPUB executive management includes a General Manager/Chief Executive Officer, a Chief Operating Officer, a Chief Administrative Officer, and a Chief Financial Officer, who are responsible for specific divisions. The BPUB workforce is comprised of approximately 613 budgeted positions. BPUB's fiscal year is a 12-month period from October 1 through September 30.

QUALIFICATIONS

- The Vendor must have 5 years of experience of working with utilities of similar size.
- Must be certified by CISCO and Palo Alto Networks - Vendor must provide proof of certification along with proposal response
- Provide three references for similar projects. Include name, email address and current telephone number

SCOPE OF SERVICES

Hardware:

- Must be turn key-hardware installation and to integrate into current firewall software
- Meets BPUB security requirements, if any.

- Must provide training, and support to one to three BPUB employees before, during, and after installation.
- Network engineers (installer) must come on-site to Silas Ray Power Plant, 94 West 13th Street, Brownsville, Texas to ensure proper installation and configuration of equipment

BPUB CONTACTS FOR SCOPE OF SERVICES

Jose Luis Lopez, Jr.
I.T. Hardware Support Manager
(956) 983- 6155
jlopez@brownsville-pub.com ; Questions: dsolitaire@brownsville-pub.com

VENDOR REPRESENTATIVE

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

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

TAX IDENTIFICATION NUMBER (TIN)

In accordance with IRS Publication 1220, aW9 form, or a W8 form in cases of a foreign vendor, will be required of all vendors doing business with the Brownsville PUB. If a W9 or W8 form is not made available to Brownsville PUB, the first payment will be subject to income tax withholding at a rate of 28% or 30% depending on the U.S. status and the source of income as per IRS Publication 1220. **The W9 or W8 form must be included with proposal response.** Attached are sample forms.

TAXES

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

SIGNING OF PROPOSAL

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

EEOC GUIDELINES

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

LIVING WAGE STATEMENT

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

CONTRACT AND PURCHASE ORDER

The hardware shall be delivered to 1155 FM 511, Olmito, TX 78575 and electronically to a specified email for Brownsville PUB I.T. Department. A contract for the hardware will be placed into effect by means of a purchase order issued by BPUB after evaluation and final approval by the Brownsville PUB Board of Directors.

BROWNSVILLE PUB RIGHTS

1. If only one or no proposal is received by "submission date", the BPUB has the right to reject, re-advertise, accept and/or extend the proposal by up to an additional two (2) weeks from original submission date.
2. The right to reject any/or all proposals and to make award as they may appear to be advantageous to the Brownsville Public Utilities Board.
3. The right to hold proposal for 60 days from submission date without action, and to waive all formalities in proposal.
4. The right to extend the total proposal beyond the original 60-day period prior to an award, if agreed upon in writing by all parties (BPUB and vendor/contractor) and if proposer/vendor holds original proposal prices firm.
5. The right to terminate for cause or convenience all or any part of the unfinished portion of the Project resulting from this solicitation within Thirty (30) calendar days written notice; for cause: upon default by the vendor/contractor, for delay or non-performance by the vendor/contractor; or if it is deemed in the best interest of the BPUB for BPUB's convenience.
6. In proposal, stipulate whether an increase or decrease in services will affect proposal price.

CORRECTIONS

Any interpretation, correction, or change to the RFP will be made by ADDENDUM. Changes or corrections will be issued by the BPUB Purchasing Department. **Addenda will be emailed to all who have returned the Proposal 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 BPUB prior to submitting a response to the RFP to ascertain if any addenda have been issued, and to obtain any

all addenda, execute them, and return addenda with the response to the RFP. Addenda may be posted on the BPUB webpage.

UNAUTHORIZED COMMUNICATIONS

After release of this solicitation, Proposer’s contact regarding this RFP with members of the RFP evaluation, interview or selection panels, and employees of the BPUB or officials of the BPUB other than the Purchasing and Materials 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. Any oral communications are considered unofficial and non-binding with regard to this RFP.

