



REQUEST FOR SEALED PROPOSALS

FULLY FUNDED

GROUP HEALTH INSURANCE

RFP NO. 25-002-11-14

REQUEST FOR SEALED PROPOSAL

Sealed proposals addressed to Lori A. Maldonado, Purchasing Agent, who can be reached at (956)223-2204. Any communication regarding this RFP should be emailed to lmaldonado@sjtx.us including in the subject line "Fully Funded Group Health Insurance - RFP NO. 25-002-11-14." The City is requesting one (1) original, two (2) copies and (1) USB Electronic of the proposal in a sealed envelope. The envelope should clearly indicate it is a proposal for "Fully Funded Group Health Insurance - RFP NO. 25-002-11-14. Proposals submitted by fax or electronically will not be accepted. **Proposals must be submitted on or before 10:00 a.m., on Thursday, November 14, 2024, in a sealed envelope with a return address, addressed as follows:**

**REQUEST FOR SEALED PROPOSALS
FULLY FUNDED GROUP HEALTH INSURANCE - RFP NO. 25-002-11-14
ATTN: LORI A. MALDONADO, PURCHASING AGENT
CITY OF SAN JUAN
512 S. NEBRASKA AVENUE
SAN JUAN, TEXAS 78589-2649**

Specifications can be obtained by calling the Purchasing Division at (956) 223-2204, by picking them up at the San Juan City Hall, 512 S. Nebraska Ave., San Juan, Texas, 78589 between the hours of 8:30 a.m. – 4:30 p.m., Monday thru Friday, or by downloading them from the City's web-site, www.sjtx.com.

Be advised that if a firm downloads the bidding documents from the web page and is contemplating on the project, the respondent must register with the Purchasing Division so that any changes/ additions via Addendum can be forwarded to the firm. Register with the Purchasing Division by email to lmaldonado@sjtx.us. Please include the firm's name, address, phone number and fax number, as well as the contact person name and title in your email and "FULLY FUNDED GROUP HEALTH INSURANCE - RFP NO. 25-002-11-14" in the email's subject line.

The City of San Juan reserves the right to refuse and reject any or all proposals and to waive any or all formalities or technicalities or to accept the proposal to be the best and most advantageous to the City, and hold the proposals for a period of 60 days without taking action. Proposals submitted past the aforementioned date and time will not be accepted.

Caution to those submitting bids; those not in the proper form may be rejected.

Request for Proposals

Qualified Carriers in responding to this Request for Proposals (RFP) should include information requested in the following paragraphs. Failure to provide the information requested or falsification of any information provided shall result in disqualification of the participant.

REQUEST FOR PROPOSALS FOR FULLY FUNDED GROUP HEALTH INSURANCE

ACKNOWLEDGMENT OF INTENT

Please fill in the requested information below as acknowledgment that your intent is to participate in the Request for Proposals noted above. If your company is interested in participating, this sheet must be completed and returned via e-mail.

Purchasing Agent
Lori A. Maldonado
512 S. Nebraska Avenue San Juan, Texas 78589
(956) 223-2204
lmaldonado@sjtx.us

South Texas Risk Management LLC
Jonathan Sakulenzki
1200 Fresno Ave Suite A McAllen,
Texas 78501
JSakulenzki@strmins.com

Name of Carrier: _____

Address: _____

City, State Zip: _____

Telephone Number: _____ Fax Number: _____

e-mail: _____

_____ YES, our company does have an interest in responding.

_____ NO, our company does not have an interest in responding.

Name: (Print) _____ Title: _____

Signature: _____ Date: _____

**NOTICE TO RESPONDENTS
PLEASE RETURN THIS FORM UPON RECEIPT**

Executive Summary Notice Request for Proposals (RFP)

General Information:

