



**LEGAL NOTICE
AND
INVITATION TO BID
BID #043-24**

Sealed bids will be received by the PUBLIC UTILITIES BOARD of the City of Brownsville, Texas ("BPUB"), for Annual Tool Supply **until 5:00 PM, May 8, 2024** at the BPUB Purchasing Department office; 1155 FM 511; Olmito, Texas 78575.

Bids received after this time will not be considered.

Bids will be publicly opened and read aloud on May 9, 2024 at 10:30 AM. Bidders can request a copy of the bid tabulation by emailing Magaytan@brownsville-pub.com or dsolitaire@brownsville-pub.com. Bidders can call (956) 214-6020 on May 9, 2024 at 10:30 AM to listen to the bid opening.

Copies of the Specifications may be obtained at the following website https://www.brownsville-pub.com/rfp_status/open/

Two (2) sets of the bid documents shall be enclosed in a sealed envelope and shall be plainly marked on the outside of the envelope and on any carrier's envelope: "B043-24 ANNUAL TOOL SUPPLY, May 8, 2024, 5:00 PM". This envelope shall be addressed to Diane Solitaire; Brownsville Public Utilities Board; Purchasing Department; 1155 FM 511; Olmito, Texas 78575.

The BPUB 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 Public Utilities Board, Purchasing Office by the given deadline above. **No bids will be accepted via facsimile or electronic submission.**

The BPUB specifically reserves the right to reject any or all bids, to waive irregularities or informalities in any or all bids and to accept any bid which is deemed to be in the best interest of the Board.

By:
Diane Solitaire
Purchasing Department
(956) 983-6366

Please submit this page upon receipt.

Acknowledgement Form

B043-24 Annual Tool Supply

For any clarifications, please contact Marisela Gaytan at the Brownsville Public Utilities Board, Purchasing Department at (956) 983-6365, e-mail: MaGaytan@brownsville-pub.com or dsolitaire@brownsville-pub.com.

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

Check one:

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

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

Email: _____

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

Carrier: _____

Account: _____

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

If you are unable to send your bid, kindly indicate your reason for “No bid” above and return this form **via email to MaGaytan@brownsville-pub.com or 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: _____

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

Special Instructions

Contract Information

- **Interpretation**

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

Marisela Gaytan, Purchasing Buyer Apprentice or
(956) 983-6365

Diane Solitaire
(956) 983-6366

- **Tentative Time line**

1. April 15, 2024 to May 8, 2024 - Vendors work on formal bid.
2. May 8, 2024 before 5:00 PM - **Vendor must submit two (2) sets of bid documents to:**

Diane Solitaire, Purchasing
1155 FM 511
Olmito, TX 78575

B#043-24 Annual Tool Supply
Due: May 8, 2024 at 5:00 PM

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

3. May 9, 2024 - Open bids at 10:30 AM
4. May 9, 2024 – May 17, 2024 - Evaluate bids
5. May 20, 2024 - Provide Final Recommendations
6. June 10, 2024 - Send to Utilities 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 item. Items with asterisk (*) on cost sheet must be the exact brand and part number.**

- **Pricing**

Bid unit price on quantity specified, extend and show total. In case of errors in extension, unit prices shall govern. **Price shall remain firm for 12 months after receipt of purchase order.**

All fields (UNIT PRICE, TOTAL PRICE, EST. DELIVERY IN DAYS, MANUFACTURER, & PART #) on the specifications pages must be filled. The data must be complete to identify the bidding brand.

- **Vendor Representative**

The successful vendor agrees to send a personal representative with binding authority for the company to the Brownsville Public Utilities Board 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.

- **Determining Factors for Award**

1. Bidders net price on bid items
2. Stock availability
3. Reputation of brand names offered
4. Delivery
5. Safety 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. 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 Public Utilities Board is exempt from Federal Excise Tax, State Tax and Local taxes. Do not include tax in the bid. If it is determined that tax was included in the bid, it will not be included in the tabulation or any awards. Tax exemption 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.