PROJECTED PROJECT TIMELINE

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

| PROPOSAL SUBMISSION TIMELINE | |
|-------------------------------------|--|
| TARGET DATE | DESCRIPTION OF EVENTS |
| June 12, 2023 | RFP package distributed to prospective vendors |
| June 20, 2023 | Last Day to submit questions |
| June 28, 2023 | Responses due by 5:00PM at the BPUB Purchasing Office |
| June 29, 2023 | Proposal acknowledgement at 10:00 AM |
| July 10, 2023 | Send to Board of Directors for Approval |

INSTRUCTIONS TO IFP RESPONDENTS

- a. Vendors must submit one (1) signed paper original (entire document) and one (1) paper copy (entire document) of the proposal in a sealed package. Proposals shall be submitted to the BPUB Purchasing Office, 1155 FM 511, Olmito, Texas, no later than **5:00 PM on June 28, 2023**.
- b. Sealed envelope must be clearly labeled as follows:

**Brownsville Public Utilities Board
 Attention: Diane Solitaire
 1155 FM 511
 Olmito, TX 78575**

**“P043-23 PALO ALTO NETWORKS SECURITY PROJECT FOR SILAS RAY
POWER PLANT, JUNE 28, 2023 5:00 PM”**

REFERENCE CHECKS

The BPUB will contact prospective vendor’s references by telephone or email. Complete the attached “Previous Customer Reference Worksheet” for each reference provided.

IFP IS NOT A BASIS FOR OBLIGATIONS

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

RIGHTS TO SUBMITTED MATERIALS

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

MINIMUM SUBMISSION REQUIREMENTS

1. The Vendor is responsible to provide all hardware/software and any additional miscellaneous material required to perform the turn-key installation.
2. References: The Vendor must provide three references, including names, email address and current telephone numbers where SIMILAR services to that described herein have been completed.
3. Experience: The Vendor must describe the number of years the company has been involved with similar type of services and describe the experience the Vendor’s key personnel assigned to BPUB.

INSURANCE REQUIREMENTS

Brownsville PUB, in its sole discretions, shall require vendor at Vendor’s expense to maintain in force certain types of types of insurance during the time services are being performed and name Brownsville PUB as a co-additional insured.

- A. Vendor agrees to maintain Worker's Compensation and Employers’ Liability Insurance to cover all of its own personnel engaged in performing services for Brownsville PUB under this Contract in at least the following minimum amounts:

Workmen's Compensation – Texas Statutory
Employers’ Liability -- \$100,000.00

- B. Vendor also agrees to maintain Commercial General Liability, Comprehensive Business Automobile Liability, and Excess Umbrella Liability Insurance covering claims against Service Provider for damages resulting from bodily injury, death or property damages from accidents arising in the course of work performed under this Contract in not less than the following amounts:

Commercial General Liability

Personal injury and property damage -
\$1,000,000.00 combined single limit each occurrence and
\$1,000,000.00 aggregate

Comprehensive Business Automobile Liability for all vehicles:

Bodily injury and property damage -
\$500,000.00 combined single limit each occurrence

Excess Umbrella Liability:

\$1,000,000.00

- C. Vendor shall add the Brownsville PUB and the City of Brownsville, together with their respective commissioners, board members and employees, as additional insureds on all required insurance policies, except worker's compensation and employers' liability. The Commercial General Liability Policy and Umbrella Liability Policy shall be of an "occurrence" type policy. Insurance must be underwritten by companies acceptable to Brownsville PUB and authorized to do business in the State of Texas. Insurance Certificate(s) shall provide for 30 days advance notice to Brownsville PUB of any policy amendment or cancellation.
- D. Vendor shall furnish Brownsville PUB with an Insurance Certificate on the date this Contract is executed and accepted by the Brownsville PUB, which confirms that all required insurance policies are in full force and effect. Certificates showing that Contractor has and continues to protect itself and Brownsville PUB by means of such insurance shall be provided to the Brownsville PUB upon request at any time during Contract period.

EVALUATION CRITERIA

All responses must be completed and convey all of the information requested in order to be considered responsive. If the statement of qualifications fails to conform to the essential requirements of the RFP, BPUB alone will determine whether the variance is significant enough to consider the response 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 response, subsequent discussions and clarifications provided in writing are used in the evaluation process and award determination. This statement of qualifications will be evaluated by a review panel on the basis of the criteria listed below. Relative weights of each criterion are listed. Only these criteria will be considered in the award determination. Rate x Weight = Total score. Total possible points equal 100.