1. The purpose of this Executive Notice is to highlight the key requirements of the Request for Proposal (RFP).
2. City of San Juan is requesting proposals from qualified Carriers to provide Fully Funded Group Health Insurance.
3. Where applicable, all companies submitting proposals must be licensed by the Texas Department of Insurance and be permitted to contract with the State or any of its subdivisions. All insurance carriers must be rated by AM Best Company. Proposers who fall under the guidelines of the Interlocal Cooperation Act, Chapter 791, Title 7, Government Code, will be acceptable.
4. City of San Juan may award to contract to the bidder who provides goods or services at the best value for the City in determining the best value for the City, the City may consider:
 - (1) the purchase prices.
 - (2) the reputation of the bidder and of the bidder's goods or services.
 - (3) the quality of the bidder's goods or services.
 - (4) the extent to which the goods or services meet the City's needs.
 - (5) the bidder's past relationship with the City.
 - (6) the impact on the ability of the City to comply with laws and rules relating to contracting with historically underutilized businesses and nonprofit organizations employing persons with disabilities.
 - (7) the total long-term cost to the City to acquire the bidder's goods or services; and
 - (8) any relevant criteria specifically listed in this request for bids or proposals
5. The contract will be effective as per Insurance Policy, or after city council approval whichever occurs later. The city would prefer a one-year contract with the option to renew for two (2) additional (separate) one (1) year terms, if there are no changes in terms and conditions, insurance agent or underwriting company, and the insurance rates do not increase more than 5% per year.
6. Written questions about this RFP and requests for additional information shall be **requested no later than 12:00 pm Wednesday, November 6, 2024** by emailing **Lori A. Maldonado** lmaldonado@sjtx.us or **South Texas Risk Management at** JSakulenzki@strmins.com. The city will not respond to verbal inquiries. Any form of contact by an offeror or potential offeror regarding this RFP, at any time during the solicitation process from initial advertisement through award, with the Commissioners or any person employed by the City of San Juan, other than through the communication channels stipulated in the Request for Proposal, or as subsequently instructed by the City of San Juan through the solicitation process, will constitute grounds for rejection of their Proposal.
7. Public sector employers are not allowed, under current state law, to execute a document containing a Hold Harmless/Indemnification Clause causing the employer to be responsible for other parties' liability. Therefore, your documents should not contain any such clauses.
8. Since the City of San Juan is interested in limiting costs associated with the acquisition process, offerors not intending to continue with the RFP are requested to submit a letter requesting they be taken off the mailing list for this solicitation. City of San Juan reserves the right to reject any or all proposals, waive technicalities and to award the contract in the best interest of the City. Price alone will not be the sole determining criteria in the selection process.
9. One Original, Two Copies of the proposal and a USB are to be mailed to 512 S. Nebraska Avenue San Juan, Texas 78589 and directed to the Purchasing Agent, Lori A. Maldonado. **Due Date: 10:00 A.M., November 14th, 2024**

City of San Juan

Group Health Insurance

(Fully Funded)

Section 1:

General Information

General Requirements, Instructions and Conditions

Section 2:

Proposer Questionnaires

Fully Funded Health Insurance

Section 3:

City Forms

Anti-Collusion Certification

W-9

Conflict of Interest

Form 1295 Certificate of Interested Parties

Felony Conviction Notice

Section 4:

Benefit Exhibits (Available via email Request from Agent)

General Information

City of San Juan Group Health Insurance (Fully Funded)

GENERAL REQUIREMENTS AND INSTRUCTIONS

A. Information

1. The information contained in these specifications is confidential and is to be used only in connection with preparing a proposal for the following insurance services or insurance coverages:

Group Health Insurance

2. The City of San Juan reserves the right to accept or reject all or any part of the proposals, waive minor technicalities, and award the proposal to best serve their interest. The City of San Juan also reserves the right to waive or dispense with any of the formalities contained herein.
3. Proposals are to be submitted on the basis of the specifications contained herein. Alternate proposals will also be considered, provided the alternatives are clearly explained. All deviations from the specifications must be clearly identified and explained.
4. The information contained herein is believed to be accurate and up to date but is not intended to be an express or implied warranty.

