

THE STATE OF TEXAS §
 §
COUNTY OF HIDALGO §

CONTRACT FOR SERVICES
C-15-174-06-23

THIS CONTRACT is made and entered into this **23rd** day of **June, 2015** by and between **HIDALGO COUNTY, TEXAS**, and **ELIGIBILITY TRACKING CALCULATORS, LLC** a Texas Company (hereinafter“ Consultant”) to serve at the pleasure of the Hidalgo County.

WHEREAS, Consultant responded to notices of Request for Sealed Quotes (RFSQ) for “**Healthcare Reform Employee Tracking Consultant**” (the “**Services**”); and

WHEREAS, Consultant(s) submitted a bid to provide the services in accordance with Exhibit “A” Request for Sealed Quotes (RFSQ) Procurement packet attached hereto respectively, and incorporated herein for all purposes of (the “RFSQ”); and;

WHEREAS, in recognition of and in consideration of Consultant’s agreement to perform the Services in accordance with Specifications within Exhibit “A” Request for Sealed Quotes (RFSQ) Procurement Packet, attached hereto and incorporated herein the Commissioners Court of County awarded the bid to Company.

NOW, THEREFORE, for the mutual consideration expressed hereinafter, County and Consultant(s) agree as follows:

1. Consultant agrees to provide the County the consulting services required by Hidalgo County in connection with “**Healthcare Reform Employee Tracking Consultant**”

Consultant shall perform interpretation, guidance identification/tracking service to assist, County in its required reporting to the Internal Revenue Service and provisions of information to applicable persons in accordance with e Forms 1094-C/1095-C pursuant to healthcare reform laws under the Affordable Care Act.

2. Consultant hereby promises and agrees to render and provide, during the term of this Contract, and shall be obligated to render and provide the services in accordance with the Specifications within **Hidalgo County** following a request for Services by **County** or its designated agent. Consultant agrees in performing the Services that it will use proper professional standards, comply with any and all appropriate laws and regulations in providing the Services, and devote such time as is necessary to safely and efficiently provide the Services. Further Hidalgo County reserves the right to request these services from other sources other than the successful vendor and shall not be in violation of any terms or conditions of said contract.

3. This Contract shall be for a period of **one (1) year**, commencing on **June 30, 2015**, and expiring on **June 29, 2016**, but in no event to exceed the \$50,000.00 statutory bid limit per calendar year, with the County's sole option to renew/extend for **two (2) additional one (1) year term**, under the same rates, terms and conditions. County also reserves the right to continue this Request for Sealed Quotes (RFSQ) for an additional sixty (60) day Grace Period, under the same rates terms and conditions.

4. As a condition of this Contract, Consultant shall hold and maintain throughout the term of this Contract all licenses and permits required, or which may be required by any authority during the term hereof to provide the Services.

5. All vehicles operated by the Consultant to perform the Services shall contain all equipment required by any authority to operate on streets and roads and all persons in the employment of Company who operate such vehicles shall have the required licenses, qualifications, skill and expertise to perform such Services and shall comply with all laws, rules and regulations prescribed by any agency or authority having jurisdiction with regard to the operation of such vehicles in providing the Services.

Attn: County Judge
302 West University Drive
Edinburg, Texas 78539

If to Company

Eligibility Tracking Calculators, LLC
Attn. Alicia J. Haff, Partner
55 Vienna
San Antonio, Texas 78258

13. In case any one or more of the provisions contained in this Agreement shall for any reason be held to be invalid, illegal or unenforceable in any respect, such invalidity, illegality, or unenforceability shall not affect any other provision thereof and this Agreement shall be construed as if such invalid, illegal, or unenforceable provision had never been contained herein.

14. This Agreement may be terminated by County without cause upon thirty (30) days written notice.

15. This Agreement shall be binding upon and inure to the benefit of and be enforceable by the parties hereto and their respective heirs, executors, administrators, legal representatives, successors, and assigns where permitted by this Agreement.

16. This Agreement shall be governed by and construed in accordance with the laws of the State of Texas and shall be performable in Hidalgo County.

17. **Commitment of Current Revenues Only.** In the event that, during any term hereof, the Commissioners Court does not appropriate sufficient funds to meet the obligations of County under this Agreement, County may terminate this Agreement upon ninety (90) days written notice to Company. County agrees, however, to use reasonable efforts to secure funds necessary for the continued performance of this Agreement. The parties intend this provision to be a continuing right to terminate this Agreement at the

expiration of each budget period of County pursuant to the provisions of Tex. Loc. Govt. Code Ann. ' 271.903 (Vernon Supp. 1996).

18. Entire Agreement. This Agreement contains the entire contract between the parties hereto, and each party acknowledges that neither has made (either directly or through any agent or representative) any representation or agreement in connection with this Agreement not specifically set forth herein. This Agreement may be modified or amended only by agreement in writing executed by the parties hereto, and not otherwise.

19. Immunities. Nothing in this Agreement is intended to and County does not hereby waive, release or relinquish any right to assert any of the defenses County enjoys by virtue of the state or federal constitution, laws, rules or regulations, and any sovereign, official or qualified immunity available to County as to any claim or action of any person, entity, or individual against County.

WITNESS our hands in duplicate originals this ____ day of _____, 2015.

APPROVED BY COMMISSIONER'S COURT: _____

APPROVED AS TO FORM:
Atlas, Hall & Rodriguez, L.L.P.

By: _____
Stephen L. Crain, Attorney

COUNTY OF HIDALGO

By: _____
Ramon Garcia, County Judge

ATTEST:

Arturo Guajardo, Jr., County Clerk

COMPANY:
Eligibility Tracking Calculators, LLC

By: _____

Printed Name: Alicia J. Haff

Title: Partner

EXHIBIT “A”
REQUEST FOR SEALED QUOTES (RFSQ) PROCUREMENT
PACKET



Hidalgo County Purchasing Department
2812 S. Business Highway 281
New Administration Building
Edinburg, Texas 78539
(956) 318-2626/ Fax: (956) 318-2629

May 12, 2015

Re: **HIDALGO COUNTY**
REQUEST FOR SEALED QUOTES
“Healthcare Reform Employee Tracking Consultant”

RFSQ: 2015-174-05-22-YZV

Dear Participants:

Enclosed please find a Request for Sealed Quotes (RFSQ) packet for your review and consideration.

Hidalgo County Purchasing Department welcomes and appreciates your participation in the RFSQ process.

If any further assistance is required, please do not hesitate to call the Purchasing Department 956/318-2626.

Sincerely,

Yolanda Velasquez, Buyer III
Hidalgo County Purchasing Department

Enclosures



PURCHASING DEPARTMENT
County Of Hidalgo

REQUEST FOR SEALED QUOTE (RFSQ) CHECKLIST

**HIDALGO COUNTY
RFSQ NO: 2015-174-05-22-YZV**

1. Request for Bid Letter.
2. Request for Bid, Legal Notice, consisting of 7 pages.
3. Specifications (Exhibit "A"), consisting of 3 pages.
4. Bid Page (Exhibit "B"), consisting of 2 pages.
5. Exhibit "C" Insurance Requirements & Insurance Requirements Acknowledgment Sheet, consisting of 4 pages.
6. Exhibit "D" Conflict of Interest Questionnaire (CIQ) consisting of 1 page.
7. Bidder/Vendor Letter, HUB Certification and W-9, consisting of 6 pages.
8. Certificate regarding Debarment, consisting of 1 page.
9. Draft Contract, consisting 6 pages.

