



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

May 13, 2019

J. M. Bogan, III, Vice President  
ICS Jail Supplies, Inc.  
P O Box 21056  
Waco, TX 76702-1056  
254-751-1566 – Office  
254-751-0299 – Fax

via email: [bids@icswaco.com](mailto:bids@icswaco.com)

Re: HB Form 1295 Required/Renewal/Extension Notice  
Current Contract Number - C-17-063C-07-25 – "Commissary Supplies for the Hidalgo County Adult Detention Facility Commissary"

Dear Mr. Bogan:

Be advised that Hidalgo County has chosen to exercise the option to extend the second (2<sup>nd</sup>) of two (2) one (1) year term contract under the same rates, terms, and conditions with ICS Jail Supplies, Inc. for the above-referenced project. In order to proceed, as of January 1, 2016, the County is required, to comply with the Texas Government Code, §2252.908, and the rules issued by the Texas Ethics Commission found in Title 1, Section 46.1, 46.3 and 46.5 of the Texas Administrative Code. In accordance with these requirements for the type of contract/renewal being considered, a business must submit a completed Certificate of Interested Parties Form 1295 to the county before the County may enter into a contract/renewal with the business entity.

Thus, in order for County staff to process the above-referenced extension/renewal; you must complete and file Form 1295 with the Texas Ethics Commission. Form 1295 can be found at the following website:

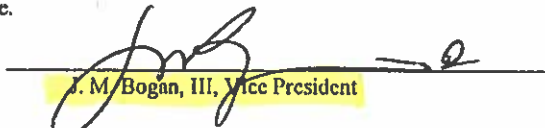
[https://www.ethics.state.tx.us/whatsnew/elf\\_info\\_form1295.htm](https://www.ethics.state.tx.us/whatsnew/elf_info_form1295.htm)

In box 3 of Form 1295, provide reference No. **E-19-119C-HGO**. Once completed and filed with the Texas Ethics Commission, Form 1295 must be printed, signed and submitted to our office by the deadline stated below.

In order to proceed with approval of Renewal/Extension for the above-referenced project by Commissioners Court, the signed "HB Form 1295" and "Extension Notice" must be received in our office completed via fax to (956) 292-7612 or via email to [heidi.ortiz@co.hidalgo.tx.us](mailto:heidi.ortiz@co.hidalgo.tx.us) by no later than Friday, May 17, 2019. Hidalgo County cannot enter into a contract/renewal until Form 1295 is submitted, therefore, failure to timely submit signed Form 1295 may result in a delay of the award.

In, addition, please include your "Undated Certificate of Insurance" with acknowledgment of receipt to this notice by signing below and returning to the Hidalgo County Purchasing Department, via email: [heidi.ortiz@co.hidalgo.tx.us](mailto:heidi.ortiz@co.hidalgo.tx.us) by no later than the date reflected above.

By:

  
J. M. Bogan, III, Vice President

Date:

16 MAY 19

Hidalgo County Purchasing Department welcomes and appreciates your participation in the contract process. If any further assistance is required, please do not hesitate to call the Purchasing Department 956/318-2626.

Sincerely,

  
Martha L. Salazar, CRPB  
Hidalgo County Purchasing Agent

MLS/hgo

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**

1 of 1

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

**OFFICE USE ONLY  
CERTIFICATION OF FILING****1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

ICS JAIL SUPPLIES, INC  
Waco, TX United States

**Certificate Number:**  
2019-492252

**Date Filed:**  
05/17/2019

**Date Acknowledged:**  
05/22/2019

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

HIDALGO COUNTY PURCHASING

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

C-17-063C-07-25  
COMMISSARY SUPPLIES FOR THE HIDALGO COUNTY ADULT DETENTION FACILITY COMMISSARY

| 4 | Name of Interested Party | City, State, Country (place of business) | Nature of interest<br>(check applicable) |              |
|---|--------------------------|------------------------------------------|------------------------------------------|--------------|
|   |                          |                                          | Controlling                              | Intermediary |
|   | BOGAN , TW               | Waco, TX United States                   | X                                        |              |
|   | Bogan III, JM            | Waco, TX United States                   | X                                        |              |
|   |                          |                                          |                                          |              |
|   |                          |                                          |                                          |              |
|   |                          |                                          |                                          |              |
|   |                          |                                          |                                          |              |
|   |                          |                                          |                                          |              |
|   |                          |                                          |                                          |              |
|   |                          |                                          |                                          |              |

**5 Check only if there is NO Interested Party.**

☐**6 UNSWORN DECLARATION**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of authorized agent of contracting business entity  
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

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

## OFFICE USE ONLY CERTIFICATION OF FILING

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Date Filed:  
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ICS JAIL SUPPLIES, INC  
Waco, TX United States

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

HIDALGO COUNTY PURCHASING

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

C-17-063C-07-25  
COMMISSARY SUPPLIES FOR THE HIDALGO COUNTY ADULT DETENTION FACILITY COMMISSARY

| 4 | Name of Interested Party | City, State, Country (place of business) | Nature of interest<br>(check applicable) |              |
|---|--------------------------|------------------------------------------|------------------------------------------|--------------|
|   |                          |                                          | Controlling                              | Intermediary |
|   | BOGAN , TW               | Waco, TX United States                   | X                                        |              |
|   | Bogan III, JM            | Waco, TX United States                   | X                                        |              |
|   |                          |                                          |                                          |              |
|   |                          |                                          |                                          |              |
|   |                          |                                          |                                          |              |
|   |                          |                                          |                                          |              |
|   |                          |                                          |                                          |              |
|   |                          |                                          |                                          |              |
|   |                          |                                          |                                          |              |

5 Check only if there is NO Interested Party. ☐

### 6 UNSWORN DECLARATION

My name is Lacy Key, and my date of birth is 09-05-1983.

My address is 5804 Franklin Ave, Waco, TX, 76710, US.  
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in McLennan County, State of Texas, on the 17 day of May, 20 19.  
(month) (year)

Lacy Key  
Signature of authorized agent of contracting business entity  
(Declarant)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/15/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| <b>PRODUCER</b><br>Bailey Insurance and Risk Management<br>1201 Washington Ave.<br>P.O. Box 298<br>Waco TX 76701 | <b>CONTACT NAME:</b> Alisha Johnson<br><b>PHONE (A/C, No, Ext):</b> (254) 753-5317<br><b>FAX (A/C, No):</b> (254) 753-1132<br><b>E-MAIL ADDRESS:</b> alisha@baileyinsurance.com                                                                                                                                                                                                                                                                                                                                       |                               |  |        |            |                        |       |            |                                          |       |            |                              |       |            |                            |       |            |  |  |            |  |  |
|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--|--------|------------|------------------------|-------|------------|------------------------------------------|-------|------------|------------------------------|-------|------------|----------------------------|-------|------------|--|--|------------|--|--|
| <b>INSURED</b><br>Ics Jail Supplies, Inc.<br>PO Box 21056<br>Waco TX 76702-1056                                  | <table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>AMCO Insurance Company</td><td>19100</td></tr><tr><td>INSURER B:</td><td>Colonial County Mutual Insurance Company</td><td>29262</td></tr><tr><td>INSURER C:</td><td>Depositors Insurance Company</td><td>42587</td></tr><tr><td>INSURER D:</td><td>National American Ins. Co.</td><td>23663</td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table> | INSURER(S) AFFORDING COVERAGE |  | NAIC # | INSURER A: | AMCO Insurance Company | 19100 | INSURER B: | Colonial County Mutual Insurance Company | 29262 | INSURER C: | Depositors Insurance Company | 42587 | INSURER D: | National American Ins. Co. | 23663 | INSURER E: |  |  | INSURER F: |  |  |
| INSURER(S) AFFORDING COVERAGE                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | NAIC #                        |  |        |            |                        |       |            |                                          |       |            |                              |       |            |                            |       |            |  |  |            |  |  |
| INSURER A:                                                                                                       | AMCO Insurance Company                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 19100                         |  |        |            |                        |       |            |                                          |       |            |                              |       |            |                            |       |            |  |  |            |  |  |
| INSURER B:                                                                                                       | Colonial County Mutual Insurance Company                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 29262                         |  |        |            |                        |       |            |                                          |       |            |                              |       |            |                            |       |            |  |  |            |  |  |
| INSURER C:                                                                                                       | Depositors Insurance Company                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 42587                         |  |        |            |                        |       |            |                                          |       |            |                              |       |            |                            |       |            |  |  |            |  |  |
| INSURER D:                                                                                                       | National American Ins. Co.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 23663                         |  |        |            |                        |       |            |                                          |       |            |                              |       |            |                            |       |            |  |  |            |  |  |
| INSURER E:                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                               |  |        |            |                        |       |            |                                          |       |            |                              |       |            |                            |       |            |  |  |            |  |  |
| INSURER F:                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                               |  |        |            |                        |       |            |                                          |       |            |                              |       |            |                            |       |            |  |  |            |  |  |