Rating: Based on points awarded, ranging from 1(worst) to 5 (best)

Weight: Based on points awarded, ranging from 1(least important) to 7 (most important)

Total: Total Points = Rating X Weight

The BPUB reserves the right to request additional information or to meet with representatives from responding organizations to discuss points in the IFP before and after submission, any and all of which may be used in forming a recommendation.

1. Prior Performance on a Similar Project (Weight: 3) (15 points maximum)

BPUB is interested in the Vendor's prior performance on similar services in terms of quality of work and timeliness (based on references, examples of similar projects and other pertinent information).

2. Cost/Budget (Weight: 3) (15 points maximum)

BPUB will consider the Vendor's total cost to provide the hardware.

3. Understanding of Project (Weight: 7) (35 points maximum)

Evidence as to whether the vendor has a good understanding of BPUB's type of organization, its special needs, its facilities, regulations, and other aspects (to include knowledge of municipalities).

4. Hardware/Software Compatibility (Weight: 7) (35 points maximum)

BPUB will evaluate the compatibility of the hardware based on the following criteria: **Must be the model and part numbers requested on Proposal Cost Sheet.**

COST SHEET P043-23

Instructions: Vendor shall take into account all incurred expenses and cost of services when filling out the cost sheet and include it in the final proposal. Additional expenses shall be added to the Additional Expenses Section.

| QTY | PART NUMBER | DESCRIPTION | UNIT COST | TOTAL |
|-----|-------------------------------|---|-----------|-------|
| | PA-3410 | | | |
| 2 | PAN-PA-3410 | Palo Alto Networks PA-3410 with redundant AC power supplies | | |
| 2 | PAN-PA-3400-RACK4 | Palo Alto Networks PA-3400 Series 4 post rack mount kit | | |
| 2 | PAN-PA-3410-WF-3YR-HA2 | PA-3410, WildFire subscription, for one (1) device in an HA pair, 3 years (36 months) term. | | |
| 2 | PAN-PA-3410-ATP-3YR-HA2 | Advanced Threat Prevention subscription 3 year term for device in an HA pair, PA-3410 | | |
| 2 | PAN-SVC-PREM-3410-3YR | Premium support 3-year term, PA-3410 | | |
| 2 | PAN-SFP-PLUS-CU-5M | SFP+ form factor, 10Gb direct attach twin-ax passive cable with 2 transceiver ends and 5m of cable permanently bonded as an assembly, IEEE 802.3ae 10GBASE-CR compliant | | |
| 1 | | Installation/ configuration | | |
| | | | | |
| | Catalyst 9500 switches | | | |
| 4 | C9500-24Y4C-A | Catalyst 9500 24x1/10/25G and 4-port 40/100G, Advantage | | |
| 4 | CON-SNT-C95024YA | SNTC-8X5XNBD Catalyst 9500 24-port 25/100G only, Advantage | | |
| 4 | CAB-9K12A-NA | Power Cord, 125VAC 13A NEMA 5-15 Plug, North America | | |
| 4 | C9K-PWR-650WAC-R | 650W AC Config 4 Power Supply front to back cooling | | |
| 4 | C9K-PWR-650WAC-R/2 | 650W AC Config 4 Power Supply front to back cooling | | |
| 4 | C9K-F1-SSD-BLANK | Cisco pluggable SSD storage | | |
| 4 | C9K-T1-FANTRAY | Catalyst 9500 Type 4 front to back cooling Fan | | |
| 4 | C9500-NW-A | C9500 Network Stack, Advantage | | |
| 4 | SC9500HUK9-176 | Cisco Catalyst 9500H XE.17.6 UNIVERSAL | | |
| 4 | C9500-SSD-NONE | No SSD Card Selected | | |
| 4 | C9500-DNA-24Y4C-A | C9500 DNA Advantage, Term License | | |
| 4 | C9500-DNA-L-A-3Y | Cisco Catalyst 9500 DNA Advantage 3 Year License | | |