The above mentioned items shall be found in the Request for Bid (RFSQ) packet that is attached herewith. Should you find that any of the items are not attached in its entirety please contact Purchasing by calling (956) 318-2626, advise of missing documentation, and Purchasing will forward information either through facsimile or by U.S. Mail.

Thank you.



Yolanda Z. Velasquez, Buyer III
Hidalgo County Purchasing Department

05/22/2015
Date

LEGAL NOTICE

RFSQ No: 2015-174-05-22-YZV

1. Sealed quotes will be received for **“HIDALGO COUNTY-HEALTHCARE REFORM EMPLOYEE TRACKING CONSULTANT”** in accordance with the specifications attached as Exhibit "A" hereto. Bids should address all specifications set forth. Bidders may suggest substitutions of features which they feel would be in the best interest of Hidalgo County ("County"). Strong rationale must be presented for any deviation from the specifications. Hidalgo County reserves the right to reject the deviation and its effect on the overall bid.
2. All sealed bids are required with the bidders name and return address clearly typed/printed on upper left hand corner and the proper notation clearly typed/printed on the lower left hand corner of the envelope and/or package: **"RFSQ NO. 2015-174-05-22-YZV - HIDALGO COUNTY -HEALTHCARE REFROM EMPLOYEE TRACKING CONSULTANT"** and in County's Purchasing Department, **physical address:** 2802 S. Business Hwy. 281; **mailing address:** 2812 S. Hwy. Business, Administration Building, Edinburg, Texas 78539, **on or before 2:00 p.m., FRIDAY, MAY 22, 2015** . **NO FACSIMILES OR LATE ARRIVALS WILL BE ACCEPTED. ANY BID RECEIVED AFTER THAT TIME WILL NOT BE OPENED AND WILL BE RETURNED. OVERNIGHT MAIL MUST ALSO BE PROPERLY LABELED ON THE OUTSIDE OF EXPRESS ENVELOPE OR PACKAGE IN REFERENCE TO BID.** Hidalgo County reserves the right to refuse and reject any/all bids and to waive any/all formalities or technicalities, or to accept the bid considered the best and most advantageous to Hidalgo County
3. Hidalgo County reserves the right to: A. separate and accept, or eliminate any item(s) listed under this bid that it deems necessary to accommodate budgetary and/or operational requirements; B. reject any or all bids submitted and further reserves the right to design the evaluation criteria to be used in selecting the lowest and best bid for approval; and C. award the bid to one bidder or to multiple bidders if the County determines it is in its best interest to do so.”
4. The Bidder shall not substitute items named in the bid without the express written consent of Hidalgo County. Failure of the delivered item(s) to perform as specified, or failure to meet the stated delivery schedule shall release Hidalgo County from all obligations to the contracting party with regard to the item(s) in question. In such event, County may elect to award the contract to the next-lowest responsible bidder, or to reject all bids and re-advertise.
5. **For work to be performed at a County owned or operated location, each bidder shall, in its sole discretion, visit the job site before preparing the bid and thoroughly familiarize himself/herself with existing conditions. Bidder should take field dimensions and note all circumstances which affect the dollar amount of the bid.**
6. Descriptive specifications are referenced in this document to indicate the general kind and quality of equipment desired by Hidalgo County. Due to various styles and models

of equipment, bidders are required to include illustrations, specifications, explanation of warranties, and service data with their bid including catalogue numbers and any necessary references.

7. No bid may be withdrawn within thirty (30) days from the scheduled time to open bids.
8. Proposed prices are to remain firm for a minimum of ninety (90) days after bid opening.
9. Any interpretations, amendments, corrections or changes to this bid document must be in a written addendum and signed by the County Judge or his designee. Addenda will be mailed to all who are known to have received a copy of the Request for Bids. Bidders shall acknowledge receipt of all addenda as a part of their bid.
10. County reserves the right to accept or reject any or all bids.
11. Costs are to be net F.O.B., County Prepaid.
12. County is exempt from Federal Excise Tax, State Tax and Local Tax. Do Not include tax in cost figure. If it is determined that tax was included in the cost figures it will not be included in the tabulation of any awards. Tax exemption certificates will be furnished upon request.
13. Funds for this procurement have been provided through the County budget for this fiscal year only. County, on an annual basis, has the right to reconsider a contract during the budget process for ensuing years if financial resources of County are insufficient to meet the liabilities of said contract. The award of a bid or contract hereunder will not be construed to create a debt of the County which is payable out of funds beyond the current fiscal year.
14. Upon award and prior to execution of a contract, Sole Proprietorships are required to submit a copy of their social security card to the Hidalgo County Auditor's Office in order to establish an account with the County. All awarded vendors must submit a completed W-9 and a copy of their Federal ID Number Certificate.
15. DELIVERY INSTRUCTIONS:
 - . No deliveries accepted after 3:00 P.M., Monday-Friday.
 - . At least seventy two (72) hours prior notice of delivery must be given to Martha L. Salazar, Purchasing Agent before delivery will be accepted.
 - . If you need additional information call the office listed below:

Hidalgo County Purchasing Department
Martha L. Salazar, Purchasing Agent
(956) 318-2626

Code Ch. 2253.

- . For requirements contracts, bond requirements are determined by applying the proposed unit price to the estimated quantities included in the specifications.

19. Ethical Standards:

- . It shall be a breach of ethics to offer, give or agree to give any elected official, department head or employee, or former elected official, department head or employee, of the County, or for any elected official, department head or employee or former elected official, department head or employee of the County, to solicit, demand, accept or agree to accept from another person, entity or organization, a gratuity or an offer of employment in connection with any decision, approval, disapproval, recommendation, preparation or any part of a program requirement or purchase request, influencing the content of any specification or procurement standard, rendering of advice, investigation, auditing, or in any other advisory capacity in any proceeding or application, request for ruling, determination, claim or controversy, or other particular matter pertaining to any program requirement or a contract or subcontract, or to any solicitation or proposal therefor pending before any department or agency of the County.

- . It shall be a breach of ethics for any payment, gratuity or offer of employment to be made by or on behalf of a subcontractor under a contract to the prime contractor or higher tier subcontractor for any contract for the County, or any person associated therewith, as an inducement for the award of a subcontract or order.

- . No public official shall have an interest in a contract awarded hereunder except in accordance with Tex. Loc. Govt. Code Chapter 171.

20. If, during the life of any contract or bid awarded, the successful bidder's net prices generally available to other customers for items awarded herein are reduced below the contracted price, it is understood and agreed that the benefits of such reduction shall be extended to County.

21. Bids, and all goods and services provided thereunder, shall comply with all federal, state and local laws concerning this type(s) of goods and/or services.

22. Minimum Standards For Responsible Prospective Bidders: A prospective bidder must affirmatively demonstrate bidder's responsibility. A prospective bidder, by submitting a bid, represents to County that it meets the following requirements:

- . Possess and submit a Certificate of Account Status indicating bidder is in "Good

Standing” with the Texas Comptroller of Public Accounts if such bidder is incorporated in the State of Texas. To secure a certificate of “Good Standing”, you may access the following website: www.window.state.tx.us/taxinfo/coasintr.html . If the bidder is not incorporated in Texas, the bidder must submit the appropriate evidence of filing with the Texas Secretary of State stating that the business is authorized to transact business in Texas.