**COVERAGES****CERTIFICATE NUMBER:** CL1811706855**REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE                                                                                                                                                                                                                                                                                                      | ADDL INSD                                    | SUBR WVD | POLICY NUMBER     | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                                                                                                                                                                                   |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------|-------------------|-------------------------|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |                                              |          | ACPGLAO3027908763 | 11/14/2018              | 11/14/2019              | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| B        | <input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY<br><input type="checkbox"/> HIRED AUTOS ONLY<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS ONLY                 |                                              |          | ACPBATX3027908763 | 11/14/2018              | 11/14/2019              | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$                                                                                |
| C        | <input type="checkbox"/> <b>UMBRELLA LIAB</b><br><input checked="" type="checkbox"/> <b>EXCESS LIAB</b><br>DED RETENTION \$                                                                                                                                                                                            |                                              |          | ACPCAD3027908763  | 11/14/2018              | 11/14/2019              | EACH OCCURRENCE \$ 1,000,000<br>AGGREGATE \$ 1,000,000                                                                                                                                                                                   |
| D        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                                                          | Y/N<br><input checked="" type="checkbox"/> N | N/A      | CW34820242        | 10/12/2018              | 10/12/2019              | <input checked="" type="checkbox"/> PER STATUTE<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000                                                                |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The Certificate Holder is included as an Additional Insured on the General Liability Policy if required by written contract between the Named Insured and the Additional Insured.

**CERTIFICATE HOLDER****CANCELLATION**

|                                                                                               |                                                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Hildago County Attn: Purchasing Department<br>2812 S Highway Bus 281<br><br>Edinburg TX 78539 | <b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b><br><br><b>AUTHORIZED REPRESENTATIVE</b><br> |
|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## COMMERCIAL GENERAL LIABILITY COVERAGE ENHANCEMENT ENDORSEMENT INCLUDING MEDICAL PAYMENTS

This endorsement modifies insurance provided under the following:

### COMMERCIAL GENERAL LIABILITY COVERAGE PART

#### SECTION I – COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY, 2. Exclusions is amended as follows:

1. Paragraph (2)(a) of Exclusion **g. Aircraft, Auto Or Watercraft** is replaced with:
  - (a) Less than 51 feet long; and
2. The following is added to Exclusion **j. Damage To Property**:
  - (a) Paragraphs (3) and (4) does not apply to “property damage” to borrowed equipment while not in use, while at the insured’s premises or a job site; or
  - (b) Paragraph (4) does not apply “property damage” to customers goods while on the insured’s premises for the purpose of being worked on or used in a manufacturing process.

**Limit of Insurance** - The most we will pay for damages for “property damage” coverage provided by this coverage in any one “occurrence” is \$10,000.

**Deductible** - Our obligation to pay for a covered loss applies only to the amount of loss in excess of \$500. We will pay the deductible amount to effect settlement of any claim or “suit” and, upon notification of this action having been taken, you shall promptly reimburse us for the deductible as has been paid by us. This insurance is excess over any other valid and collectible insurance.

3. The last paragraph of **2. Exclusions** is replaced with:

If **Damage To Premises Rented To You** is not otherwise excluded, exclusions **c.** through **n.** do not apply to damage by fire, lightning, explosion, smoke or sprinkler leakage to premises while rented to you or temporarily occupied by you rented to you or temporarily occupied by you

with permission of the owner. A separate limit of insurance applies to this coverage as described in **Section III - Limits of Insurance.**

#### SECTION I – COVERAGES, SUPPLEMENTARY PAYMENTS – COVERAGES A AND B is amended as follows:

1. Paragraph **1. b.** is replaced with:
  - b. Up to \$2,500 for cost of bail bonds required because of accidents or traffic law violations arising out of the use of any vehicle to which the Bodily Injury Liability Coverage applies. We do not have to furnish these bonds.
2. Paragraph **1. d.** is replaced with:
  - d. All reasonable expenses incurred by the insured at our request to assist us in the investigation or defense of the claim or “suit”, including actual loss of earnings up to \$500 a day because of time off from work.

#### SECTION II – WHO IS AN INSURED is amended as follows:

1. Paragraph **3. a.** is replaced with:
  - a. Coverage under this provision is afforded only until the 180<sup>th</sup> day after you acquire or form the organization or the end of the policy period, whichever is earlier;
2. The following is added:
  4. **Additional Insured – Automatic Status When Required In An Agreement With You**

**Who Is An Insured** includes person(s) or organization(s) described in Paragraphs **a.** – **i.** below with whom you have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy.

- a. **Co-Owners Of Insured Premises** – with respect to their liability as co-owner of the premises.

However, their status as additional insured under this policy ends when you cease to co-own such premises with that person or organization.

- b. Controlling Interest** – with respect to their liability arising out of their financial control of you; or premises they own, maintain, or control while you lease or occupy these premises.

This insurance does not apply to structural alterations, new construction and demolition operations performed by or for that person or organization.

However, their status as additional insured under this policy ends when they cease to have such controlling interest.

- c. Grantor of Franchise or License** – with respect to their liability as grantor of a franchise or license to you.

However, their status as additional insured under this policy ends:

- (1) when their contract or agreement with you granting the franchise or license ends or expires; or
- (2) when your license is terminated or revoked prior to expiration of the license as stipulated by the contract or agreement.

- d. Lessors of Leased Equipment** – with respect to their liability for “bodily injury”, “property damage” or “personal and advertising injury” caused in whole or in part by your maintenance, operation or use of equipment leased to you by such person(s) or organization(s). This insurance does not apply to any “occurrence” which takes place after the equipment lease expires.

However, their status as additional insured under this policy ends when their lease, contract, or agreement with you for such leased equipment ends.

- e. Managers, or Lessors of Premises** – with respect to liability arising out of the ownership, maintenance, or use of that part of the premises leased to you.

This insurance does not apply to:

- (1) Any “occurrence” which takes place after you cease to be a tenant in that premises.

Structural alterations, new construction, or demolition operations performed by or on behalf of the person or organization.

However, their status as additional insured under this policy ends when you cease to be a tenant of such premises.

- f. Mortgagee, Assignee, or Receiver** – with respect to their liability as mortgagee, assignee, or receiver and arising out of the ownership, maintenance, or use of the premises by you.

This insurance does not apply to structural alterations, new constructions, and demolition operations performed by or for that person or organization.

However, their status as additional insured under this policy ends when their status as mortgagee, assignee, or receiver ends.

- g. Owners or Other Interest from Whom Land has been Leased** – with respect to their liability arising out of the ownership, maintenance, or use of that part of the land leased to you.

This insurance does not apply to:

- (1) Any “occurrence” which takes place after you cease to lease the land; or
- (2) Structural alterations, new construction, or demolition operations performed by or on behalf of the person or organization.

However, their status as additional insured under this policy ends when you cease to lease that land.

- h. State or Political Subdivisions – Permits Relating to Premises** – with respect to the following hazards for which the state or governmental agency or subdivision or political subdivision has issued a permit or authorization in connection with premises you own, rent, or control and to which this insurance applies:

- (1) The existence, maintenance, repair, construction, erection, or removal of advertising signs, awnings, canopies, cellar entrances, coal

- holes, driveways, manholes, marquees, hoist away openings, sidewalk vaults, street banners or decorations and similar exposures; or
- (2) The construction, erection, or removal of elevators; or
- (3) The ownership, maintenance or use of any elevators covered by this insurance.

This insurance does not apply to:

- (1) "Bodily injury" or "property damage" or "personal or advertising injury" arising out of operations performed for the state or municipality; or
- (2) "Bodily injury" or "property damage" included within the "products-completed operations hazard".

However, such state or political subdivision's status as additional insured under this policy ends when the permit ends.