- **As Needed Basis**

Quantities shown are estimates only and are based on average usage. Items are to be ordered “as needed” and be billed as such. BPUB will not accept full order of items requested.

- **Contract and Purchase Order**

A contract for the annual tool supply will be placed into effect by means of a purchase order issued by Brownsville Public Utilities Board after tabulation and final approval by the BPUB Board of Directors.

- **Delivery**

Delivery of the material will only be accepted during normal working hours, Monday thru Friday, 8 AM to 4 PM. A delivery ticket must be furnished with each delivery by the carrier. The delivery ticket must show the BPUB's Purchase Order, number of crates, packages, etc. being delivered to BPUB. A packing list must be furnished with each delivery by the carrier. The packing list must include the BPUB's Purchase Order number, a brief description of materials and the total number of crates, size, etc. being delivered to BPUB.

- **Brownsville Public Utilities Board Rights**

1. If only one or no bid is received by "submission date", the BPUB has the right to reject, re-bid, accept and/or extend the bid by up to an additional two (2) weeks from original submission date.
2. The right to reject any/or all bids and to make award as they may appear to be advantageous to the Brownsville Public Utilities Board.
3. The right to hold bid for 60 days from submission date without action, and to waive all formalities in bid.
4. The right to extend the total bid beyond the original 60-day period prior to an award, if agreed upon in writing by all parties (BPUB and vendor/contractor) and if bidder/vendor holds original bid prices firm.
5. The right to terminate for cause or convenience all or any part of the unfinished portion of the Project resulting from this solicitation within Thirty (30) calendar days written notice; for cause: upon default by the vendor/contractor, for delay or non-performance by the vendor/contractor; or if it is deemed in the best interest of the BPUB for BPUB's convenience.
6. 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 to the invitation to bid will be made by ADDENDUM. Changes or corrections will be issued by the Brownsville PUB Purchasing Department. **Addenda will be e-mailed 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 any all addenda, execute them, and return addenda with the response to the invitation to bid. Addenda may be posted on BPUB's webpage.

**COST SHEET
ANNUAL TOOL SUPPLY
B#043-24**

Items with asterisk (*) on cost sheet must be the exact brand and part number.

Item	Commodity	Description	Qty.	Unit Price	Brand Name & MFG #	Lead Time
1	T0001-00	NUT DRIVER, 7 PIECE SET CUSHION GRIP, KLEIN # 631	15			
2	T0003-00	TAPE, 100' A WOVEN FIBERGLASS, KLEIN #946-100	10			
3	T0004-00	HAMMER, 18 OZ. ELECTRICIAN'S, KLEIN #807-18	10			
4	T0005-00	LEVEL, 9" MAGNETIC ALUMINUM TORPEDO, KLEIN # 935	15			
5	T0006-00	CUTTER, RATCHETING CABLE, KLEIN #63601 OR EQUAL	40			
6	T0007-00	TOOL, MULTI-PURPOSE SIX-IN-ONE, KLEIN #1000	10			
7	T0008-00	BAG, 24" CANVAS TOOLS, KLEIN #5102-24	30			
8	T0010-00	HAMMER, LONG LINEMAN 36OZ DOUBLE FACE, KLEIN # 809-36	20			
9	T0011-00	PLIERS, 10" PUMP, PLASTIC DIPPED, KLEIN # D502-10	20			
10	T0012-00	PLIERS, 9-14" SIDE CUTTING, KLEIN # D213-9NE	35			
11	T0013-00	SCREWDRIVER, 5/16"X6" KEYSTONE, KLEIN #600-6	40			
12	T0014-00	SCREWDRIVER, # 2X4" PHILLIPS, KLEIN #603-4	25			
13	T0015-00	RULER, FOLDING WOOD-OUTSIDE READING, KLEIN #901-6	30			
14	T0016-00	HEX KEY, FOLDING SET (3/32, 7/64, 1/8), KLEIN #70591	20			
15	T0017-00	HEX KEY, FOLDING SET (.050, 1/16), KLEIN #70581	20			