- . Possess or is able to obtain adequate financial resources as required to perform under the bid;
 - . Be able to comply with the required or proposed delivery schedule;
 - . Have a satisfactory record of performance;
 - . Have a satisfactory record of integrity and ethics;
 - . Be otherwise qualified and eligible to receive an award.
23. Successful bidder will pay or cause to be paid, without cost or expenses to County, all FICA, FUTA/SUTA and Federal Income Withholding Taxes of all employees, and all wages and benefits as required by Federal or State law. Successful bidder's officers, agents and/or employees will not be entitled to any benefits of an employee or elected official of County, including, but not limited to, benefits associated with County's civil service system.
24. Any contract award to a successful bidder will be in effect until (a) the contract expires, (b) delivery and acceptance of products, and/or performance of services ordered, or (c) terminated by County with thirty day's written notice prior to cancellation.
25. County reserves the right to enforce performance of any contract awarded hereunder in any manner prescribed by law or deemed to be in the best interest of the County in the event of breach or default by successful bidder; County reserves the right to terminate any contract immediately in the event a successful bidder fails to:
- A. Meet schedules;
 - B. Pay any required fees or taxes; or
 - C. Otherwise perform in accordance with the specifications.
26. Successful bidder shall defend, indemnify and save harmless County and all its elected officials, officers, agents and employees from all suits, actions, or other claims of any character, name and description brought for or on account of any injuries or damages received or sustained by any person, persons, or property on account of any negligent act or fault of the successful bidder, or of any agent, employee, subcontractor or supplier of successful bidder in the execution of, or performance under, any contract which may result from bid award or which arises from any event or casualty happening on or within County premises themselves or happening upon or in any halls, elevators, entrances,

stairways or approaches of or to such County facilities. Successful bidder shall pay any judgement with costs which may be obtained against County growing out of such injury or damages, and shall, upon request, provide a defense to County by counsel reasonably acceptable to County. Successful bidder's indemnity hereunder shall include, but is not limited to, claims relating to patent, copyright or trademark infringement, and the like, arising out of the goods and services provided by successful bidder.

27. Successful bidder shall warrant that all items/services shall conform with the specifications and/or all warranties provided under the Uniform Commercial Code and be free from all defects in material, workmanship and the like. Items supplied under a contract pursuant to this Request for Bids shall be subject to County's approval. Items found to be defective or not meeting specifications shall be replaced by successful bidder within two business days at no expense to County. Items not picked up within one (1) week after notification shall be deemed a donation to County and may be used or disposed of at County's discretion and without waiver of any other rights of County as to the item's nonconformity.
28. This document and any disputes arising hereunder shall be governed and construed according to the laws of the State of Texas, and will be performable exclusively in Hidalgo County, Texas.
29. The successful bidder shall not assign, sell, transfer or convey its rights under any awarded contract, in whole or in part, without the prior written consent of County.

Bid
for
HIDALGO COUNTY
“Healthcare Reform Employees Tracking Consultant”

To: Martha L. Salazar, CPPB, Purchasing Agent
Hidalgo County Purchasing Department
100 E. Cano, 4th Floor - Administration Building
Edinburg, Texas 78539

In accordance with the Specifications, and subject to all laws and regulations of the United States and state and local laws, the undersigned bidder proposes and commits to furnish all labor, equipment, material, software and services as set forth in the documents hereinbefore mentioned. The undersigned bidder further agrees, upon acceptance of its bid, to execute a contract and/or Purchase Order issued by Hidalgo County for performing and completing the work described in the Specifications within the time stated and for the prices proposed in the documents attached hereto and made a part hereof.

Bidder acknowledges receipt of all of the pages of the documents referenced in the Invitation to Bid Checklist presented in connection with this procurement. Bidder understands that Hidalgo County reserves the right to reject any or all bids and further reserves the right to design the evaluation criteria to be used in selecting the lowest and best bid.

Bidder agrees that this bid shall be good and may not be withdrawn for a period of ninety (90) calendar days after the scheduled closing time for receiving bids, as contained in the Specifications.

Respectfully submitted,

Bidder: _____
Address: _____
By: _____
Printed Name: _____
Title: _____

HIDALGO COUNTY

Request for Sealed Quotes for:
"Healthcare Reform Employee Tracking Consultant"

RFSQ: 2015-174-05-22-YZV

NIGP-918-69-Insurance Consultant (Internal use only)

Hidalgo County (hereinafter called "Hidalgo County") is seeking sealed quotes from interested firms and individuals, (hereinafter called "Participant") to provide **Healthcare Reform Employee Tracking Consulting Services**. The Consultant shall identify and track employee that are eligible for healthcare benefits in accordance with the Healthcare Reform Act by obtaining and processing the necessary payroll reports.

Sealed Quotes:

Hidalgo County will be requesting sealed quotes by no later than **2:00 p.m. Friday, May 22, 2015** hand delivered to the Hidalgo County Purchasing Office located at 2802 S. Business Highway 281 or via mail: Hidalgo County New Administration Building Attn. Purchasing Department, 2812 S. Business Hwy 281, Edinburg, Texas 78539.

Participants are invited to submit demonstrated competence, qualifications and experience of their firm for providing these services.

The information contained within this document is intended to provide interested firms with the requirements that will be used to make the selection.

Project Description:

- a) Employee tracking software designed to utilize payroll data to provide eligibility for healthcare benefits in accordance to the healthcare Reform Act.

Hidalgo County employs approximately 3800 employees;

Hidalgo County	2800
Head Start Program	760
Appraisal District	94
Drainage District No 1	120
Community Service Agency	37
	3811

***NOTE* Entities may opt not to participate with County thus decreasing the amount of employees.**

IN ADDITION: Hidalgo County currently makes insurance available to approximately three (3) COBRA participants and thirty-four (34) retirees.

- b) Interpretation of eligibility data and strategies on best use of Affordable Care Act (ACA) rules and regulations.
- c) Affordable Care Act (ACA) requires reporting services

- d) Use Client's direct input of objective payroll data (defined as payroll information used to run employees paychecks) provided by Hidalgo County to identify, based on the objective payroll data, which employees, if any are interpreted to be eligible for healthcare benefits in accordance with the Healthcare Reform a/k/a-Affordable Care Act as well as to provide consultation, interpretation and guidance of the objective data; and
- e) Perform interpretation, guidance identification/tracking services and assist Hidalgo County in ensuring it offers all eligible employees health insurance coverage in compliance with healthcare reform laws under the Affordable Care Act;
- f) Awarded Vendor will be required to provide Hidalgo County consultation, interpretation and guidance regarding which employees of Hidalgo County are eligible for health insurance benefits and when they will be eligible, based on Hidalgo County's employee designated category, in order to allow the Hidalgo County sufficient time to offer and enroll eligible employees in health insurance benefits and avoid potential fines and penalties. Awarded Vendor will be required to provide Hidalgo County consultation, interpretation and guidance in order to prepare data to be filed in accordance with 26 US Code §6056 and shall prepare the Form 1094/1095c filings on behalf of Hidalgo County as well as the related "employee statements" for no additional cost.
- g) Awarded Vendor shall be responsible for its own tax obligations and understands that in accordance with this independent Awarded Vendor's Relationship with Hidalgo County, neither party is an employee of the other and that Hidalgo County assumes no responsibility or obligations in withholding any amounts to be paid to Contractor for work performed.
- h) **FEE:** Fees will be provided by participant and accepted by Hidalgo County as stated in Exhibit "B" Bid Page.
- i) Additional costs will be that of printing/postage depending on the method of delivery chosen by Hidalgo County. Awarded Vendor's consultation, interpretation and guidance shall be based on Hidalgo County submission of objective and accurate payroll data.