- i. **Vendors** – but only with respect to "bodily injury" or "property damage" arising out of "your products" which are distributed or sold in the regular course of the vendor's business, subject to the following additional exclusions:

- (1) The insurance afforded the vendor does not apply to:
  - (a) "Bodily injury" or "property damage" for which the vendor is obligated to pay damages by reason of the assumption of liability in a contract or agreement. This exclusion does not apply to liability for damages that the vendor would have in the absence of the contract or agreement;
  - (b) Any express warranty unauthorized by you;
  - (c) Any physical or chemical change in the product made intentionally by the vendor;
  - (d) Repackaging, except when unpacked solely for the purpose of inspection, demonstration, testing, or the substitution of parts under instructions from the

manufacturer, and then repackaged in the original container;

- (e) Any failure to make such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the products;
- (f) Demonstration, installation, servicing, or repair operations, except such operations performed at the vendor's premises in connection with the sale of the product;
- (g) Products which, after distribution or sale by you, have been labeled or relabeled or used as a container, part or ingredient of any other thing or substance by or for the vendor; or
- (h) "Bodily injury" or "property damage" arising out of the sole negligence of the vendor for its own acts or omissions or those of its employees or anyone else acting on its behalf. However, this exclusion does not apply to:
  - (i) The exceptions contained in Subparagraphs d. or f.; or
  - (ii) Such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the products.
- (2) This insurance does not apply to any insured person or organization, from whom you have acquired such products, or any ingredient, part or container, entering into, accompanying or containing such products.

With respect to the insurance afforded to such additional insureds **a. – d.** described above the following is added to the **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

However, this insurance afforded to such additional insureds **a. – i.** described above:

1. Only applies to the extent permitted by law; and
2. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

### SECTION III – LIMITS OF INSURANCE

1. The following is added to Paragraph 2:

The General Aggregate Limit applies separately to each of your “locations” owned by or rented to you or temporarily occupied by you with the permission of the owner.

2. Paragraph 6. is replaced with:

6. Subject to 5. above, the Damage To Premises Rented To You Limit is the most we will pay under Coverage **A** for damages because of “property damage” to any one premises, while rented to you, or in the case of damage by fire, lightning, explosion, smoke, or sprinkler leakage, while rented to or temporarily occupied by you with permission of the owner. The limit is increased to \$1,000,000.

3. Paragraph 7. is replaced with:

7. Subject to 5. above, the higher of:
  - a. \$10,000; or
  - b. The amount shown in the Declarations for Medical Expense Limit is the most we will pay under Coverage **C** for all medical expenses because of “bodily injury” sustained by one person.

This coverage does not apply if Coverage **C - Medical Payments** is excluded either by the provisions of any coverage forms attached to the policy or by endorsement.

### SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS

1. **Condition 2. Duties In The Event Of Occurrence, Offense, Claim Or Suit** is amended to include:

e. Knowledge of an “occurrence”, offense, claim or “suit” by an agent or employee of any insured shall not in itself constitute knowledge of the insured unless you, a partner, if you are a partnership; or an executive officer or insurance manager, if you are a corporation receives such notice of an “occurrence”, offense, claim or “suit” from the agent or employee.

2. Paragraph **b. Excess Insurance (1) (b) (ii)** of condition 4. **Other Insurance** is replaced with:

(ii) That is Fire insurance for premises rented to you or temporarily occupied by you with permission of the owner;

3. **Condition 6. Representations** is amended to include:

d. Your failure to disclose all hazards or prior “occurrences” or offenses existing as of the inception date of the policy shall not prejudice the coverage afforded by this policy provided such failure to disclose all hazards or prior “occurrences” or offenses is not intentional. This provision does not affect our right to collect additional premium or exercise our right of cancellation or non-renewal.

4. **Condition 8. Transfer Of Rights Of Recovery Against Others To Us** is amended to include:

If required by a written contract executed prior to loss, we waive any right of subrogation we may have against the contracting person or organization because of payments we make for injury or damage arising out of your ongoing operations or “your work” done under a contract with that person or organization and included in the “products-completed operations hazard”.

5. The following condition is added:

#### 10. Liberalization

If we revise this coverage form to provide more coverage without additional premium charge, your policy will automatically provide the additional coverage as of the day the revision is effective in your state.

**SECTION V – DEFINITIONS**

1. Definition 3. “Bodily Injury” is replaced with:
  3. “Bodily injury” means bodily injury, sickness or disease sustained by a person, including mental anguish, mental injury, shock, fright or death resulting from any of these at any time.
2. The following definition is added:

“Location” means premises involving the same or connecting lots, or premises whose connection is interrupted only by a street, roadway, waterway, or right-of-way of a railroad.

**All terms and conditions apply unless modified by this endorsement.**

PCT #1:

✓ Requesting approval to enter into a 48 month capital lease agreement with Ricoh USA/ GE Ricoh through State of Texas cooperative contract DIR-TSO-3041.

- ✓ **G. AI-65220** Acceptance and approval to exercise the County's option to extend the final one (1) year renewal allowed in contract C-14-286-10-28 under the same rates, terms and conditions with **Kofile Systems, Inc.** for the provision of "Records Management & Document Imaging Process" for County Clerks with compliance to HB 1295.

- Subj. to compliance of form*
- ✓ **H. AI-65227** Requesting approval to exercise the County's option to renew/extend for an additional one (1) year extensions as provided in the current contracts for the "Pipes & Related Miscellaneous Items" for Hidalgo County, under the same rates, terms and conditions with the following contracted vendors:
1. E-18-090-06-19-Rio Valley Pipe;
  - ② E-18-090A-06-19-Core & Main, LP;
  3. E-18-090B-06-19-Act Pipe & Supply;
  - ④ E-18-090C-06-19-Ferguson Waterworks, Subject to HB 1295 & Signed Renewal Extension Notice;
  5. E-18-090D-06-19-Agua Works Pipe, Subject to Signed Renewal Extension Notice;
  - ⑥ E-18-091-06-19 Contech Engineered Solutions, LLC "Pipes & Related Miscellaneous Items-Round 2" - For an additional (One) 1 year period: Subject to HB 1295 & Renewal Extension Notice.

- ✓ **I. AI-65096** Approval to exercise the County's option to extend the first (1) of two (2) year terms under contracts:
1. #C-17-063A-07-25 with Rene Lucio dba R & R Distributing;
  2. #C-17-063B-07-25 with Bob Barker Company, Inc.; and,
  3. #17-063C-07-25 with ICS Jail Supplies, Inc. for "Commissary Supplies for the Hidalgo County Adult Detention Facility Commissary" on an as-needed basis, for Hidalgo County Sheriff's Office under the same rates, terms & conditions.

- ✓ **J. AI-65136** Approval to exercise the eighth (8th) of nine (9) extensions possible as provided in original contract #C-10-043-08-03 for "Lease of Tower Space - Hidalgo County Sheriff's Office - La Joya Tower Site under the same terms and conditions effective August 3, 2018, through August 2, 2019.

- ✓ **K. AI-65214** Requesting approval to enter into a 48 month capital lease agreement with Ricoh USA/ GE Ricoh through State of Texas cooperative contract DIR-TSO-3041.

E-18-110C-06-19



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

May 18, 2018

J. M. Bogan, III, Vice President  
ICS Jail Supplies, Inc.  
P O Box 21056  
Waco, TX 76702-1056  
254-751-1566 – Office  
254-751-0299 – Fax

via email: [bids@icswaco.com](mailto:bids@icswaco.com)

Re: HB Form 1295 Required/Renewal/Extension Notice  
Current Contract Number - C-17-063C-07-25 – "Commissary Supplies for the Hidalgo County Adult Detention Facility Commissary"

Dear Mr. Bogan:

Be advised that Hidalgo County has chosen to exercise the option to extend the first (1<sup>st</sup>) of two (2) one (1) year term contract under the same rates, terms, and conditions with ICS Jail Supplies, Inc. for the above-referenced project. In order to proceed, as of January 1, 2016, the County is required, to comply with the Texas Government Code, §2252.908, and the rules issued by the Texas Ethics Commission found in Title 1, Section 46.1, 46.3 and 46.5 of the Texas Administrative Code. In accordance with these requirements for the type of contract/renewal being considered, a business must submit a completed Certificate of Interested Parties Form 1295 to the county before the County may enter into a contract/renewal with the business entity.

Thus, in order for County staff to process the above-referenced extension/renewal; you must complete and file Form 1295 with the Texas Ethics Commission. Form 1295 can be found at the following website:

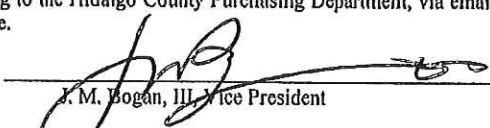
[https://www.ethics.state.tx.us/whatsnew/cif\\_info\\_form1295.htm](https://www.ethics.state.tx.us/whatsnew/cif_info_form1295.htm)

In box 3 of Form 1295, provide reference No. **E-18-110C-HGO**. Once completed and filed with the Texas Ethics Commission, Form 1295 must be printed, signed and submitted to our office by the deadline stated below.