B. Legal

All parties submitting proposals are expected to comply with federal, state, and local insurance laws and regulations relative to the preparation and submissions of insurance proposals. Specifically, the services to be provided are expected to follow the Americans with Disabilities Act (ADA), Family Medical Leave Act (FMLA), Health Insurance Portability and Accountability Act (HIPAA), insurance laws and insurance regulations. All proposals that are submitted will be presumed to follow all applicable laws.

C. Communication and Time Frame

1. Written questions about this RFP and requests for additional information shall be **requested no later than 12:00 pm Wednesday, November 6, 2024** by emailing **Lori A. Maldonado** lmaldonado@sjtx.us or **South Texas Risk Management at JSakulenzki@strmins.com**.
2. Copies of all correspondence relevant to this assignment will be distributed to all interested participants.
3. The RFP specifications will be available to interested parties **by emailing the City of San Juan's Agent of Record South Texas Risk Management at JSakulenzki@strmins.com**.
4. Agreement effective date will be determined by the Commissioners of the City of San Juan.

D. Proposals

1. Proposals must be clearly explained. All costs, including optional programs, must be clearly stated, and summarized. Exceptions to or deviations from the specifications **must** be explicitly identified.
2. Multiple proposals from the same carrier/insurance company will not be accepted. Carriers/insurance companies may only Submit with the City of San Juan's Agent of Record South Texas Risk Management.
3. Each party submitting a proposal is asked to screen their designated proposals for correctness and compliance with the specifications. They shall include an inventory list of products submitted attached to each proposal.
4. Proposal is to be based on duplication of the existing Plan of Benefits. Any deviations must be clearly identified and explained. All proposals will be assumed to have been submitted without any deviations unless clearly noted.
5. The contents of the proposals shall be kept confidential during the process of negotiations. After the insurance agreement is awarded, all proposals will be available for public inspection.

City of San Juan

Group Health Insurance

(Fully Funded)

E. Disqualification and Rejection of Proposals

Failure to comply with the requirements or the procedures set forth herein, or to satisfy the insurance and servicing criteria as set forth in the specifications, may result in disqualification. It is not intended that exceptions to the specifications will, in and of themselves, result in disqualification.

F. Selection of Vendor

City of San Juan reserves the right to reject any or all of the proposals, in whole or in part; to waive any informality in any proposal, and to accept the proposal which, in its discretion, is in their best interest of the City. The insurance Agent, South Texas Risk Management LLC, will review Proposals for completeness and for compliance with bid specifications. Eligible vendors should be available for questions and answers by telephone or personal appearance at the Agents or City Staff's request. The Commissioners of the City of San Juan will make the final decision of award.

G. Terms of Agreements

The City of San Juan is seeking a contract for a primary term to commence upon award by the Commissioners of City of San Juan for an initial one-year term with the option to renew the agreement for two (2) additional one (1) year terms. **The agreement will not commence prior to January 1, 2025.**

The City of San Juan reserves the right to terminate the agreement at the expiration of the budget period, during the term of the agreement or at the end of the one-year anniversary date on a sixty (60) days' notice. The agreement will be for current revenues only in accordance with Local Government Code Section 271.903 to terminate the agreement

The agreement is to contain cancellation provision that provides for sixty (60) days' notice of cancellation (except for non-payment) and sixty (60) days' notice for non-renewal or material change.

The City of San Juan reserves the right to terminate the agreement at any time for any or no reason.

Authorized Signature

All proposal forms must be signed by persons who have legal authority to bind the insurer and administrator to the services that are proposed.

H. Enrollment

The selected Provider will be expected to provide knowledgeable licensed agents to explain benefit provisions during enrollment meetings to be conducted during the month of enrollment. The selected Providers will also be responsible for providing enrollment materials prior to the employee benefit enrollment meetings. The selected provider must provide a plan for non-contact enrollment, such as Virtual Enrollment.