TERMS AND CONDITIONS:

1. All services will be done on an "**As Needed Basis**".
2. **CONTRACT TERM:** The contract term shall be for a period of one (1) year, with Hidalgo County's option to renew the an additional two (2) one (1) year terms, and contract may be extended at the sole discretion of the County for an additional sixty (60) day grace period at the end of the contract term for unforeseen delay in award of new bid for next contract under same rates, terms and conditions.
3. Hidalgo County reserves the right to reject any/all quotes, to waive any/all formalities or technicalities, or to accept the quote considered the best and most advantageous to the County.
4. Any quote awarded to a successful awarded vendor(s) will be in effect until (a) the sealed quote expires (b) delivery and acceptance of products and/or performance of service ordered, or (c) terminated by County with thirty (30) days written notice prior to cancellation.

5. The successful awarded vendor will submit and maintain General Liability, Auto Liability and Workers Compensation insurance and its limits through out the contract term, as described and listed in: Exhibit "C" Insurance Requirements.
6. All costs and expenses associated with the preparation and submission of (bids, proposals and/or quotes) shall be the responsibility of the bidder and no reimbursements for such charges or expenses shall be passed onto Hidalgo County.

RFSQ-SUBMITTAL FORMAT:

- a) Quote should provide a straightforward, concise description of the Participant's capabilities to satisfy the requirements of the RFSQ. Emphasis should be on completeness, clarity of content, and conveyance of the information requested by the HIDALGO COUNTY.
 - i) Cover letter addressed to HIDALGO COUNTY that states the Participants understanding of the services to be provided. Include any additional information believed necessary that is not requested elsewhere in the RFSQ.
 - ii) A description of the methodology to be used to complete the project to include, but not be limited to, how recommendations will be formulated and commitment of adequate appropriate resources to the project.
 - iii) Participant's specific expertise in areas pertinent to the project to include a listing and brief description of similar projects completed (with the dates of completion) or in progress and a list of references by name, address, and telephone number for each project listed. This list of projects in progress shall include the phase of work that each project is currently in (i.e. design, bid, construction), and the estimated completion date.
 - iv) List of principal(s) of the Participant's and amount of time that the principal(s) will be involved in the project.
 - v) The organization structure of the employees who will be assigned to this project along with resumes of those individuals. If a joint venture is expected then provide the organizations structure of the sub-contractor and resumes of those persons who will be involved in the project.

ADDITIONAL INFORMATION:

Information regarding this project can be addressed in writing, to the Hidalgo County Purchasing Department. Hidalgo County is also requesting that any and all questions, inquiries and clarifications regarding quotes be addressed to Martha L. Salazar, CPPB, Purchasing Agent, **ATTN: Yolanda Velasquez, 2802 SOUTH BUSINESS HWY 281, EDINBURG, TEXAS 78539. TELEPHONE INQUIRIES WILL NOT BE ACCEPTED.**

ALL WRITTEN INQUIRIES WILL BE ACCEPTED VIA FACSIMILE AT (956) 318-2629 or VIA-EMAIL: yolanda.velasquez@co.hidalgo.tx.us NO LATER THAN, **Monday, May 18, 2015 AT 5:00 P.M.,. RESPONSES TO SAID INQUIRIES WILL BE SENT TO ALL APPLICANTS VIA FACSIMILE OR EMAIL BY NO LATER THAN 5:00 P.M. Wednesday, May 20, 2015.**

EXHIBIT "B"
RFSQ 2015-174-05-22-YZV
"Healthcare Reform Employee Tracking Consultant"
BID PAGE

1. Look-back Analysis/Set-up Implementation:

County desires to have Contractor perform a Look-back analysis to determine eligibility of part-time/variable hour employees. Contractor also needs to load payroll data commencing January 2015 forward.

2014 Look-back analysis: \$ _____

2015 Set-up Fees: \$ _____

2. Eligibility Tracking – Consulting Fee:

- Identify persons eligible for employee benefits and when
- Track and Report hours worked for 1095 year end reporting
- Retiree and COBRA 1095 year end reporting
- Assist with determining Affordability
- Notify client when Full-Time Employees need to be enrolled
- Track Full-Time Employees who declined coverage
- Consult on Measurement/Stability Periods chosen by employer
- ERISA language for using MP/SP
- ERISA wrap for client company
- Business Associate Agreement Created
- Cursory review of clients company handbook to make sure ACA language is accurate
- 6055 Extra reporting-Section III on 1095-Additional fee of \$ _____ applies for each combined statement-Enrollment Health Information Submitted from COMPANY or TPA

Monthly Consulting Fee \$ _____

Or

Total combined fee (including look-back analysis & 2015 setup/implementation fee and eligibility tracking – consulting fees)

\$ _____

THIS PAGE MUST BE SUBMITTED WITH BID

ACKNOWLEDGMENT BID FORM

BIDDER /COMPANY'S NAME: _____

ADDRESS: _____

CITY/STATE/ZIP CODE: _____

TELEPHONE NUMBER: _____

CELLULAR NUMBER: _____

FAX NUMBER: _____

AUTHORIZED SIGNATURE: _____

EMAIL ADDRESS: _____

PRINTED NAME: _____

TITLE: _____

DATE: _____

THIS PAGE MUST BE SUBMITTED WITH BID

EXHIBIT “C”
Insurance Requirements
Applicable to the Acquisition of Goods and /or Services
(other than Professional Services)

The Bidder awarded the contract shall furnish proof of insurance, which will also include any subcontractor that is subcontracted by the bidder in at least the following limits, to be in place prior to providing any services under this Contract and to continue at all times in force in effect during the term of this Contract:

1. A Five Hundred Thousand Dollar (\$500,000.00) Comprehensive General Liability insurance policy providing additional coverage to all underlying liabilities of County.
2. Automobile liability insurance policy with limits of at least Three Hundred Thousand Dollars (\$300,000.00) per person and Five Hundred Thousand Dollars (\$500,000.00) per occurrence. Coverage should include injury to or death of persons and property damage claims with limits up to Five Hundred Thousand (\$500,000.00) arising out of the services provided to County hereunder.
3. Uninsured/Underinsured motorist coverage in an amount equal to the bodily injury limits set forth immediately above;
4. Workers compensation insurance in amounts established by Texas law, unless the Bidder is specifically exempted from the Texas Workers Compensation Act, Texas Labor Code Chapter 401, et. seq.

Hidalgo County will only accept certificates of insurance on an Acord form (as attached hereto). Certificates of insurance shall name Hidalgo County as additional insured and must be submitted to County for approval prior to any services being performed by Contractor. Each policy of insurance required hereunder shall extend for a period equivalent to, or longer than the term of the Contract, and any insurer hereunder shall be required to give at least thirty (30) days written notice to the County prior to the cancellation of any such coverage on the termination date, or otherwise. This Contract shall be automatically suspended upon the cancellation, or other termination, of any required policy of insurance hereunder, and such suspension shall continue until evidence adequate replacement coverage is provided to County. If replacement coverage is not provided within thirty (30) days following suspension of the Contract, this Contract shall automatically terminate.