In order to proceed with approval of Renewal/Extension for the above-referenced project by Commissioners Court, the signed "HB Form 1295" and "Extension Notice" must be received in our office completed via fax to (956) 292-7612 or via email to [heidi.ortiz@co.hidalgo.tx.us](mailto:heidi.ortiz@co.hidalgo.tx.us) by no later than Friday, May 25, 2018. Hidalgo County cannot enter into a contract/renewal until Form 1295 is submitted, therefore, failure to timely submit signed Form 1295 may result in a delay of the award.

In, addition, please include your "Updated Certificate of Insurance" with acknowledgment of receipt to this notice by signing below and returning to the Hidalgo County Purchasing Department, via email: [heidi.ortiz@co.hidalgo.tx.us](mailto:heidi.ortiz@co.hidalgo.tx.us) by no later than the date reflected above.

By:

  
J. M. Bogan, III, Vice President

Date: 21 MAY 18

Hidalgo County Purchasing Department welcomes and appreciates your participation in the contract process. If any further assistance is required, please do not hesitate to call the Purchasing Department 956/318-2626.

Sincerely,

  
Martha L. Salazar, CPPB  
Hidalgo County Purchasing Agent

MLS/hgo



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/04/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

|                                                                                                                  |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |       |            |                        |        |       |            |                                          |  |       |            |                              |  |       |            |                            |  |  |            |  |  |  |            |  |  |  |
|------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------|------------------------|--------|-------|------------|------------------------------------------|--|-------|------------|------------------------------|--|-------|------------|----------------------------|--|--|------------|--|--|--|------------|--|--|--|
| <b>PRODUCER</b><br>Bailey Insurance and Risk Management<br>1201 Washington Ave.<br>P.O. Box 298<br>Waco TX 76701 |                                          | <b>CONTACT NAME:</b> Alisha Johnson<br><b>PHONE (A/C, No, Ext):</b> (254)753-5317<br><b>FAX (A/C, No):</b> (254)753-1132<br><b>E-MAIL ADDRESS:</b> alisha@baileyinsurance.com                                                                                                                                                                                                                                                                                                                                                              |       |            |                        |        |       |            |                                          |  |       |            |                              |  |       |            |                            |  |  |            |  |  |  |            |  |  |  |
| <b>INSURED</b><br>Ics Jail Supplies, Inc.<br>PO Box 21056<br>Waco TX 76702-1056                                  |                                          | <b>INSURER(S) AFFORDING COVERAGE</b><br><table><tr><td>INSURER A:</td><td>AMCO Insurance Company</td><td>NAIC #</td><td>19100</td></tr><tr><td>INSURER B:</td><td>Colonial County Mutual Insurance Company</td><td></td><td>29262</td></tr><tr><td>INSURER C:</td><td>Depositors Insurance Company</td><td></td><td>42587</td></tr><tr><td>INSURER D:</td><td>National American Ins. Co.</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td><td></td></tr></table> |       | INSURER A: | AMCO Insurance Company | NAIC # | 19100 | INSURER B: | Colonial County Mutual Insurance Company |  | 29262 | INSURER C: | Depositors Insurance Company |  | 42587 | INSURER D: | National American Ins. Co. |  |  | INSURER E: |  |  |  | INSURER F: |  |  |  |
| INSURER A:                                                                                                       | AMCO Insurance Company                   | NAIC #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 19100 |            |                        |        |       |            |                                          |  |       |            |                              |  |       |            |                            |  |  |            |  |  |  |            |  |  |  |
| INSURER B:                                                                                                       | Colonial County Mutual Insurance Company |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 29262 |            |                        |        |       |            |                                          |  |       |            |                              |  |       |            |                            |  |  |            |  |  |  |            |  |  |  |
| INSURER C:                                                                                                       | Depositors Insurance Company             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 42587 |            |                        |        |       |            |                                          |  |       |            |                              |  |       |            |                            |  |  |            |  |  |  |            |  |  |  |
| INSURER D:                                                                                                       | National American Ins. Co.               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |       |            |                        |        |       |            |                                          |  |       |            |                              |  |       |            |                            |  |  |            |  |  |  |            |  |  |  |
| INSURER E:                                                                                                       |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |       |            |                        |        |       |            |                                          |  |       |            |                              |  |       |            |                            |  |  |            |  |  |  |            |  |  |  |
| INSURER F:                                                                                                       |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |       |            |                        |        |       |            |                                          |  |       |            |                              |  |       |            |                            |  |  |            |  |  |  |            |  |  |  |

**COVERAGES**

CERTIFICATE NUMBER: 2017

REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE                                                                                                                                                                                                                                                                                                   | ADDL INSD                       | SUBR WVD | POLICY NUMBER     | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                                                                                                                                                                                        |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|----------|-------------------|-------------------------|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |                                 |          | ACPGLA03017908763 | 11/14/2017              | 11/14/2018              | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COM/OP AGG \$ 2,000,000<br>\$ |
|          | <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY                                  |                                 |          | ACPBATX3017908763 | 11/14/2017              | 11/14/2018              | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$                                                                               |
|          | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED RETENTION \$                                                                                                                        |                                 |          | ACPCAD3017908763  | 11/14/2017              | 11/14/2018              | EACH OCCURRENCE \$ 1,000,000<br>AGGREGATE \$ 1,000,000<br>\$                                                                                                                                                                                  |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                                                       | Y/N<br><input type="checkbox"/> | N/A      | CW34820142        | 10/12/2017              | 10/12/2018              | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000                                     |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The Certificate Holder is included as an Additional Insured on the General Liability Policy if required by written contract between the Named Insured and the Additional Insured.

**CERTIFICATE HOLDER****CANCELLATION**

|                                                                                               |                                                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Hildago County Attn: Purchasing Department<br>2812 S Highway Bus 281<br><br>Edinburg TX 78539 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br><br>Wes Bailey |
|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

# CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

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

## OFFICE USE ONLY CERTIFICATION OF FILING

Certificate Number:  
2018-356886

Date Filed:  
05/21/2018

Date Acknowledged:  
05/22/2018

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

ICS Jail Supplies, Inc.  
WACO, TX United States

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

Hidalgo County

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

E-18-110C-HGO  
Commissary Supplies for the Hidalgo County Adult Detention Facility Commissary

| 4 | Name of Interested Party | City, State, Country (place of business) | Nature of interest<br>(check applicable) |              |
|---|--------------------------|------------------------------------------|------------------------------------------|--------------|
|   |                          |                                          | Controlling                              | Intermediary |
|   | Bogan, TW                | Waco, TX United States                   | X                                        |              |
|   | Bogan III, JM            | Waco, TX United States                   | X                                        |              |
|   |                          |                                          |                                          |              |
|   |                          |                                          |                                          |              |
|   |                          |                                          |                                          |              |
|   |                          |                                          |                                          |              |
|   |                          |                                          |                                          |              |
|   |                          |                                          |                                          |              |
|   |                          |                                          |                                          |              |

5 Check only if there is NO Interested Party.

☐

### 6 UNSWORN DECLARATION

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of authorized agent of contracting business entity  
(Declarant)

**CERTIFICATE OF INTERESTED PARTIES****FORM 1295**

1 of 1

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

**OFFICE USE ONLY  
CERTIFICATION OF FILING****1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

ICS Jail Supplies, Inc.  
WACO, TX United States

Certificate Number:  
2018-356886

Date Filed:  
05/21/2018

Date Acknowledged:

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

Hidalgo County

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

E-18-110C-HGO  
Commissary Supplies for the Hidalgo County Adult Detention Facility Commissary

| 4 | Name of Interested Party | City, State, Country (place of business) | Nature of interest<br>(check applicable) |              |
|---|--------------------------|------------------------------------------|------------------------------------------|--------------|
|   |                          |                                          | Controlling                              | Intermediary |
|   | Bogan, TW                | Waco, TX United States                   | X                                        |              |
|   | Bogan III, JM            | Waco, TX United States                   | X                                        |              |
|   |                          |                                          |                                          |              |
|   |                          |                                          |                                          |              |
|   |                          |                                          |                                          |              |
|   |                          |                                          |                                          |              |
|   |                          |                                          |                                          |              |
|   |                          |                                          |                                          |              |
|   |                          |                                          |                                          |              |

5 Check only if there is NO Interested Party. ☐

**6 UNSWORN DECLARATION**

My name is Margan Eisenman, and my date of birth is 02/10/1987.

My address is Po Box 21056 (street), Waco (city), TX (state), 76702 (zip code), US (country).

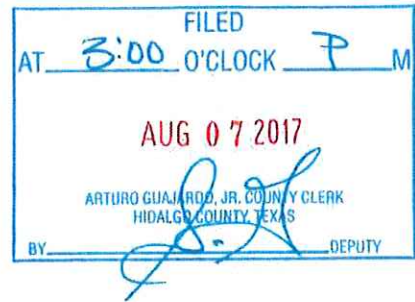
I declare under penalty of perjury that the foregoing is true and correct.