Item	Commodity	Description	Qty.	Unit Price	Brand Name & MFG #	Lead Time
16	T0018-00	RATCHET, 1/2" DRIVE, 10-1/2 LENGTH, KLEIN # 65820	20			
17	T0019-00	EXTENSION, 1/2" , 5" LENGTH, KLEIN # 65821	20			
18	T0020-00	WRENCH, 8" ADJUSTABLE HD HANDLE, KLEIN #D506-8	20			
19	T0021-00	GAFF GAUGE, POLE AND TREE CLIMBER, KLEIN # KG1	5			
20	T0022-00	GAFF GUARD, REMOVABLE (ONE PAIR), BASHLIN # 2	15			
21	T0023-00	PLIERS, 8-5/16 HD, LONG NOSE, KLEIN #D203-8N	20			
22	T0024-00	WRENCH, 12" ADJUSTABLE,HD HANDLE, KLEIN #D507-12	20			
23	T0025-00	CUTTERS, 9-1/2 CABLE KLEIN # 63050	25			
24	T0026-00	WRENCH, 14" PIPE, HUSKY #WG5-14	15			
25	T0027-00	SOCKET, 1/2" DRIVE DEEP, 12-POINT, KLEIN #65829	15			
26	T0028-00	SOCKET, 9/16 1/2" DRIVE DEEP, 12-POINT, KLEIN #65825	20			
27	T0029-00	SOCKET, 1/2" DRIVE DEEP, 12-POINT, KLEIN #65826	15			
*28	T0030-00	LOWELL LINEMAN WRENCH 12" STEEL #24F *EXACT ITEM - NO SUBSTITUTION* LOWELL 151T	15			
29	T0031-00	KEY, HEX FOLDING SET, KLEIN # 70579	10			
30	T0032-00	CLIMBERS, POLE, BASHLIN #BD14-1N WITH 87N	10			
31	T0033-00	PADS, CUSHION WRAP, BIGBUCK CLIMBER, BUCKINGHAM # 3118	15			
32	T0033-01	STRAPS, CUSHION PAD, BUCKINGHAM # 2639 (1PR/BAG)	15			

Item	Commodity	Description	Qty.	Unit Price	Brand Name & MFG #	Lead Time
33	T0034-00	HOLSTER, LINEMAN,BASHLIN # 111HLS	15			
34	T0035-00	SOCKET, ONLY 1/2" DR, 5 PT, PENTAHEAD WRIGHT #9076	25			
*35	T0036-00	FLUKE SERIES CLAMP METER # 374 AC/DC *EXACT ITEM - NO SUBSTITUTION*	40			
36	T0037-00	WRENCH, 5/16" HEX, UTILCO # WR-9	10			
37	T0038-00	WRENCH, 3/8 HEX, UTILCO # WR-10	10			
*38	T0039-00	ADAPTER, 7/16" TO 1/2" HEX HD IMPACT, BLUEBULLY #2801 *EXACT ITEM - NO SUBSTITUTION*	20			
39	T0040-00	BAG, CANVAS UTILITY KLEIN # 5142	25			
40	T0042-00	CUTTER, 8" DIAGONAL, KLEIN #D228-8	20			
41	T0043-00	WRENCH, 3-PIECE OFFSET BOX, KLEIN #68244	15			
42	T0044-00	STRAP, POLE POSITIONING, BUCKINGHAM #366099E	10			
43	T0045-00	GAFF, POLE, BASHLIN #14	5			
44	T0046-00	2019M LIGHT WEIGHT FULL FLOAT BODY BELT, SIZE 22	5			
45	T0046-01	2019M LIGHT WEIGHT FULL FLOAT BODY BELT, SIZE 24	10			
46	T0046-02	2019M LIGHT WEIGHT FULL FLOAT BODY BELT SIZE 26	5			
47	T0046-03	2019M LIGHT WEIGHT FULL FLOAT BODY BELT, SIZE 28	15			
48	T0046-04	2019M LIGHT WEIGHT FULL FLOAT BODY BELT, SIZE 30	15			
49	T0047-00	SOCKET, 15/16" DP,1/2" DR, 12PT, BLACKHAWK SP #40330	15			