Revised 10/01/08

ACORD**CERTIFICATE OF INSURANCE**

DATE (MM/DD/YY)

PRODUCER

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

INSURED

INSURER A:

INSURER B:

INSURER C:

INSURER D:

INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THEIR TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$
	<input type="checkbox"/> CLAIMS MADE OCCUR				MEDICAL (Any one person) \$
	<input type="checkbox"/> OWNER'S & CONT. PROT				PERSONAL & ADV INJURY \$
	<input type="checkbox"/> OWNER'S PROTECTIVE LIABILITY				GENERAL AGGREGATE \$
	<input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG \$
B	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY-EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY EA ACC AGG \$
C	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
D	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY				WC STATUTORY LIMITS <input type="checkbox"/> OTHER \$
					E.L. EACH ACCIDENT \$
					E.L. DISEASE-EA EMPLOYEE \$
					E.L. DISEASE-POLICY LIMIT \$
	OTHER				

DESCRIPTION OF OPERATIONS / LOCATION / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

County of Hidalgo shall be named as additional insured on all Commercial General Liability policies.

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER: _____

CANCELLATION

Hidalgo County
Attn: Purchasing Department
2812 S Highway Bus. 281
Edinburg, Texas 78539

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BY CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL **30** DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Insurance Requirement Acknowledgment

I, _____, authorized representative for _____,
Company/Vendor

hereby acknowledge receipt of the County's required insurance limits. Said requirements:

___ will be acquired within 10 working days after notification from Purchasing Department of bid awarded by the Hidalgo County Commissioners' Court;

___ will acquire additional amounts required to meet the County's requirements within 10 working days after notification from Purchasing Department of bid award by the Hidalgo County Commissioners' Court; currently carry the following:

Automobile Liability: \$ _____ General Liability: \$ _____

___ have already been met, see attached copy of insurance certificate.

Authorized Representative

Date

Notice to Bidder:

A certificate of insurance for the required insurance limits shall be provided to the Purchasing Department's Contract Managers in order to qualify for award of bid and to execute a contract between your Company and the County.

Failure to provide Certificates of Insurance to the Purchasing Department's Contract Managers will cause the bid award to be rescinded and re-awarded to next lowest bidder. Certificates of Insurance will be monitored and verified on a **quarterly basis** to ensure coverage policy is in place. It is the Company's obligation to maintain the appropriate insurance coverage throughout the term of the contract.

THIS FORM MUST ACCOMPANY BID PACKET

PROJECT REQUIREMENTS ACKNOWLEDGMENT

This is to certify that I, _____, possess all of the APPLICABLE:

1. Licenses: _____.
2. Bonds: _____.
3. Certificates: _____.
4. Permits: _____.
5. Other: _____.

necessary to carry out the required project. Furthermore, I am providing copies of the required documentation so that, if my company is awarded this bid, I may be eligible to enter into a contract with Hidalgo County and proceed to complete the project in a timely manner.

* Any licenses, bonds, certificates, permits, etc. which are required must be presented as part of the bid packet in order to expedite the bid evaluation process. Failure to provide said documentation will result in the disqualification of your bid.

Authorized Signature

Date

Company

Address

City, State, Zip

EXHIBIT "D"

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. 1491, 80th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code by a person who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the person meets requirements under Section 176.006(a).

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 person becomes aware of facts that require the statement to be filed. See Section 176.006, Local Government Code.

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

OFFICE USE ONLY

Date Received

1 Name of person 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 the originally filed questionnaire becomes incomplete or inaccurate.)

3 Name of local government officer with whom filer has employment or business relationship.

Name of Officer

This section (item 3 including subparts A, B, C & D) must be completed for each officer with whom the filer 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 filer of the questionnaire?

Yes No

B. Is the filer of the questionnaire 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 10 percent or more?

Yes No

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

4

Signature of person doing business with the governmental entity

Date

HISTORICALLY UNDERUTILIZED BUSINESS (HUB) DECLARATION

The primary objective of the Hidalgo County HUB Program is to ensure Historically Underutilized Businesses receive a fair and equal opportunity for participation in the County's procurement process. This fact holds true for Services (Professional & Non-Professional), Commodities, and Construction contracts and any subcontracts thereto. The program strongly encourages Prime Contractors to provide subcontracting opportunities to Certified Hub Contractors/Vendors. Our goal for HUB contractor/vendor participation, as well as HUB subcontractor participation is 30%. To be considered as a "Certified HUB Contractor/Vendor" the contractor/vendor must have been certified by, and hold a current and valid certification with any of the three agencies listed below.

Have you been Certified as a HUB or an MBE/WBE source?: Yes No
If yes, by whom?: Texas Building & Procurement Commission Other _____
Indicate Certification No(s): _____ or Are Certificate(s) Attached?: Yes No

LIST OF CERTIFIED HUB SUBCONTRACTORS
(Attach additional pages if necessary)

What percentage of the Bid, RFP, or RFQ is to be subcontracted with Certified HUB sources?: _____%
(List HUB Subcontractor information below).

HUB Subcontractor Name: _____ HUB Status: _____
Certifying Agency (Check all applicable): Texas Building & Procurement Commission Other
Address: _____ City: _____ State: _____ Zip: _____
Contact Person: _____ Title: _____ Phone No.: () _____
Subcontract Amount: \$ _____ Description of Work to be Performed: _____

HUB Subcontractor Name: _____ HUB Status: _____
Certifying Agency (Check all applicable): Texas Building & Procurement Commission Other
Address: _____ City: _____ State: _____ Zip: _____
Contact Person: _____ Title: _____ Phone No.: () _____
Subcontract Amount: \$ _____ Description of Work to be Performed: _____

HUB Subcontractor Name: _____ HUB Status: _____
Certifying Agency (Check all applicable): Texas Building & Procurement Commission Other
Address: _____ City: _____ State: _____ Zip: _____
Contact Person: _____ Title: _____ Phone No.: () _____
Subcontract Amount: \$ _____ Description of Work to be Performed: _____

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 (required): <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) ▶	
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)		

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 *How to get a TIN* on page 3.

Social security number									
				-			-		

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									
				-					

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).

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 4.

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

General Instructions

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

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, 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:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. 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.

Note. If 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 on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the 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 withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,
- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a “saving clause.” Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called “backup withholding.” Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the “Name” line. You may enter your business, trade, or “doing business as (DBA)” name on the “Business name/disregarded entity name” line.

Partnership, C Corporation, or S Corporation. Enter the entity's name on the “Name” line and any business, trade, or “doing business as (DBA) name” on the “Business name/disregarded entity name” line.

Disregarded entity. Enter the owner's name on the “Name” line. The name of the entity entered on the “Name” line should never be a disregarded entity. The name on the “Name” line must be the name shown on the income tax return on which the income will be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a domestic owner, the domestic owner's name is required to be provided on the “Name” line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the “Business name/disregarded entity name” line. If the owner of the disregarded entity is a foreign person, you must complete an appropriate Form W-8.