Executed in McLennan County, State of Texas, on the 21<sup>st</sup> day of May, 20 18.  
(month) (year)

Signature of authorized agent of contracting business entity  
(Declarant)

THE STATE OF TEXAS     §  
                                     §  
COUNTY OF HIDALGO     §

**REQUIREMENTS AGREEMENT**  
**C-17-063C-07-25**



**THIS AGREEMENT** (the "Agreement") is entered into effective as of the **25<sup>TH</sup>** day of **July, 2017** by and between **ICS Jail Supplies, Inc.** ("Seller") and **Hidalgo County, Texas** ("Buyer").

**WHEREAS**, Buyer has solicited sealed bids for the supply of its requirements for the "**Commissary Supplies**" for **Hidalgo County Adult Detention Facility (Jail)**" (**on an as needed basis**), (the "Product") as further described in Exhibit "A", Request for Sealed Bids (RFB) Procurement Packet as attached hereto and incorporated herein by reference for all purposes (the "RFB") for a period of **one (1) year** and;

**WHEREAS**, Seller has submitted a proposal to supply Buyer's requirements; and

**WHEREAS**, Buyer has determine that Seller has submitted the lowest and best bid to meet Buyer's requirements for certain of the Products, as herein after described.

**NOW THEREFORE**, for and in consideration of the mutual covenants and conditions hereinafter set forth, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereto agree as follows:

1. Buyer agrees to purchase from Seller, and Seller agrees to sell and deliver to Buyer, the Product listed on Exhibit "B", which is attached hereto and incorporated herein by reference, that Buyer may require for use by Buyer in Buyer's projects for a period of **one (1) year** with the Buyer's option to extend for an additional two (2) one (1) year terms under the same rates, terms and conditions. Buyer also reserves the right to continue this bid for an additional sixty (60) day grace period, under the same rates, terms and conditions at the end of the contract term for unforeseen delays in award of new bid for the next contract term. The initial term of this Contract shall commence on **August 19, 2017** and expire on **August 18, 2018**, and it is agreed that the Product will meet the Specifications in the Request for Sealed Bids (RFB) Procurement Packet set forth in Exhibit "A" hereto.

2. When Buyer determines that it needs a quantity of the Product to be delivered, it will, according to its Purchasing Policies, complete and submit to Seller a Purchase Order describing the type and quantity of the Product required. The Products are to be delivered by Seller to the location in Hidalgo County specified by Buyer in its Purchase Order.

3. Buyer agrees to pay Seller for each Purchase Order based on the prices set out in Exhibit "B". Seller shall render invoices for each Purchase Order, and the invoices shall be paid by Buyer on or before the 30th day following receipt of the invoice.

*ICS Jail Supplies, Inc.*  
*"Commissary Supplies for Hidalgo County Adult Detention Facility (Jail)"*  
*Hidalgo County Sheriff's Office*

**C-17-063C-07-25**

4. General Provisions.

a. **Conflict with Applicable Law.** Nothing in this Agreement shall be construed so as to require the commission of any act contrary to law, and whenever there is any conflict between any provision of this Agreement and any present or future law, ordinance or administrative, executive or judicial regulation, order or decree, or amendment thereof, contrary to which the parties have no legal right to contract, the latter shall prevail, but in such event the affected provision or provisions of this Agreement shall be modified only to the extent necessary to bring them within the legal requirements and only during the time such conflict exists.

b. **No Waiver.** No waiver by Buyer of any breach of any provision of this Agreement shall be deemed to be a waiver of any preceding or succeeding breach of the same or any other provision hereof.

c. **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 representations or agreements in connection with this Agreement not specifically set forth herein. This Agreement may be modified or amended only by agreement in writing executed by Buyer and Seller, and not otherwise.

d. **Texas Law to Apply.** This Agreement shall be construed under and in accordance with the laws of the State of Texas, and all obligations of the parties created hereunder are performable in Hidalgo County, Texas. The parties hereby consent to personal jurisdiction in Hidalgo County, Texas.

e. **Notice.** Except as may be otherwise specifically provided in this Agreement, all notices, demands, requests or communications required or permitted hereunder shall be in writing and shall either be (i) personally delivered against a written receipt, or (ii) sent by registered or certified mail, return receipt requested, postage prepaid and addressed to the parties at the addresses set forth below, or at such other addresses as may have been theretofore specified by written notice delivered in accordance herewith:

If to Buyer: Hidalgo County  
Attn: County Judge  
100 East Cano, 2<sup>nd</sup> Floor (Admin. Bldg.)  
Edinburg, Texas 78539

If to Seller: **ICS Jail Supplies, Inc.**  
Attn: J.M. Bogan, III, Vice President  
P.O. Box 21056  
Waco, Texas 76702-1056

Each notice, demand, request or communication which shall be delivered or mailed in the manner described above shall be deemed sufficiently given for all purposes at such time as it is

personally delivered to the addressee or, if mailed, at such time as it is deposited in the United States mail.

f. **Termination.** Buyer may terminate this Agreement at any time for any reason or no reason at all upon giving thirty (30) days written notice.

g. **Additional Documents.** The parties hereto covenant and agree that they will execute such other and further instruments and documents as are or may become necessary or convenient to effectuate and carry out the terms of this Agreement.

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

i. **Assignment.** This Agreement shall not be assignable.

j. **Headings.** The headings and captions contained in this Agreement are solely for convenient reference and shall not be deemed to affect the meaning or interpretation of any provision or paragraph hereof.

k. **Gender and Number.** All pronouns used in this Agreement shall include the other gender, whether used in the masculine, feminine or neuter gender, and the singular shall include the plural whenever and as often as may be appropriate.

l. **Authority to Execute.** The execution and performance of this Agreement by Buyer and Seller have been duly authorized by all necessary laws, resolutions or corporate action, and this Agreement constitutes the valid and enforceable obligations of Buyer and Seller in accordance with its terms.

m. **Insurance.** Seller shall provide, to the extent it deems necessary, insurance in force on all persons connected with providing services under this Contract naming Buyer as an additional insured, and shall furnish to Buyer certificates of such insurance coverage Exhibit "C", which is attached hereto.

n. **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 Buyer under this Agreement, Buyer may terminate this Agreement upon ninety (90) days written notice to Seller. Buyer 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 Buyer pursuant to the provisions of Tex. Loc. Govt. Code Ann. ' 271.903 (Vernon Supp. 1996).

o. **Immunities.** Nothing in this Agreement is intended to and Buyer does not hereby waive, release or relinquish any right to assert any of the defenses Buyer enjoys by virtue of the state or federal constitution, laws, rules or regulations, and any sovereign, official or

qualified immunity available to Buyer as to any claim or action of any person, entity, or individual against Buyer.

o. **Purchasing Ethics.** Seller represents and warrants it has not, during the process of being awarded this contract violated the following ethical standards of Buyer and, upon and after the execution of this Agreement, agrees to abide by the following ethical standards of Buyer:

- (1) 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 Buyer, or for any elected official, department head or employee or former elected official, department head or employee of Buyer, to solicit, demand, accept or agree to accept from another person, entity or organization, a gratuity or an officer 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 advise, 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 therefore pending before any department or agency of Buyer.
- (2) 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 Buyer, or any person associated therewith, as an inducement for the award of a subcontract or order.

**EXECUTED** effective as of the day and year first above written.

*Approved by Commissioner's Court:* July 25, 2017.

**APPROVED AS TO FORM:**

Atlas, Hall & Rodriguez, LLP

By: [Signature]  
Stephen L. Crain, Attorney

**BUYER:**  
**COUNTY OF HIDALGO**

By: [Signature]  
Ramon Garcia, County Judge

**ATTEST:**

[Signature]  
Arturo Guajardo Jr., County Clerk

APPROVED BY  
COMMISSIONERS' COURT  
ON: 7/25/17 [Signature]



**SELLER: ICS JAIL SUPPLIES, INC.**

By: [Signature]

Printed Name: J.M. Bogan

Printed Name: Vice President

**EXHIBIT "A"**  
REQUEST FOR SEALED BIDS (RFB) PROCUREMENT PACKET

**EXHIBIT "B"**  
BID PAGE



Hidalgo County Purchasing Office  
2812 S. Business Highway 281  
Administration Building  
Edinburg, Texas 78539  
(956) 318-2626/ Fax: (956) 292-7612

April 24, 2017

Bidder's name

Address

City

State, Zip Code

Re: Hidalgo County Sheriff's Office  
REQUEST FOR BIDS- "Commissary Supplies for Adult Detention Facility (Jail)"  
RFB BID No. 2017-063-05-10-SMA

Dear Gentleman/Ladies:

Enclosed, please find the Request for Bids (RFB) packet. **Modifications and new requirements** have been added and implemented. Carefully read and review all instructions, Requirements and Specifications.