Item	Commodity	Description	Qty.	Unit Price	Brand Name & MFG #	Lead Time
50	T0048-00	REPELLENT, INSECT, PERMETHRIN, 60OZ. PUMP RTC #4507	24			
51	T0049-00	RAINCOAT FR, SMALL, FLUORESCENT ORANGE RED WITH HOOD, SILVER REFLECTIVE TAPE ELECTRA ORANGE-RED RATING 11 CAL/CM2 # C44129	10			
52	T0049-01	RAINCOAT RF, MEDIUM, FLUORESCENT ORANGE RED WITH HOOD, SILVER REFLECTIVE TAPE ELECTRA ORANGE-RED ARC RATING 11CAL/CM2 #C42129	25			
53	T0049-02	RAINCOAT FR, LARGE, FLUORESCENT ORANGE RED WITH HOOD, SILVER REFLECTIVE TAPE ELECTRA ORANGE-RED ARC RATING 11CAL/CM2 #C44129	35			
54	T0049-03	RAINCOAT FR, X-LARGE, FLUORESCENT ORANGE RED WITH HOOD, SILVER REFLECTIVE TAPE ELECTRA ORANGE-RED ARC RATING 11CAL/CM2 #C44129	15			
55	T0049-04	RAINCOAT FR, 2X-LARGE, FLUORESCENT ORANGE RED WITH HOOD, SILVER REFLECTIVE TAPE ELECTRA ORANGE-RED ARC RATING 11CAL/CM2 #C44129	15			
56	T0049-05	RAINCOAT FR, 3X-LARGE, FLUORESCENT ORANGE RED WITH HOOD, SILVER REFLECTIVE TAPE ELECTRA ORANGE-RED ARC RATING 11CAL/CM2 #C44129	10			
57	T0049-06	RAINCOAT FR, 4X-LARGE, FLUORESCENT ORANGE RED WITH HOOD, SILVER REFLECTIVE TAPE ELECTRA ORANGE-RED ARC RATING 11CAL/CM2 #C44129	5			
*58	T0050-00	VEST FR SAFETY MESH /BREATHABLE, MEDIUM NFPA 70E COMPLIANT, VELCRO CLOSURE, HI-VISIBILITY GREEN #SV97E-2VGM-M *MUST BE EXACT*	75			

Item	Commodity	Description	Qty.	Unit Price	Brand Name & MFG #	Lead Time
*59	T0050-01	VEST FR SAFETY MESH /BREATHABLE, LARGE NFPA 70E COMPLIANT, VELCRO CLOSURE, HI-VISIBILITY GREEN. # SV97E-2VGM-L *MUST BE EXACT*	100			
*60	T0050-02	VEST FR SAFETY MESH /BREATHABLE, X-LARGE NFPA 70E COMPLIANT, VELCRO CLOSURE, HI-VISIBILITY GREEN. # SV97E-2VGM-XL *MUST BE EXACT*	100			
*61	T0050-03	VEST FR SAFETY MESH /BREATHABLE, 2X-LARGE NFPA 70E COMPLIANT, VELCRO CLOSURE, HI-VISIBILITY GREEN. # SV97E-2VGM-2XL *MUST BE EXACT*	75			
*62	T0050-04	VEST FR SAFETY MESH /BREATHABLE, 3X-LARGE NFPA 70E COMPLIANT, VELCRO CLOSURE, HI-VISIBILITY GREEN. # SV97E-2VGM-3XL *MUST BE EXACT*	50			
*63	T0050-05	VEST FR SAFETY MESH /BREATHABLE, 4X-LARGE NFPA 70E COMPLIANT, VELCRO CLOSURE, HI-VISIBILITY GREEN. # SV97E-2VGM-4XL *MUST BE EXACT*	25			
64	T0051-00	HEADGEAR, FACESHIELD FR (COMPLETE) ARC FLASH PROTECTION SALISBURY HONEYWELL PART# AS1200FB-PP WITH FULL BRIM 12CAL/CM2	100			
65	T0051-01	CHIN GUARD, TRANSPARENT SALISBURY HONEYWELL PART# AS12CLR-FB-PP PRISM SHIELD FOR FULL BRIM FACE SHIELDS	20			