Group Health Insurance

City of San Juan currently provides medical benefits through a fully funded benefit program. The City's current group insurance carrier is **United Healthcare.**

City of San Juan
Group Health Insurance
(Fully Funded)

CONDITIONS:

1. At completion of enrollment, City of San Juan is to be provided with a master payroll deduction list that includes age, benefit amount and premium for both employee and dependent, if applicable.
2. Renewal rates must be explicitly explained and received by City of San Juan sixty (60) days prior to the renewal date of January 1st.
3. The Insurance Company must have an A.M. Best rating of A- or better.
4. Tentative effective date is dependent on award date.
5. Under the provisions of the Patient Protection and Affordable Care Act (PPACA), City of San Juan elected not to remain grandfathered, therefore, all the provisions under the Act apply.

City of San Juan
Group Health Insurance
(Fully Funded)

Description of Plan **must** be in the labeled format below and include the following:

Section A – Questionnaire (Attached)

Section B - Schedule of Rates

Section C - Complete Description of Benefits

Section D - Complete Description of All Limitations & Exclusions

Section E - Signed Conflict of Interest Questionnaire (Attached)

Section F – Completed and signed Anti-Collusion Certification Form (Attached)

Section G – Completed and signed W-9 Form (Attached)

Section H – Completed and signed Form 1295 Certificate of Interested Parties (Attached)

Company Name

Address

Agent Name

Authorized Signature

Type Signatory's Name and Title

Telephone Number

Fax Number

Section

2

Proposer Questionnaire

Insurance Carrier /Administrator Information

1. Describe the Carrier/ Third Party Administrator submitting the proposal:
 - a Name of Carrier/TPA: _____
 - b Current Business Address: _____
 - c Mailing Address: _____
 - d Contact Person: _____
 - e Telephone Number: _____
 - f Type of Coverage Offered: Fully Funded
* Provide Stop Loss (Specific & Aggregate)
 - g Please provide jurisdiction for corporation or partnership charter: _____
 - h Please provide date corporation or partnership chartered: _____
 - i Is the business entity licensed by the State of Texas as a Third-Party Administrator? Yes No
 - j Will you agree to provide a resume for each key employee in your organization upon request? Yes No

- 2 Will your firm provide insurance coverage for employees, spouses of employees, employees, and their children and family coverage based on employee selection/designation? Yes No

- 3 Will the carrier provide a breakdown of deductibles per individually insured by plan year, per family per plan year, per hospital admission, to include the use of PPO hospitals and non-PPO hospitals per emergency room visit, and all other pre-existing condition requirements and costs? Yes No

- 4 Will the carrier provide a clear statement of what procedures will not be covered and what procedures will be covered and their resulting deductibles? Yes No

- 5 Will the carrier provide a pharmacy prescription program that maximizes the use of discounts for both generic and brand-named drugs? (The Provider will provide specific and clear instructions on the use of the prescription program in addition to prescriptions and equipment covered and not covered and any resulting deductibles. The pharmacy prescription program shall also include specific coverage from pharmacies outside the local service area. In no case will a pharmacy prescription program be accepted that fails to have countywide pharmacy coverage.) Yes No

- 6 The Provider will provide for pregnancy coverage? Yes No

7 Will the carrier provide specifications on COBRA and will provide a Conversion of Benefits for separating employees provided the conversion does not add to the overall cost of those employees and dependents insured remaining in the program? Yes No

8 Will the carrier provide insurance that limits the amount of out-of-pocket expenses to the employee and provides and provides a responsive billing or accounting process? Yes No

9 The City's medical plan is "non-Grandfathered". Will your proposal reflect that? Yes No

10 Will you allow the City to carve out benefits to reduce premium? Yes No

11 Will agent compensation be paid outside the plan premiums? Yes No

12 Will employees have access to your company website to review pending claims? Yes No

13 Will your firm be providing virtual enrollment?
If not, please describe what non-contact enrollments your firm will provide:

14 **Reporting Services (List any additional cost, if any):**

(a). Will Actuarial services be available? Yes No

(b). Will your firm provide ACA reporting requirements under IRC sections 6055/6056? Yes No

(c). Is there a cost associated with that service? If yes, describe:

(d). What additional steps will you take to ensure the City remains ACA compliant?