Note. Check the appropriate box for the federal tax classification of the person whose name is entered on the “Name” line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

Limited Liability Company (LLC). If the person identified on the “Name” line is an LLC, check the “Limited liability company” box only and enter the appropriate code for the tax classification in the space provided. If you are an LLC that is treated as a partnership for federal tax purposes, enter “P” for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter “C” for C corporation or “S” for S corporation. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the “Name” line) is another LLC that is not disregarded for federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the “Name” line.

Other entities. Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name/disregarded entity name" line.

Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the "Business name/disregarded entity name," sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
 2. The United States or any of its agencies or instrumentalities,
 3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
 4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
 5. An international organization or any of its agencies or instrumentalities.
- Other payees that may be exempt from backup withholding include:
6. A corporation,
 7. A foreign central bank of issue,
 8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
 9. A futures commission merchant registered with the Commodity Futures Trading Commission,
 10. A real estate investment trust,
 11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
 12. A common trust fund operated by a bank under section 584(a),
 13. A financial institution,
 14. A middleman known in the investment community as a nominee or custodian, or
 15. A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 5 and 7 through 13. Also, C corporations.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 7 ²

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, below, and items 4 and 5 on page 4 indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see *Exempt Payee* on page 3.

Signature requirements. Complete the certification as indicated in items 1 through 3, below, and items 4 and 5 on page 4.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ¹ The actual owner ¹
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity ⁴
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

*Note. Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

**Certification
Regarding Debarment, Suspension and Ineligibility**

As is required by the Federal Regulations Implementing Executive Order 12549, Debarment and Suspension, 45 CFR Part 76, Government-wide Debarment and Suspension, the applicant certifies, to the best of his or her knowledge and belief, that both it and its principals:

- a. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency;
- b. Have not within a three-year period preceding this bid proposal and/or application 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 with commission of any of the offenses enumerated herein; and
- d. Have not within a three-year period preceding this bid proposal and/or application had one or more public transactions terminated for cause or default.

Signature: _____
Print Name: _____
Title: _____
Telephone Number: _____
Date: _____

If the bidder is unable to certify to all of the statements in this Certification, such bidder should attach an explanation to this proposal.

CONSULTATION, INTERPRETATION & GUIDANCE SERVICES AGREEMENT C-15-147-00-00

THIS SERVICES AGREEMENT ("Agreement") is made and entered into this 00 day MAY, 2015 by and between **HIDALGO COUNTY** (hereinafter "County") and _____ (hereinafter "**CONTRACTOR**") to serve at the pleasure of the County.

WHEREAS, **CONTRACTOR** is a Direct client HR Input System and Consultative Company designed to use Client's direct input of objective payroll data (defined as payroll information used to run employee paychecks) provided by **COUNTY** to identify, based on the objective payroll data, which employees, if any, are interpreted to be eligible for healthcare benefits in accordance with the Healthcare Reform aka Affordable Care Act as well as to provide consultation, interpretation and guidance of the objective data; and

WHEREAS **CONTRACTOR** desires to become a consultant of **HIDALGO COUNTY** so that **CONTRACTOR** can perform interpretation, guidance identification/tracking services and assist **COUNTY** in ensuring it offers all eligible employees health insurance coverage in compliance with healthcare reform laws under the Affordable Care Act;

NOW, THEREFORE, in consideration of the mutual agreements contained herein and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, **COUNTY** and **CONTRACTOR** agree as follows:

1. Relationship and Term

- 1.01 Term of this contractual relationship is _____, 2015 through _____, 2015 to begin upon execution by both Parties. Hidalgo County has the option to renew the contract for two (2) additional one (1) year terms under same rates, terms and conditions. **Either party may terminate this Agreement upon 60 days written notice.** If **COUNTY** terminates this Agreement prior to the termination date, **CONTRACTOR** is relieved of providing all data necessary for the 1094/1095c reporting for any date after the termination of this Agreement. Otherwise, Agreement may be renewed by written agreement of both parties and material terms of Agreement may be changed.
- 1.02 It is expressly understood that **CONTRACTOR** and **COUNTY** are independent entities and neither is employed by the other. **COUNTY** in no way controls the manner, method or means of **CONTRACTOR's** work and **CONTRACTOR** provides all the tools necessary for services to be rendered for **COUNTY**. **CONTRACTOR** has been retained by **COUNTY** for a specific term to perform services beyond **COUNTY'S** expertise. Both Parties are responsible for their own tax obligations and insurance obligations.
- 1.03 It is expressly understood that **CONTRACTOR's** responsibilities are limited to advising **COUNTY** of eligibility for benefits and tracking hours worked as set forth in more detail herein. **COUNTY** is under **no obligation** to follow **CONTRACTOR's** advice and should **COUNTY** decide not to offer benefits to eligible employees, **COUNTY** may do so but may be subject to regulatory fines or penalties. As well, with respect to **COUNTY'S** payments for health insurance, these issues are not controlled in any way under this Agreement but are governed in accordance with the **COUNTY'S** health insurance plan documents.
- 1.04 It is expressly understood that it is the **COUNTY'S** decision as to which employees are Full-Time, or Variable Hour (including part-time and seasonal) employees (herein referred to as "employee designated category"). **CONTRACTOR** shall provide data interpretation reports

regarding hours worked by employees when **CONTRACTOR** is provided the objective payroll data but **CONTRACTOR** assumes no liability for **COUNTY'S** determination and designation of full-time, part-time or variable hour status of employees and **CONTRACTOR** shall rely upon **COUNTY'S** employee designated category in making its determinations as to who is eligible for benefits when and reporting this information on behalf of the **COUNTY** as required by law.

- 1.05** It is expressly understood that, for the persons **COUNTY** designates as "Full-Time" or does not designate as "Variable Hour", **CONTRACTOR** is only responsible for tracking information necessary to prepare the 1094/1095c Forms for these persons for the **COUNTY**. **CONTRACTOR** is expressly **not liable** for timeliness of **COUNTY'S** offering of benefits and other ACA obligations as to Full-Time employees. **COUNTY** shall advise **CONTRACTOR** whether the default designation is "Full-Time" in which **COUNTY** is responsible for advising **CONTRACTOR** of those persons it designates as "Variable Hour" or if **COUNTY'S** default designation is "Variable Hour" in which case it will advise **CONTRACTOR** of those persons **COUNTY** has designated as "Full-Time".