| QTY | PART NUMBER | DESCRIPTION | UNIT COST | TOTAL |
|-----|--------------------------|---|-----------|-------|
| 4 | PI-LFAS-T | Prime Infrastructure Lifecycle & Assurance Term - Smart License | | |
| 4 | PI-LFAS-AP-T-3Y | PI Dev Lic for Lifecycle & Assurance Term 3Y | | |
| 4 | NETWORK-PNP-LIC | Network Plug-n-Play Connect for zero-touch device deployment | | |
| | | | | |
| | Nexus 9K switches | | | |
| 2 | N9K-C93180YC-FX3 | Nexus 9300 48p 1/10/25G, 6p 40/100G, MAC sec, Sync E | | |
| 2 | CON-SNT-N9KC93X3 | SNTC-8X5XNBD Nexus 9300 48p 1/10/25G, 6p 40/100G, MAC | | |
| 2 | NXK-AF-PI | Dummy PID for Airflow Selection Port-side Intake | | |
| 2 | MODE-NXOS | Dummy PID for mode selection | | |
| 2 | NXOS-CS-10.3.2F | Nexus 9300, 9500, 9800 NX-OS SW 10.3.2 (64bit) Cisco Silicon | | |
| 2 | NXK-ACC-KIT-1RU | Nexus 3K/9K Fixed Accessory Kit, 1RU front and rear removal | | |
| 8 | NXA-FAN-35CFM-PI | Nexus Fan, 35CFM, port side intake airflow | | |
| 4 | NXA-PAC-650W-PI | Nexus NEBs AC 650W PSU - Port Side Intake | | |
| 4 | CAB-9K12A-NA | Power Cord, 125VAC 13A NEMA 5-15 Plug, North America | | |
| 2 | NXK-MEM-16GB | Additional memory of 16GB for Nexus Switches | | |
| 2 | C1-SUBS-OPTOUT | OPT OUT FOR "Default" DCN Subscription Selection | | |
| 2 | NXOS-AD-XF | NX-OS Advantage License for Nexus 9300 (10G+) Platforms | | |
| 2 | CON-ECMU-N9SWADXF | SWSS UPGRADES NX-OS Advantage Lice | | |
| 1 | | Nexus 9K / Catalyst 9500 Installation/ configuration | | |
| 100 | PAN-EDU-TRAINING-100 | Training credit to be redeemed with Authorized Training Partners (ATPs) | | |
| | GRAND TOTAL | | | |
| | | | | |

NOTE: BPUB will select only one vendor to provide the installation and configuration for the CISCO and PALO ALTO NETWORKS hardware.

Additional Expenses, if applicable, can be added on a separate sheet of paper.

COMMENTS: _____

Company Name: _____

Authorized Company Representative: _____

Authorized Company Representative: _____

Signature – Failure to sign will disqualify RFP / Date

Company Address: _____

Telephone #: _____

Fax #: _____

E-mail: _____

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 |
| Required Forms (if applicable) | Acknowledgement Form | <input type="checkbox"/> | <input type="checkbox"/> |
| | Debarment Certificate | <input type="checkbox"/> | <input type="checkbox"/> |
| | Ethic Statement | <input type="checkbox"/> | <input type="checkbox"/> |
| | Conflict of Interest Questionnaire | <input type="checkbox"/> | <input type="checkbox"/> |
| | W9 or W8 Form | <input type="checkbox"/> | <input type="checkbox"/> |
| | Direct Deposit Form (Will be provided to the awarded vendor) | <input type="checkbox"/> | <input type="checkbox"/> |
| | Residence Certification Form | <input type="checkbox"/> | <input type="checkbox"/> |
| | House Bill 89 Form | <input type="checkbox"/> | <input type="checkbox"/> |
| | Senate Bill 252 Form | <input type="checkbox"/> | <input type="checkbox"/> |
| | Byrd Anti-Lobbying Certification Form | <input type="checkbox"/> | <input type="checkbox"/> |
| Special Instructions (if applicable) | Bid Schedule/Cost sheet completed and signed | <input type="checkbox"/> | <input type="checkbox"/> |
| | Cashier Check or Bid Bond of 5% of Total Amount of Bid | <input type="checkbox"/> | <input type="checkbox"/> |
| | OSHA 300 Log | <input type="checkbox"/> | <input type="checkbox"/> |
| | Contractor Pre-Bid Disclosure completed, signed and notarized | <input type="checkbox"/> | <input type="checkbox"/> |
| | Sub-Contractor Pre-Bid Disclosure completed, signed, and notarized | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| References | Complete the Previous Customer Reference Worksheet for each reference provided | <input type="checkbox"/> | <input type="checkbox"/> |
| Addenda | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |

CERTIFICATION REGARDING
DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY
MATTERS **(Complete and return with bid)**

Name of Entity: _____

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

- a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
- b) Have not within a three year period preceding this bid been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- c) Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, Local) with commission of any of the offenses enumerated in paragraph (1) (b) of this certification; and
- d) Have not within a three year period preceding this application/bid had one or more public transactions (Federal, State, Local) terminated for cause or default.