15 Are rates guaranteed fixed for a three (3) year period? Yes No

Explain:

Implementation of House Bill 1295 Certificate of Interested Parties (Form 1295):

In 2015, the Texas Legislature adopted [House Bill 1295](#), which added section 2252.908 of the Government Code. The law states that a governmental entity or state agency may not enter into certain contracts with a business entity unless the business entity submits a disclosure of interested parties to the governmental entity or state agency at the time the business entity submits the signed contract to the governmental entity or state agency. The law applies only to a contract of a governmental entity or state agency that either (1) requires an action or vote by the governing body of the entity or agency before the contract may be signed or (2) has a value of at least \$1 million. The disclosure requirement applies to a contract entered into on or after January 1, 2016.

The Texas Ethics Commission was required to adopt rules necessary to implement that law, prescribe the disclosure of interested parties form, and post a copy of the form on the commission's website. The commission adopted the Certificate of Interested Parties form (Form 1295) on October 5, 2015. The commission also adopted new rules (Chapter 46) on November 30, 2015, to implement the law. The commission does not have any additional authority to enforce or interpret [House Bill 1295](#).

Filing Process:

By January 1, 2016, the commission will make available on its website a new filing application that must be used to file Form 1295. A business entity must use the application to enter the required information on Form 1295 and print a copy of the completed form, which will include a certification of filing that will contain a unique certification number. An authorized agent of the business entity must sign the printed copy of the form and have the form notarized. The completed Form 1295 with the certification of filing must be filed with the governmental body or state agency with which the business entity is entering into the contract.

The governmental entity or state agency must notify the commission, using the commission's filing application, of the receipt of the filed Form 1295 with the certification of filing not later than the 30th day after the date the contract binds all parties to the contract. The commission will post the completed Form 1295 to its website within seven business days after receiving notice from the governmental entity or state agency.

Information regarding how to use the filing application will be available on this site by January 1, 2016. A sample Form 1295 is included in this procurement document to make prospective vendors aware of this requirement. Vendors are NOT required to complete the enclosed form and include it in their response. Complete instructions and important information can be located from the following link:

https://www.ethics.state.tx.us/whatsnew/elf_info_form1295.htm

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

OFFICE USE ONLY

Complete Nos. 1 - 4 and 6 if there are interested parties.
 Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the goods or services to be provided under the contract.

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of Interest (check applicable) | |
|-------------------------------|---|---------------------------------------|--------------|
| | | Controlling | Intermediary |
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5 Check only if there is NO Interested Party.

6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

 Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of __, 20_____
 _____, to certify which, witness my hand and seal of office.

 Signature of officer administering oath

 Printed name of officer administering oath

 Title of officer administering oath

CONFLICT OF INTEREST QUESTIONNAIRE -

FORM CIQ

For vendor or other person doing business with local governmental entity

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

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).

By law this questionnaire must be filed with the records administrator of the local government entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. *See* Section 176.006(a-1), Local Government Code.

A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

1 Name of vendor who has a business relationship with local governmental entity.

2 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 in this section is being disclosed.

Name of Officer

This section, (item 3 including subparts A, B, C & D), must be completed for each officer with whom the vendor has an employment or other business relationship as defined by Section 176.001(1-a), Local Government Code. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer named in this section receiving or likely to receive taxable income, other than investment income, from the vendor?

Yes No

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 named in this section AND the taxable income is not received from the local governmental entity?

Yes No

C. Is the filer of this questionnaire employed by a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership of one percent or more?