2 CONTRACTOR'S Responsibilities

- 2.01** **CONTRACTOR** shall provide **COUNTY** consultation, interpretation and guidance regarding which employees of **COUNTY** are eligible for health insurance benefits and when they will be eligible, based on **COUNTY'S** employee designated category, in order to allow the **COUNTY** sufficient time to offer and enroll eligible employees in health insurance benefits and avoid potential fines and penalties. **CONTRACTOR** shall also provide **COUNTY** consultation, interpretation and guidance in order to prepare data to be filed in accordance with 26 US Code §6056 and shall prepare the Form 1094/1095c filings on behalf of the **COUNTY** as well as the related "employee statements" for no additional cost. Note: Additional costs will be that of printing/postage depending on the method of delivery chosen by **COUNTY**. **CONTRACTOR's** consultation, interpretation and guidance shall be based on **COUNTY'S** submission of objective and accurate payroll data.
- 2.02** **Tax Obligations.** **CONTRACTOR** shall be responsible for its own tax obligations and understands that in accordance with this Independent **CONTRACTOR** Relationship with **COUNTY**, neither party is an employee of the other and that **COUNTY** assumes no responsibility or obligations in withholding any amounts to be paid to **CONTRACTOR** for work performed.
- 2.03** **Ownership of Proprietary and Confidential Material.** **CONTRACTOR** agrees and understands that **COUNTY'S** payroll data and other internal **COUNTY** information provided or made available to **CONTRACTOR** may be sensitive and confidential. Therefore, **CONTRACTOR** agrees to hold this information forever in confidence and only to share this information with **COUNTY** appointed representatives as instructed by **COUNTY**.
- 2.04** **CONTRACTOR** will invoice the **COUNTY** a pre-determined consulting fee on a monthly basis or lump sum. The fee for services is discussed in more detail in *Exhibit B*.
- 2.05** For any negligence or gross negligence of **CONTRACTOR** as to the its consultation, interpretation of objective data and/or communication with **COUNTY** regarding eligibility for benefits which results in fines/penalties assessed against the **COUNTY** (as long as the information provided by **COUNTY** is accurate and is provided in a timely manner as defined in Section 3 below), **COUNTY** has the right by law to claim these damages against and recoup these damages from **CONTRACTOR**. However, **CONTRACTOR** shall be released from ALL LIABILITY if **COUNTY** chooses not to follow **CONTRACTOR'S** consultation or

fails to act on alerts/feedback provided by **CONTRACTOR** in a timely manner as set forth in the Regulations governing the Affordable Care Act. As well, **CONTRACTOR** is under no obligation and therefore has no liability with respect to **COUNTY'S** determination and offering of benefits (or lack thereof) to persons designated as "Full-Time" in accordance with section 1.05 herein.

- 2.06 CONTRACTOR** shall begin tracking payroll for payroll periods on or after the effective date of this Agreement Section 1.01 and shall only be responsible for identifying persons eligible for benefits thereafter. As **COUNTY** has indicated that at least a portion of its workforce is considered Variable Hour, **COUNTY** shall provide **CONTRACTOR** with payroll for 12 months prior to the effective date of this Agreement and shall be charged an implementation fee for **CONTRACTOR's** loading of this payroll. However **CONTRACTOR** shall rely on **COUNTY'S** determination of eligibility, trending towards eligibility and culminated payroll hours for its employees prior to the effective date of this Agreement. Should **COUNTY** need **CONTRACTOR** to perform a LookBack analysis to identify those persons eligible on January 1, 2015 and moving forward, **CONTRACTOR** shall do so but has no liability for those persons not offered coverage in a timely manner prior to the month after **CONTRACTOR** provides first reports to **COUNTY** and additional charges will apply as set forth in *Exhibit A*. **CONTRACTOR** shall take 21 days from the date of signed implementation sheet and confirmed receipt of necessary payroll data from **COUNTY** to load data and begin providing **COUNTY** reports, unless the Parties have agreed to a shorter lead time to begin reporting which shall be listed in *Exhibit A*.
- 2.07 CONTRACTOR** shall provide consultation, interpretation and guidance alerts, reports and requests for additional information or advisories on need for **COUNTY** action in a timely manner and delivered by an agreed timing mechanism during implementation.

3. COUNTY'S Obligations

- 3.01 Release of Information.** **COUNTY** agrees to provide **CONTRACTOR** with all accurate information, to the best of **COUNTY'S** knowledge and ability, relating to subject matter of the project as defined herein in a timely manner in order for **CONTRACTOR** to perform said Services. Specifically, in order to be considered a timely manner with respect to the release of payroll information, **COUNTY** will provide **CONTRACTOR** with accurate payroll data for all employees no later than **three (3) calendar days** after payroll is run by the **COUNTY**. If all of the objective payroll data cannot be provided or cannot be provided via Excel or CSV, additional charges may be applied but only after agreed to by **COUNTY**. **CONTRACTOR** shall rely on the information provided in making all determinations as to eligibility. Therefore, if **COUNTY** learns that any data submitted is inaccurate, **COUNTY** shall immediately advise **CONTRACTOR** and **CONTRACTOR** shall not be liable for any formulaic determinations based on inaccurate data.

If **CONTRACTOR** is to file the Authoritative Transmittal, **COUNTY** must give **CONTRACTOR** all control group information for all entities. Determination of control group is the sole responsibility of the **CONTRACTOR**. Data needed from all entities in order to provide year end reporting in addition to payroll and benefits elections throughout the year includes: 1) lowest cost employee only option 2) plan determination such as Minimum Value or MEC 3) all relevant information as to why a person wasn't offered coverage if applicable and 4) if self-insured, all enrolled participants names, SSN and/or date of birth. All final information must be submitted to **CONTRACTOR** no later than January 10, 2016 in order to complete the year end reporting requirements.

- 3.02 Responses Required:** COUNTY will provide necessary data as requested by CONTRACTOR in a timely manner and shall respond to alerts generated by CONTRACTOR in a timely manner. Timely manner is defined for these purposes as in compliance with ACA regulations meaning that COUNTY shall offer coverage to those persons CONTRACTOR identifies as eligible for coverage prior to the deadline as set forth in the ACA regulations (and identified for COUNTY by CONTRACTOR) and shall advise CONTRACTOR of the offer of coverage prior to the ACA deadline as identified by CONTRACTOR for COUNTY. COUNTY shall also advise CONTRACTOR of the eligible person's decisions with respect to acceptance or waiver of coverage within fourteen (14) days from offer of coverage. Timely manner with respect to all other requests for information from CONTRACTOR (including missing start dates, missing person responses, rehire dates, errors with respect to Social Security Numbers, and any other missing information identified by CONTRACTOR to COUNTY, shall be considered within 30 days of notice from CONTRACTOR unless CONTRACTOR advises COUNTY in writing and by phone call that such information is needed more quickly to ensure ACA compliance. COUNTY'S failure to respond in a timely manner, if this lack of timely response, results in fines/penalties relating to ACA compliance, relieves CONTRACTOR of all responsibilities and obligations with respect to any and all fines, penalties, and/or damages COUNTY incurs as a result. These timeline definitions hold in all cases unless otherwise specified in other sections such as year-end reporting deadline.
- 3.03** If any employees of COUNTY are out on "special leave" defined as FMLA, USERRA or Jury Duty, COUNTY is responsible for advising CONTRACTOR of this and CONTRACTOR is responsible for tracking those persons in accordance with ACA regulations and procedures as to eligibility for benefits. The Parties shall agree upon implementation on the manner in which COUNTY shall provide CONTRACTOR with this information.
- 3.04 Should COUNTY choose not to follow CONTRACTOR'S** consultation, interpretation and guidance of offering eligible Variable Hour employees and their dependents health insurance coverage in accordance with the mandates of the Affordable Care Act in a timely manner, as defined in 3.01 and 3.02 herein, that is COUNTY'S choice and CONTRACTOR shall be relieved of any and all responsibilities for fines and penalties should there be any assessed. Further, any and all decisions with respect to Plan design, plan coverages, persons eligible for coverages and costs associated with coverage, should it be offered, are outside of the scope of this Agreement in all respects.
- 3.05 Ownership of Proprietary and Confidential Material.** During the term of this Agreement, CONTRACTOR may disclose to COUNTY confidential information and trade secrets proprietary to CONTRACTOR, including, but not limited to, systems, methods of operation, marketing and advertising procedures, internal procedures, programs and forms. COUNTY acknowledges and agrees that all such information is confidential and is the exclusive property of CONTRACTOR. COUNTY covenants and agrees that it shall not disclose to anyone directly or indirectly during the term of this Agreement or at any time thereafter, any such confidential information, nor shall it use any such confidential information nor cause such confidential information to be used for any purpose other than in the course of COUNTY'S work with CONTRACTOR. However, upon request by COUNTY at any time during the term of this Agreement or thereafter, CONTRACTOR shall provide all data collected and determinations made to COUNTY either in Excel or CSV unless the Parties agree to the provision of data in another format.
- 3.06** COUNTY shall pay CONTRACTOR a pre-determined consulting fee on a monthly basis or lump sum. The fee for services is discussed in more detail in *Exhibit B*

3.07 Payment upon Termination of Relationship. Upon termination of this Agreement, **COUNTY** agrees to pay **CONTRACTOR** amounts earned prior to termination of this Agreement.