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

Name and Title of Authorized Representative (Typed)

Signature of Authorized Representative

Date

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

ETHICS STATEMENT (Complete and return with bid)

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

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

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

COMPANY: _____

AGENT NAME: _____

AGENT SIGNATURE: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____

TELEPHONE: _____ TELEFAX: _____

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

DEVIATIONS FROM SPECIFICATIONS IF ANY:

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

| CONFLICT OF INTEREST QUESTIONNAIRE | | FORM CIQ |
|--|------------------------|-----------------|
| For vendor doing business with local governmental entity | | |
| <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 | |
| | Date Received | |
| <p>1 Name of vendor who has a business relationship with local governmental entity.</p> | | |
| <p>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.)</p> | | |
| <p>3 Name of local government officer about whom the information is being disclosed.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Name of Officer</p> | | |
| <p>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> <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> | | |
| <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.</p> | | |
| <p>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).</p> | | |
| <p>7</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Signature of vendor doing business with the governmental entity Date</p> | | |

CONFLICT OF INTEREST QUESTIONNAIRE
For vendor doing business with local governmental entity

A complete copy of Chapter 176 of the Local Government Code may be found at <http://www.statutes.legis.state.tx.us/Docs/LG/htm/LG.176.htm>. For easy reference, below are some of the sections cited on this form.

Local Government Code § 176.001(1-a): "Business relationship" means a connection between two or more parties based on commercial activity of one of the parties. The term does not include a connection based on:

- (A) a transaction that is subject to rate or fee regulation by a federal, state, or local governmental entity or an agency of a federal, state, or local governmental entity;
- (B) a transaction conducted at a price and subject to terms available to the public; or
- (C) a purchase or lease of goods or services from a person that is chartered by a state or federal agency and that is subject to regular examination by, and reporting to, that agency.

Local Government Code § 176.003(a)(2)(A) and (B):

(a) A local government officer shall file a conflicts disclosure statement with respect to a vendor if:

(2) the vendor:

(A) has an employment or other business relationship with the local government officer or a family member of the officer that results in the officer or family member receiving taxable income, other than investment income, that exceeds \$2,500 during the 12-month period preceding the date that the officer becomes aware that

- (i) a contract between the local governmental entity and vendor has been executed; or
- (ii) the local governmental entity is considering entering into a contract with the vendor;

(B) has given to the local government officer or a family member of the officer one or more gifts that have an aggregate value of more than \$100 in the 12-month period preceding the date the officer becomes aware that:

- (i) a contract between the local governmental entity and vendor has been executed; or
- (ii) the local governmental entity is considering entering into a contract with the vendor.

Local Government Code § 176.006(a) and (a-1)

(a) A vendor shall file a completed conflict of interest questionnaire if the vendor has a business relationship with a local governmental entity and:

- (1) has an employment or other business relationship with a local government officer of that local governmental entity, or a family member of the officer, described by Section 176.003(a)(2)(A);
- (2) has given a local government officer of that local governmental entity, or a family member of the officer, one or more gifts with the aggregate value specified by Section 176.003(a)(2)(B), excluding any gift described by Section 176.003(a-1); or
- (3) has a family relationship with a local government officer of that local governmental entity.

(a-1) The completed conflict of interest questionnaire must be filed with the appropriate records administrator not later than the seventh business day after the later of:

(1) the date that the vendor:

- (A) begins discussions or negotiations to enter into a contract with the local governmental entity; or
- (B) submits to the local governmental entity an application, response to a request for proposals or bids, correspondence, or another writing related to a potential contract with the local governmental entity; or

(2) the date the vendor becomes aware:

- (A) of an employment or other business relationship with a local government officer, or a family member of the officer, described by Subsection (a);
- (B) that the vendor has given one or more gifts described by Subsection (a); or
- (C) of a family relationship with a local government officer.