Hidalgo County Purchasing Department welcomes and appreciates your participation in the Request for Bids process.

If any further assistance is required, please do not hesitate to call the Purchasing Department 956/318-2626 x 4865.

Sincerely,

  
Martha L. Salazar, CPPB  
Hidalgo County Purchasing Agent

MLS/sma  
Enclosures



## HIDALGO COUNTY PURCHASING OFFICE

2812 S. Business Highway 281

Administration Building

Edinburg, Texas 78539

(956) 318-2626/ Fax: (956) 292-7612

### TABLE OF CONTENTS REQUEST FOR BIDS (RFB)

Hidalgo County Sheriff's Office

**"COMMISSARY SUPPLIES for ADULT DETENTION FACILITY (JAIL)"**

RFB No.: 2017-063-05-10-SMA

| ITEM | DESCRIPTION                                                                 | NO. OF<br>PAGES |
|------|-----------------------------------------------------------------------------|-----------------|
| 1.   | Request For Bid Letter                                                      | 1               |
| 2.   | Request for Bid, <b>Legal Notice</b>                                        | 8               |
| 3.   | <b>Exhibit A</b> , Specifications/Requirements                              | 4               |
| 4.   | <b>Exhibit B</b> , Bid Page                                                 | 5               |
| 5.   | <b>Exhibit C</b> , Insurance Requirements                                   | 4               |
| 6.   | <b>Exhibit D</b> , (CIQ) Conflict of Interest Questionnaire (if applicable) | 1               |
| 7.   | <b>Exhibit E</b> , Vendor/Bidder Application and W-9 form(s)                | 6               |
| 8.   | <b>Exhibit F</b> , Certification Regarding Debarment                        | 1               |
| 9.   | <b>Exhibit G</b> , Title VI Appendices "A" through "E"                      | 6               |
| 10.  | <b>Draft Requirements Agreement</b>                                         | 8               |
| 11.  | RFB Submittal Checklist                                                     | 1               |

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

Thank you.

Martha L. Salazar, CPPB, Purchasing Agent

Date

**Bid No:2017-063-05-10-SMA**

**Buyer: Sandra Montalvo**

**Tel. No: (956) 318-2626 ext.4865**

## **REQUEST FOR BIDS**

**Hidalgo County Sheriff's Office**

**"COMMISSARY SUPPLIES for ADULT DETENTION FACILITY (JAIL)"**

**RFB No.: 2017-063-05-10-SMA**

**BID OPENING DATE: May 10, 2017**

**Contact Person:**

Martha L. Salazar, CPPB, Purchasing Agent  
Hidalgo County Purchasing Department  
Physical Address: 2802 S. Business Hwy. 281 - Administration Building  
Mailing/Postal Address: 2812 S. Business Hwy. 281  
Edinburg, Texas 78539  
956 318-2626



**Form HCPD-03**

- 1) Sealed bids will be received for **"Hidalgo County Sheriff's Office-"COMMISSARY SUPPLIES for ADULT DETENTION FACILITY (JAIL)"** 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) **One (1) original and Three (3) copies** of all bids are required with the bidders name and return address clearly typed and or/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: **RFB No.: 2017-063-05-10-SMA -Hidalgo County Sheriff's Office-"COMMISSARY SUPPLIES for ADULT DETENTION FACILITY (JAIL)"** and at County's Purchasing Department with a physical address: 2802 S. Business 281 and a mailing address: 2812 S. Business Hwy 281, Administration Building, Edinburg, Texas, **on or before 9:30 A.M, Wednesday, May 10, 2017.**

**NO FACSIMILES, EMAILS OR LATE ARRIVALS WILL BE ACCEPTED. ANY RFB 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 WITH REFERENCE TO Hidalgo County Sheriff's Office-"COMMISSARY SUPPLIES for ADULT DETENTION FACILITY (JAIL)".**

Hidalgo County reserves the right to refuse and reject any/all bids and to waive any/all formalities or technicalities, or to accept the bids considered the best and most advantageous to Hidalgo County.

Additionally, all forms listed below must be properly executed and included with your bid:

- 1) Legal Notice (See page 8);
  - 2) Bid Page-(See **Exhibit "B"**);
  - 3) Insurance pages with Acknowledgment Forms (See **Exhibit "C"**);
  - 4) Form CIQ-Conflict of Interest Questionnaire (See **Exhibit "D"**);
  - 5) Vendor Bidder Application & W-9 forms (See **Exhibit "E"**);
  - 6) Certification Regarding Debarment (See **Exhibit "F"**); and
  - 7) SAMS.gov Registration Acknowledgement (See Number 18 below).
- 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; C. award the bid to one bidder or to multiple bidders if the County determines it is in its best interest to do so; D. award the contract to the responsible bidder who submits the lowest and best bid. "Lowest and best" means a bid or offer providing the best value considering associated direct and indirect costs, including transport, maintenance, reliability, life cycle, warranties, and customer service after a sale.
  - 4) The Bidder shall not substitute items named in the bid without the express written consent of Hidalgo County. Failure of the delivered item 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 cards 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

**16) BILLING AND PAYMENT INSTRUCTIONS:**

- Invoices must include:
  - a) Name and address of successful bidder
  - b) Name and address of receiving department or official
  - c) Purchase Order Number (if any)
  - d) Notation- Hidalgo County Sheriff's Office- COMMISSARY SUPPLIES for ADULT DETENTION FACILITY (JAIL)-RFB NO.: 2017-063-05-10-SMA Descriptive information as to the items or services delivered, including product code, item number, quantity, etc.
  - e) Contract number must be indicated on all invoices
- Discount payments will be considered when offered.
- Contact person for Billing and Payment questions:

Hidalgo County Sheriff's Office  
711 E. El Cibolo Rd.  
Edinburg, Texas 78539  
(956) 383-8114

**17) SCHEDULE OF EVENTS:**

|                                   |                     |
|-----------------------------------|---------------------|
| Bid Opening, 9:30 A.M.            | <u>May 10, 2017</u> |
| Award of Contract                 | <u>2017</u>         |
| Commence Work or Deliver Products | <u>2017</u>         |

**18) BID OR PERFORMANCE BOND AND DEBARMENT CERTIFICATION; PAYMENT UNDER CONTRACT:**

- If the contract proposed is for the construction of public works or is for a contract for goods & services exceeding \$100,000, all bidders shall furnish a good and sufficient bid bond in the amount of five percent of the total contract price. A bid bond must be executed with a surety company authorized to do business in Texas. All bidders are also required to furnish a certification or acknowledgment stating that the contractor or vendor is free from suspension or debarment pursuant to federal regulation 45CFR Part 76. Register at SAMs System for Award Management @ [www.sam.gov](http://www.sam.gov).
- Together with the signing of a contract or issuance of a purchase order following the acceptance of a bid, and prior to commencement of the actual work, the bidder shall furnish a performance bond to the County for the full amount of the contract, if that contract exceeds \$50,000.
- If the contract is for \$50,000 or less, no money will be paid to the contractor until completion and acceptance of the work or the fulfillment of the purchase obligation to the County, and, if applicable, the receipt by County of satisfactory evidence that all subcontractors and material men have been paid.
- If a contract is for the construction, alteration or repair of public buildings or public works, the contractor *shall* provide a payment bond for a contract in excess of Twenty Five Thousand Dollars (\$25,000.00), as required by Tex. Govt. 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) TITLE VI NOTICE/ NONDISCRIMINATION**

- a) The County of Hidalgo, in accordance with the provisions of Title VI of the Civil Rights Act of 1964 (78 Stat.252, 42 U.S.C. §§2000d to 2000d-4) and the Regulations, hereby notifies all bidders that it will affirmatively ensure that any contract entered into pursuant to this advertisement, disadvantaged business enterprises will be afforded full and fair opportunity to submit bids in response to this invitation and will not be discriminated against on the grounds of race, color, or national origin in consideration for an award."
- b) The appropriate clauses of Appendices "A" through "E" as delineated in the USDOT Standard Title VI/Nondiscrimination Assurances-Specific Assurances are hereby incorporated by reference as applicable. Title VI Appendices "A" through "E" are attached as **Exhibit "G"**.
- c) Bidder will attach all applicable notices to which it is obligated to provide or submit as part of the bid, including Form FHWA 1273 to be submitted by all contractors and subcontractors in relation to construction contracts.

## **20) 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 therefore 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.