Item	Commodity	Description	Qty.	Unit Price	Brand Name & MFG #	Lead Time
66	T0052-00	637G8C700K3-'H' STYLE FULL BODY HARNESS, SMALL BUCKINGHAM OR DBI/SALA WITH CYNCH-LOCK ONLY	5			
67	T0052-01	637G8C700K3-'H' STYLE FULL BODY HARNESS, MEDIUM BUCKINGHAM OR DBI/SALA WITH CYNCH-LOCK ONLY	10			
68	T0052-02	637G8C700K3-'H' STYLE FULL BODY HARNESS, LARGE BUCKINGHAM OR DBI/SALA WITH CYNCH-LOCK ONLY	15			
69	T0052-03	637G8C700K3-'H' STYLE FULL BODY HARNESS, X-LARGE BUCKINGHAM OR DBI/SALA WITH CYNCH-LOCK ONLY	15			
70	T0052-04	637G8C700K3-'H' STYLE FULL BODY HARNESS, 2XL BUCKINGHAM OR DBI/SALA WITH CYNCH-LOCK ONLY	5			
71	T0052-05	637G8C700K3-'H' STYLE FULL BODY HARNESS, 3XL BUCKINGHAM OR DBI/SALA WITH CYNCH-LOCK ONLY	5			
*72	T0053-00	LANYARD ARC, 6'BUCKINHAM 3600LBS MODEL# 8VV116S1+Z *MUST BE EXACT*	40			
73	T0054-00	MODEL 9-8 FULLY ADJUSTABLE POSITIONING LANYARD, 8' LENGTH AND ½" DIAMETER, BUCKADJUSTER™	15			
74	T0054-01	488MWMC SUPER SQUEEZE™, 44" MID LENGTH OUTER STRAP, 70" WOVEN INNER STRAP WITH CARABINER CONNECTION	15			
75	T0055-00	HOOD PROTECTION ARC FLASH SALISBURY PART# AFHOOD10 (BALACLAVA) ATPV RATING 10CAL/CM2 PROTECTION	200			

Special Instructions:

Material will be ordered as needed and be billed as such. The Purchase Order quantities are subject to BPUB’s right to increase or decrease as deemed necessary. Stipulate below, if an increase or decrease in quantities affects bid price: Quantities are estimates based on prior year usage history.

(____) Yes, an increase or decrease in quantities affects bid price

(____) No, an increase or decrease in quantities will not affect bid price.

Company Name: _____

Company Address: _____

Authorized Company Representative: _____
(Print)

Authorized Company Representative: _____
Signature – Failure to sign bid will disqualify it

Telephone #: _____

Fax #: _____

Email: _____

**REQUIRED FORMS
CHECKLIST**

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

NAME	FORM DESCRIPTION	SUBMITTED WITH BID	
		YES	NO
Legal Notice	Acknowledgement Form	<input type="checkbox"/>	<input type="checkbox"/>
	Debarment Certification	<input type="checkbox"/>	<input type="checkbox"/>
	Ethics Statement	<input type="checkbox"/>	<input type="checkbox"/>
	Conflict of Interest Questionnaire	<input type="checkbox"/>	<input type="checkbox"/>
	W9 or W8 Form	<input type="checkbox"/>	<input type="checkbox"/>
	Direct Deposit Form (will be provided to the awarded vendor)	<input type="checkbox"/>	<input type="checkbox"/>
	Residence Certification Form	<input type="checkbox"/>	<input type="checkbox"/>
Special Instructions	Bid Schedule/Cost sheet completed and signed	<input type="checkbox"/>	<input type="checkbox"/>
	Cashier Check or Bid Bond of 5% of Total Amount of Bid (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
	OSHA 300 Log (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
	Contractor Pre-Bid Disclosure completed, signed and notarized (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
	Sub-Contractor Pre-Bid Disclosure completed, signed, and notarized (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
References	Complete the Previous Customer Reference Worksheet for each reference provided	<input type="checkbox"/>	<input type="checkbox"/>
Addenda			