BROWNSVILLE PUBLIC UTILITIES BOARD
RESIDENCE CERTIFICATION

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

Section 1. (a)

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

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

Section 1. (b)

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

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

Signature: _____

Print Name: _____

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

(City and State)

Signature: _____

Print Name: _____

Request for Taxpayer Identification Number and Certification

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

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

| | | |
|--|---|--|
| Print or type. See specific instructions on page 3. | <p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p>2 Business name/disregarded entity name, if different from above</p> <hr/> <p>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.</p> <p> <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) ▶ _____ </p> | <p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p style="font-size: small;">(Applies to accounts maintained outside the U.S.)</p> |
| | <p>5 Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p>6 City, state, and ZIP code</p> <hr/> <p>7 List account number(s) here (optional)</p> <hr/> | <p>Requester's name and address (optional)</p> <hr/> <hr/> |

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

| | | | | | |
|--|---|---|---|---|--|
| Social security number | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 2%; border: 1px solid black; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 2%; border: 1px solid black; text-align: center;">-</td> <td style="width: 46%; border: 1px solid black; height: 20px;"></td> </tr> </table> | | - | | - | |
| | - | | - | | |
| OR | | | | | |
| Employer identification number | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 2%; border: 1px solid black; text-align: center;">-</td> <td style="width: 73%; border: 1px solid black; height: 20px;"></td> </tr> </table> | | - | | | |
| | - | | | | |

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.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

| | | |
|------------------|----------------------------------|--------------|
| Sign Here | Signature of U.S. person ▶ _____ | Date ▶ _____ |
|------------------|----------------------------------|--------------|

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Form **W-8BEN-E**

(Rev. October 2021)
Department of the Treasury
Internal Revenue Service

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

▶ For use by entities. Individuals must use Form W-8BEN. ▶ Section references are to the Internal Revenue Code.
▶ Go to www.irs.gov/FormW8BENE for instructions and the latest information.
▶ Give this form to the withholding agent or payer. Do not send to the IRS.

OMB No. 1545-1621

Do NOT use this form for:

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

Instead use Form:

Part I Identification of Beneficial Owner

| | | | | | | | | | | | | | | | | | |
|---|---|---|---|--------------------------------------|--------------------------------------|--|---|--|---|--|---|---------------------------------|---|--|---|--|--|
| <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><input type="checkbox"/> International organization</td> <td></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 | | |
| <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 | | | | | | | | | | | | | | |
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| | <input type="checkbox"/> International organization | | | | | | | | | | | | | | | | |
| <p>5 Chapter 4 Status (FATCA status) (See instructions for details and complete the certification below for the entity's applicable status.)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Nonparticipating FFI (including an FFI related to a Reporting IGA FFI other than a deemed-compliant FFI, participating FFI, or exempt beneficial owner). <input type="checkbox"/> Participating FFI. <input type="checkbox"/> Reporting Model 1 FFI. <input type="checkbox"/> Reporting Model 2 FFI. <input type="checkbox"/> Registered deemed-compliant FFI (other than a reporting Model 1 FFI, sponsored FFI, or nonreporting IGA FFI covered in Part XII). See instructions. <input type="checkbox"/> Sponsored FFI. Complete Part IV. <input type="checkbox"/> Certified deemed-compliant nonregistering local bank. Complete Part V. <input type="checkbox"/> Certified deemed-compliant FFI with only low-value accounts. Complete Part VI. <input type="checkbox"/> Certified deemed-compliant sponsored, closely held investment vehicle. Complete Part VII. <input type="checkbox"/> Certified deemed-compliant limited life debt investment entity. Complete Part VIII. <input type="checkbox"/> Certain investment entities that do not maintain financial accounts. Complete Part IX. <input type="checkbox"/> Owner-documented FFI. Complete Part X. <input type="checkbox"/> Restricted distributor. Complete Part XI. </td> <td 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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| <p>6 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address (other than a registered address).</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 70%;">City or town, state or province. Include postal code where appropriate.</td> <td style="width: 30%;">Country</td> </tr> </table> | | City or town, state or province. Include postal code where appropriate. | Country | | | | | | | | | | | | | | |
| City or town, state or province. Include postal code where appropriate. | Country | | | | | | | | | | | | | | | | |
| <p>7 Mailing address (if different from above)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 70%;">City or town, state or province. Include postal code where appropriate.</td> <td style="width: 30%;">Country</td> </tr> </table> | | City or town, state or province. Include postal code where appropriate. | Country | | | | | | | | | | | | | | |
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For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 59689N

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