### **NOTICE:**

ALL COMMUNICATIONS BY A VENDOR TO THE COUNTY, ITS OFFICIALS, AND DEPARTMENT HEADS REGARDING THIS PROCUREMENT SHALL BE DONE THROUGH THE HIDALGO COUNTY PURCHASING DEPARTMENT.

## **21) DISCLOSURE OF CONFLICT OF INTEREST**

- Effective January 1, 2016, Chapter 176 of the Texas Local Government Code requires that any vendor, person, consultant or contractor considering doing business with Hidalgo County ("the County") to disclose in the Conflict of Interest Questionnaire (the "CIQ") attached as **Exhibit D**, the vendor, person, consultant or contractor's affiliation or business relationship that might cause a conflict of interest with the County. By law, the CIQ must be filed with the Hidalgo County Clerk's Office no later than the seventh business day after the date the person becomes aware of facts that require that statement to be filed. The disclosure requirement applies to a person or business that contracts or seeks to contract with Hidalgo County for the sale or purchase of property, goods or service. Any purchase order or contract

resulting from this process shall be considered null and void if the successful bidder fails to comply with Texas Local Government Code Chapter 176. Vendors, consultants, contractors and others who desire to conduct business with Hidalgo County are encouraged to refer to Texas Local Government Code Chapter 176 for the details of this law. An offense under Texas Local Government Code Chapter 176 is a Class C Misdemeanor.

**Completed Form CIQ must be submitted to the Hidalgo County Clerk's Office located at 100 N. Closner, Edinburg, Texas 78539 - Hidalgo County Courthouse.**

**COMPLETION AND SUBMISSION OF FORM CIQ IS THE SOLE RESPONSIBILITY OF THE PROSPECTIVE RESPONDENT. QUESTIONS REGARDING COMPLIANCE SHOULD BE DIRECTED TO YOUR LEGAL COUNSEL.**

**22) CERTIFICATE OF INTERESTED PARTIES (FORM HB1295)**

- As of January 1, 2016, to comply with Texas Government Code Section §2252.908, and the rules issued by the Texas Ethics Commission found in Title 1, Section 46.1, 46.3 and 46.5 of the Texas Administrative Code, we have updated and revised our RFB packet. In accordance with these requirements, business must submit a completed Certificate of Interested Parties Form 1295 to the County before the County may enter into a contract with the business entity. In box 3 of Form 1295, you will provide the RFB Project No. (2017-063), as shown on the packet. Once completed and filed with the Texas Ethics Commission, Form 1295 must be printed and signed in the presence of a notary and submitted to our office via email to: [sandra.montalvo@co.hidalgo.tx.us](mailto:sandra.montalvo@co.hidalgo.tx.us). Hidalgo County cannot enter into a contract until Form 1295 is submitted. Therefore, failure to timely submit Form 1295 signed and notarized may result in delay of award. Full instructions for completion and submittal of Form 1295 may be found on the Texas Ethics Commission website:

**<https://www.ethics.state.tx.us/tec/1295-Info.htm>**

THE AWARDED VENDOR WILL HAVE THIRTY (30) DAYS FROM THE DATE THE HIDALGO COUNTY COMMISSIONER'S COURT APPROVES THIS AGREEMENT TO SUBMIT THE SIGNED NOTARIZED FORM 1295. *HIDALGO COUNTY CANNOT ENTER INTO A CONTRACT UNTIL FORM 1295 IS SUBMITTED.*

- 23) 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 the County.
- 24) Bids, and all goods and services provided hereunder, shall comply with all federal, state and local laws concerning this type(s) of goods and/or services.
- 25) 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 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.

- 26) 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.
- 27) 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.
- 28) 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.
- 29) 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 judgment 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.
- 30) 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.
- 31) 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.
- 32) 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.

## **LEGAL NOTICE**

Hidalgo County Sheriff's Office

"COMMISSARY SUPPLIES for ADULT DETENTION FACILITY (JAIL)"

RFB No. 2017-063-05-10-SMA

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To: Martha L. Salazar, CPPB, Purchasing Agent  
Physical Address: 2802 S. Business Hwy. 281-Administration Building  
Mailing/Postal Address: 2812 S. Business Hwy. 281  
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:**

**EXHIBIT "A"**  
**Specifications/Requirements**  
**Hidalgo County Sheriff's Office**  
***"Commissary Supplies for Adult Detention Facility (Jail)"***  
**BID No. 2017-063-05-10-SMA**

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**SCOPE**

Hidalgo County Sheriff's Office is seeking to contract with a qualified vendor(s) to furnish "**COMMISSARY PRODUCT**" on an "**As Needed Basis**" including, but not limited to, the following:

**REQUIREMENTS/SPECIFICATIONS, TERMS & CONDITIONS**

The following are the minimum requirements and/or specifications that will be acceptable to the Hidalgo County Sheriff's Office. These requirements and/or specifications may be equal or better. Any bid that does not meet the minimum requirements and/or specifications will be rejected.

- 1) Hidalgo County Sheriff's Office has the authority to utilize State Contracts from its membership with their existing or new cooperatives whenever it is in the County's best interest to do so.
- 2) All purchases will be on an "**As Needed Basis**", there are no set quantities to be purchased.
- 3) The initial contract term for this project will be for one (1) year with the County's option to extend for an additional two (2) one (1) year term.
- 4) Hidalgo County Sheriff's Office reserves the right to continue this bid for an additional sixty (60) day grace period, under the same rates, terms and conditions at the end of the contract term for unforeseen delays in award of new bid for the next contract term.
- 5) Insurance requirements for this project to be maintained throughout the contract term (Refer to limits on the Exhibit "C" for limits).
- 6) Hidalgo County Sheriff's Office reserves the right to award to the lowest qualified bid on a lump sum basis to one bidder or to multiple bidders if the County determines it is in the best interest to do so.
- 7) All bid prices for items shall take into consideration shipping and handling costs and any other items mentioned on specifications as part of the fixed item price.
- 8) Awarded vendor will ensure that all deliveries will be made in full within two (2) to five (5) working days from purchase order.

9) **SUPPLIES REQUIRED:**

Hidalgo County Sheriff's Office requires Total/Full Jail Inmate Commissary products such as but not limited to following:

- Snacks
- Sugar & artificial sweetener
- Drinks/drink mix
- Candies
- Small supplies such as pens/pencils/envelopes/etc.
- Personal items (combs, lotion, etc.)
- Personal hygiene items

- Dental care items
- Various over-the-counter medications
- Sports bras, women's undergarments, men's undergarments, T-shirts, shower shoes

- 10) Hidalgo County Sheriff's Office Inventory History: Commissary history for the period of January through December 2013 is as follows:

Total inventory purchases:

➤ \$ 467,290.00 (Current average daily total detention center population is at 1384).

- 11) Hidalgo County Sheriff's Office reserves the right to add/delete items as it deems to be in the best interest of the County.

12) **PRODUCT CONTAINERS:**

No glass or metal containers shall be allowed. Size and type of containers shall be approved by Hidalgo County Sheriff's Office. Hidalgo County Sheriff's Office reserves the right to increase/decrease products offered as it deems to be in the best interest of the County.

13) **SECURITY:**

All security provisions established for the facility shall be strictly followed. Hidalgo County Sheriff's Office reserves the right to enforce existing or establish new security procedures as deemed to be in the best interest of the County in order to maintain safe and orderly operation of the detention facility.

- 14) All food products must be properly labeled, only fresh and legal products shall be delivered to the Commissary. Item(s) found defective or not meeting specifications shall immediately be picked and replaced by the awarded vendor.

- 15) Hidalgo County Sheriff's Office reserves the right to search any bags or personal items brought into the jail by the awarded vendor at any time. The County may request a complete list of awarded vendor's employees at any time during this contract which will include name, date of birth, social security number, sex, nationality and driver's license. Vendor's employees shall be in company uniform, and be clearly identified as being employed by the company, and present themselves in a professional manner at all times.

16) **RECORD/INVENTORY:**

Hidalgo County Sheriff's Office may require that the vendor provide a monthly inventory to account for commissary activities.

- 17) Commissary items may be substituted by vendors but, must be equal or better and must be approved by the Hidalgo County Sheriff's Office.

18) **PRODUCTS QUALITY:**

All commissary products are subjected to the upmost quality in the intent of retailing all bided items. The vendor is responsible for supplying items that are not damaged and or expired. If the items do not meet any retail standard the vendor is responsible for replacing and or an issuance of credit to any items that are deemed sub-quality for retail or consumption.

Garments awarded to vendors must meet retail quality. Garments that are procured for the intent of resale through the commissary must not be stained or damaged. The vendor is responsible for replacing and or crediting any damaged items.