3.08 Notices. Should **COUNTY** be notified by any federal regulator or employee of potential non-compliance with ACA, **COUNTY** agrees to immediately (within 48 hours of receipt of notice) notify **CONTRACTOR** and provide **CONTRACTOR** with notice via first class mail return receipt requested as well as via email to _____ **COUNTY** shall also call _____ at _____ to advise of Notice and confirm receipt of notice by **CONTRACTOR**. Upon receipt of notice, **CONTRACTOR** agrees to assist in responding to said notice and to consult with **COUNTY** on appropriate method by which response to notice should be handled.

4. Miscellaneous

4.01 Amendments. This Agreement may only be amended by written agreement by either party and only enforceable after countersigned by other party.

4.02 Severability. In the event any provision of this Agreement becomes unenforceable or void, such shall not invalidate any other provision of this Agreement.

4.03 Assignability. No assignment of this Agreement of the rights and obligations hereunder will be valid without the written consent of the non-assigning party.

4.04 Entire Agreement. This Agreement constitutes the entire agreement of the parties and supersedes any prior understandings or oral or written agreements between **COUNTY** and **CONTRACTOR** on the matter contained herein.

4.05 Governing Law. This Agreement is being executed and delivered and is intended to be performed in the State of Texas, and the laws of Texas shall govern the validity, construction, enforcement and interpretation of this Agreement.

4.06 Captions. The captions contained herein are for reference purposes only and do not affect the meaning of this Agreement.

COUNTY and **CONTRACTOR** have acknowledged their understanding of and agreement to the mutual promise written above by executing this Agreement.

COUNTY OF HIDALGO

By: _____
Ramon Garcia, County Judge

ATTEST:

Arturo Guajardo, Jr. County Clerk

COMPANY:

By: _____

Printed Name: _____

Title: _____

Approved by Commissioners Court on: _____

APPROVED AS TO FORM:

Atlas, Hall & Rodriguez, L.L.P.

By: _____
Stephen L. Crain

EXHIBIT “B”
VENDOR’S SEALED QUOTES

EXHIBIT "B"

RFSQ 2015-174-05-22-YZV

**"Healthcare Reform Employee Tracking
Consultant" BID PAGE**

1. Look-back Analysis/Set-up Implementation:

County desires to have Contractor perform a Look-back analysis to determine eligibility of part-time/variable hour employees. Contractor also needs to load payroll data commencing January 2015 forward.

2014 Look-back analysis: \$	9,500
2015 Set-up Fees: \$	Waived

2. Eligibility Tracking – Consulting Fee:

- Identify persons eligible for employee benefits and when
- Track and Report hours worked for 1095 year end reporting
- Retiree and COBRA 1095 year end reporting
- Assist with determining Affordability
- Notify client when Full-Time Employees need to be enrolled
- Track Full-Time Employees who declined coverage
- Consult on Measurement/Stability Periods chosen by employer
- ERISA language for using MP/SP
- ~~ERISA wrap for client company~~ Not Applicable to Governmental Entities
- Business Associate Agreement Created
- Cursory review of clients company handbook to make sure ACA language is accurate
- As the County is self-insured, ETC will handle the 6055 Extra reporting on *Section III* of the *1095-C Form*. There will be a one-time additional fee of **\$10,500** owed for ETC's preparation and filing of combined statement-Enrollment Health Information Submitted from COMPANY or TPA.

Monthly Consulting Fee \$ 1,250.00

Total combined fee (including look-back analysis & 2015 setup/implementation fee and eligibility tracking – consulting fees): \$35,000

THIS PAGE MUST BE SUBMITTED WITH BID)

ACKNOWLEDGMENT BID FORM

BIDDER /COMPANY'S NAME: Eligibility Tracking Calculators, LLC

ADDRESS: 55 Vienna

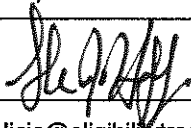
CITY/STATE/ZIP CODE: San Antonio, TX 78258

TELEPHONE NUMBER: (210) 323-7846

CELLULAR NUMBER: (210) 325-2641

FAX NUMBER: (866) 412-5028

AUTHORIZED SIGNATURE:



EMAIL ADDRESS: Alicia@eligibilitytrackingcalculators.com

PRINTED NAME: Alicia J. Haff

TITLE: Partner

DATE: 5-20-15

THIS PAGE MUST BE SUBMITTED WITH BID

EXHIBIT “C”
INSURANCE REQUIREMENTS

PRODUCER David Ison Insurance, Inc.
1383 East Bitters #1
San Antonio TX 78216-2987

SUBJECT ELIGIBILITY TRACKING CALCULATORS, LLC ETC
55 VIENNA
SAN ANTONIO TX 78258

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

INSURER A: MARKEL
INSURER B: MARKEL
INSURER C: TEXAS MUTUAL
INSURER D: MARKEL
INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	IT806639	06/01/2015	06/01/2016	EACH OCCURRENCE	\$ 200000
				FIRE DAMAGE (Any one fire)	\$ 100000
				MED EXP (Any one person)	\$
				PERSONAL & ADV INJURY	\$
				GENERAL AGGREGATE	\$ 200000
				PRODUCTS - COMP/OP AGG	\$ 200000
AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	TX3343	06/01/2015	06/01/2016	COMBINED SINGLE LIMIT (Ea accident)	\$ 30000
				BODILY INJURY (Per person)	\$
				BODILY INJURY (Per accident)	\$
				PROPERTY DAMAGE (Per accident)	\$
TRUCK LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
				OTHER THAN EA ACC	\$
				AUTO ONLY: AGG	\$
EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE	\$
				AGGREGATE	\$
					\$
					\$
					\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	TX6628	06/01/2015	06/01/2016	WC STATUTORY LIMITS	OTHER
				E.L. EACH ACCIDENT	\$ 10000
				E.L. DISEASE - EA EMPLOYEE	\$ 50000
				E.L. DISEASE - POLICY LIMIT	\$ 10000
OTHER PROF LIABILITY	IT806639	06/01/2015	06/01/2016	2,000,000/2,000,000	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

CERTIFICATE HOLDER **ADDITIONAL INSURED; INSURER LETTER:** **CANCELLATION**

For Information Only

ACORD 25-S (7/97)

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE **STEPHEN ISON**

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