Yes No

D. Describe each employment or business and family relationship with the local government officer named in this section.

4 I have no Conflict of Interest to disclose.

5 _____
Signature of vendor doing business with the governmental entity

Date

ADD ADDITIONAL PAGES AS NECESSARY

**Request for Taxpayer
Identification Number and Certification**

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

| | | |
|---|--|---|
| Print or type See Specific Instructions on page 2. | Name (as shown on your income tax return) | |
| | Business name/disregarded entity name, if different from above | |
| | Check appropriate box for federal tax classification: <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"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____ | |
| | Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ | |
| | Address (number, street, and apt. or suite no.) | Requester's name and address (optional) |
| | City, state, and ZIP code | |
| List account number(s) here (optional) | | |

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| Part I Taxpayer Identification Number (TIN) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Part II Certification | |
| Under penalties of perjury, I certify that: | |
| 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3. I am a U.S. citizen or other U.S. person (defined below), and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. | |
| Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3. | |

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

General Instructions

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

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

FELONY CONVICTION NOTIFICATION

State of Texas Legislative Senate Bill No. 1, Section 44.034, Notification of Criminal History, Subsection (a), states “a person or business entity that enters into a contract with a City must give advance notice to the City if the person, owner or operator of the business entity has been convicted of a felony. The notice must include a general description of the conduct resulting in the conviction of a felony.”

Subsection (b) states “a City may terminate a contract with a person or business entity if the City determines that the person or business entity failed to give notice as required by Subsection (a) or misrepresented the conduct resulting in the conviction. The City must compensate the person or business entity for services performed before the termination of the contract.”

THIS NOTICE IS NOT REQUIRED OF A PUBLICLY HELD CORPORATION, BUT THE COMPANY REPRESENTATIVE MUST CHECK OFF A SELECTION BELOW (A, B, OR C)

I, the undersigned agent for the firm named below, certify that the information concerning notification of felony convictions has been reviewed by me and the following information furnished is true to the best of my knowledge.

VENDOR NAME: _____

AUTHORIZED COMPANY OFFICIAL’S NAME (PRINTED) AND SIGNATURE:

DATE: _____

******* PLEASE CHECK OFF A SELECTION BELOW*******

- () A. My firm is a publicly held corporation, therefore, this reporting requirement is not applicable.
- () B. My firm is not owned and/or operated by anyone who has been convicted of a felony.
- () C. My firm is owned or operated by the following individual(s) who has/have been convicted of a felony:
Name of Felon: _____

Details of Convictions(s): _____

NON-COLLUSION STATEMENT & SIGNATURE SHEET

The undersigned affirms that he/she is duly authorized to execute this contract, that this company, corporation, firm, partnership or individual has not prepared this proposal in collusion with any other Offeror, and that the contents of this proposal as to prices, terms or conditions of said proposal have not been communicated by the undersigned nor by any employee or agent to any other person engaged in this type of business prior to the official opening of this proposal.

Further, I affirm that prior to or after the opening of this proposal, I (or any representative of my company) will not discuss the contents of this proposal with any person affiliated with City of San Juan, other than the Purchasing Manager or her City of San Juan Designee prior to the awarding of this proposal. I understand that failure to observe this procedure may cause my proposal to be rejected.

I also affirm that no officer or stockholder of the offeror (bidder) is a member of the staff, or related to any employee of the City of San Juan, Mayor and City Commission except as noted herein

By signing this proposal, vendor makes the assurance that vendor has not been debarred or suspended from conducting business with the U. S. Government according to Executive Order 12549 entitled "Debarment and Suspension."

I, _____, have read the standard terms and conditions, *(Print/Type Name of Company Officer)*, general proposal requirements and assumptions background & the proposal specifications requirements, I fully understand them, and will fully execute them if I am awarded this proposal.

I have represented the truth concerning the felony conviction notification. I have checked off one of the three statements and have signed the form.

I have read the criteria for evaluation that the City shall consider awarding this contract, as per Texas Education Code, Subchapter B, Section 44.031 (b).

I fully understand the proposal's insurance information forms and cost sheets.

COMPANY _____
ADDRESS _____
CITY, STATE, ZIP CODE _____
TELEPHONE/FAX _____

Signature

Title

Date

Available on request via email agent of Record