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

The undersigned bidder, by signing and executing this bid, certifies and represents to the Brownsville Public Utilities Board that bidder has not offered, conferred or agreed to confer any pecuniary benefit, as defined by (1.07 (a) (6) of the Texas Penal Code, or any other thing of value as consideration for the receipt of information or any special treatment of advantage relating to this bid; the bidder also certifies and represents that the bidder has not offered, conferred or agreed to confer any pecuniary benefit or other thing of value as consideration for the recipient's decision, opinion, recommendation, vote or other exercise of discretion concerning this bid, the bidder certifies and represents that bidder has neither coerced nor attempted to influence the exercise of discretion by any officer, trustee, agent or employee of the City of Brownsville and/or 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 City of Brownsville and/or 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 City of Brownsville and/or 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 PUBLIC OFFICIALS, OFFICERS AND EMPLOYEES FROM AND AGAINST ALL CLAIMS, ACTIONS, SUITS, DEMANDS, PROCEEDINGS, COSTS, DAMAGES, AND LIABILITIES, ARISING OUT OF, CONNECTED WITH, OR RESULTING FROM ANY NEGLIGENT ACTS OR OMISSIONS OF CONTRACTOR OR ANY AGENT, EMPLOYEE, SUBCONTRACTOR, OR SUPPLIER OF CONTRACTOR IN THE EXECUTION OR PERFORMANCE OF ANY RESULTING CONTRACT FROM SUBMITTAL OF THIS BID.

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

COMPANY: _____

AGENT NAME: _____

AGENT SIGNATURE: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____

TELEPHONE: _____ TELEFAX: _____

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

DEVIATIONS FROM SPECIFICATIONS IF ANY: _____

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

CERTIFICATION REGARDING
DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY
MATTERS (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.

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

CONFLICT OF INTEREST QUESTIONNAIRE For vendor doing business with local governmental entity		FORM CIQ
<p>This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.</p> <p>This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).</p> <p>By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.</p> <p>A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.</p>	OFFICE USE ONLY Date Received	
1 Name of vendor who has a business relationship with local governmental entity.		
2 <input type="checkbox"/> Check this box if you are filing an update to a previously filed questionnaire. (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)		
3 Name of local government officer about whom the information is being disclosed.	_____ Name of Officer	
4 Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.		
<p style="text-align: center;">A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p> <p style="text-align: center;">B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>		
5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.		
6 <input type="checkbox"/> Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).		
7	_____ 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.

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.

**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.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>	
	5 Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

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

Social security number	
OR	
Employer identification number	

Note: If the account is in more than one name, see the instructions for line 1. See also *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:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

Form **W-8BEN-E**

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

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

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

OMB No. 1545-1621

Do NOT use this form for:

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

Instead use Form:

Part I Identification of Beneficial Owner

1 Name of organization that is the beneficial owner	2 Country of incorporation or organization																
3 Name of disregarded entity receiving the payment (if applicable, see instructions)																	
4 Chapter 3 Status (entity type) (Must check one box only): <table 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>		<input type="checkbox"/> Simple trust	<input type="checkbox"/> Tax-exempt organization	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Central Bank of Issue	<input type="checkbox"/> Private foundation	<input type="checkbox"/> Complex trust	<input type="checkbox"/> Foreign Government - Controlled Entity	<input type="checkbox"/> Grantor trust	<input type="checkbox"/> Disregarded entity	<input type="checkbox"/> Estate	<input type="checkbox"/> Foreign Government - Integral Part		<input type="checkbox"/> International organization		
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If you entered disregarded entity, partnership, simple trust, or grantor trust above, is the entity a hybrid making a treaty claim? If "Yes," complete Part III. <input type="checkbox"/> Yes <input type="checkbox"/> No																	
5 Chapter 4 Status (FATCA status) (See instructions for details and complete the certification below for the entity's applicable status.) <table 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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6 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address (other than a registered address).																	
City or town, state or province. Include postal code where appropriate.	Country																
7 Mailing address (if different from above)																	
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For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 59689N

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