19) **MARKET VOLATILITY AND UNIT PRICE ADJUSTMENTS:**

Hidalgo County recognizes that during periods of national crisis and unstable economic conditions, unforeseen price increases might affect costs for goods and services contracted on an annual basis. The following procedure may be employed to mediate price volatility:

A) **REQUESTING PRICE ADJUSTMENT:** Upon written request of the Vendor to the County Purchasing Agent, the County may review evidence of prevailing industry-wide market conditions that warrant an adjustment in bid prices contained in the contract.

- A Vendor must tie any price change clause to an industry-wide or otherwise nationally recognized index, or some other form of verifiable document. Such written request must be accompanied by a certified copy of the supplier's advisory or notification to the vendor of the price changes.
- The Vendor must put the Purchasing Agent on the mailing lists for such publications so that the Purchasing Agent can monitor said changes. Such membership shall be at no cost to the County.
- The County Purchasing Agent retains the right to determine whether or not such proposed price changes are in the best interest of the County.
- No price escalation will be authorized in excess of the amount of the increase referred to in the supplier's notice.
- The County may only grant a price increase if the evidence presented is deemed reliable. Should the County allow a price increase, the approved price change shall be honored for all orders received by the vendor or contractor after the effective date of such price change. Approved price changes are not applicable to orders already issued and in process at time of price change.

B) **PRICE REDUCTION:**

Vendor shall notify the County at the time when the Vendor's costs for items and/or supplies reduce due to stabilization in the market at which time prices for items on this contract shall be reduced accordingly. Failure by the Vendor to notify the County of a decrease in costs for items and/or supplies for which the Vendor was granted a price adjustment, may result in immediate termination of this contract and the County shall not be obligated to pay the Vendor the difference between the contract price and the price adjustment.

C) **TIME FRAME FOR ADJUSTED PRICE INCREASES:**

Price increases are only valid for the quarter in which they are requested and approved. Prices shall return to the original contract price at the beginning of the following quarter unless a Vendor notifies the County in writing within ten (10) days of expiration of the quarter in which the price increase is in effect, that it desires to have the price increase continue or that the Vendor is requesting a different price increase for the following quarter. Such request must be supplemented with sufficient justification to demonstrate that the price increase remains necessary. Hidalgo County Purchasing Department shall have sole discretion whether to grant the price increase extension. The County too, shall have discretion to unilaterally reduce, eliminate or extend a price adjustment to the Vendor at any time upon written notice from the County to the Vendor demonstrating justification for such reduction, elimination or extension of the price adjustment.

**D) ALLOWABLE REVIEW PERIODS:**

Price adjustment reviews may only be requested by the Vendor on a quarterly basis. However, the County may at its own discretion, conduct temporary price adjustment reviews at any time. The County Purchasing Agent and/or the County Auditor reserve the right to audit and/or examine any pertinent books, documents, papers, records or invoices relating directly to the contract transaction in question after reasonable notice and during normal business hours.

**E) DOLLAR LIMIT TO PRICE CHANGES:**

The total increase in contract price shall not exceed twenty-five percent (25%) of the original contract price during the contract term.

**19) ADDITIONAL INFORMATION:**

All costs and expenses associated with the preparation and submission of bids shall be the responsibility of the bidder and no reimbursements for such charges or expenses shall be passed on to Hidalgo County.

Hidalgo County is requesting that any and all questions, inquiries and clarifications regarding bids, or statements of qualifications be addressed to Martha L. Salazar, CPPB, Purchasing Agent, 2812 South Business Hwy. 281, Edinburg, Tx 78539

ALL WRITTEN INQUIRIES WILL BE ACCEPTED via e-mail to [sandra.montalvo@co.hidalgo.tx.us](mailto:sandra.montalvo@co.hidalgo.tx.us) by no later than Monday, May 1, 2017 by 5:00 p.m. Responses to said inquiries will be sent to all applicants via email by no later than Wednesday, May 3, 2017 by 5:00 p.m.

**EXHIBIT "B"**

Bid Page

**Hidalgo County Sheriff's Office****"COMMISSARY SUPPLIES for ADULT DETENTION FACILITY (JAIL)"****BID No. 2017-063-05-10-SMA**

Vendor must thoroughly fill in each section of the Bid Form (Exhibit "B") if applicable INCOMPLETE submittals shall be considered a probable cause for disqualification.

| LIST OF ITEMS |                                                                 | UNIT PRICE |
|---------------|-----------------------------------------------------------------|------------|
| 1.            | #10 White Security Envelopes                                    | \$         |
| 2.            | 3 ½" Flexible Pencil                                            | \$         |
| 3.            | 3 Musketeers Bar 2.13 oz.                                       | \$         |
| 4.            | 4 ½" Flexible Black Ink Pen                                     | \$         |
| 5.            | 4" Anti Shank Security Toothbrush & Clear Cap                   | \$         |
| 6.            | Acne Gel Medication 1 oz. Tube                                  | \$         |
| 7.            | Advil Coated (2 tablet pouch) 50 ct. box                        | \$         |
| 8.            | After Shave Lotion- 4 oz.                                       | \$         |
| 9.            | Alcohol - Free Hair Gel 16 oz. Plastic Bottle                   | \$         |
| 10.           | Alcohol - Free Mouthwash 8 oz. Plastic Bottle                   | \$         |
| 11.           | Alka Seltzer (Original Effervescent 2-tablet Pouch) 116.ct. box | \$         |
| 12.           | Alka Seltzer (Plus Cold Effervescent 2-tablet Pouch) 72 ct. bx  | \$         |
| 13.           | Almond Joy Bar 1.61.oz                                          | \$         |
| 14.           | Anti-Shank Coffee Cup w/Lid 12 oz.                              | \$         |
| 15.           | Anti-Shank Security Razor – Single Edge                         | \$         |
| 16.           | Athletes Foot Cream 0.05 oz. Tube                               | \$         |
| 17.           | B.B.Q. Potato Chips 1.5 oz. bag                                 | \$         |
| 18.           | Baby Lotion- 4 oz.                                              | \$         |
| 19.           | Baby Ruth 2.1 oz.                                               | \$         |
| 20.           | BBQ Corn Chips 1.5oz. bag                                       | \$         |
| 21.           | Beef & Cheese Snack Pack, Hot Flavor- 1.2 oz.                   | \$         |
| 22.           | Bottled Water 20 oz. plastic bottle                             | \$         |
| 23.           | Bubble Cushioned Envelope (6" x 9")                             | \$         |
| 24.           | Butter Finger Bar 2.1 oz.                                       | \$         |
| 25.           | Caramel Popcorn-3.53 oz. Bag                                    | \$         |
| 26.           | Cereal Bowl w/Lid 24 oz.                                        | \$         |
| 27.           | Chap Stick Lip Balm 15 oz.                                      | \$         |
| 28.           | Cherry/Strawberry Danish 4.25 oz.                               | \$         |
| 29.           | Chicken Vienna Sausages Pouch- 3 oz.                            | \$         |
| 30.           | Chili Corn Nuts-1.4 oz                                          | \$         |
| 31.           | Chili No Beans 11.25oz. Pouch                                   | \$         |
| 32.           | Chili w/Beans 11.25oz. Pouch                                    | \$         |
| 33.           | Chocolate Cupcakes (2-pk) – 4 oz.                               | \$         |
| 34.           | Christmas Card (English/Spanish) 6/pk                           | \$         |

| LIST OF ITEMS |                                                                           | UNIT PRICE |
|---------------|---------------------------------------------------------------------------|------------|
| 35.           | Chunk Light Tuna 4.23 oz. Pouch                                           | \$         |
| 36.           | Churritos Red Chili Lime 4 oz. bag                                        | \$         |
| 37.           | Cinnamon Rolls 4 oz. pk                                                   | \$         |
| 38.           | Close Up "Red Gel" Toothpaste- 4.0 oz.                                    | \$         |
| 39.           | Coca Cola Classic 20 oz. plastic bottle                                   | \$         |
| 40.           | Cocoa Butter Moisturizing Soap 3.6 oz.                                    | \$         |
| 41.           | Colgate "Red Gel" Toothpaste 4.2 oz.                                      | \$         |
| 42.           | Contact Lens Solution 4 oz.                                               | \$         |
| 43.           | Cookies (duplex/vanilla/chocolate/strawberry) 6 oz. Tray                  | \$         |
| 44.           | Dandruff Shampoo & Conditioner 14.2 oz.                                   | \$         |
| 45.           | Dial -Hypo Allergenic Soap- 3-3.2 oz. bar                                 | \$         |
| 46.           | Dial Soap- 4 oz. bar                                                      | \$         |
| 47.           | Dictionary (English – Spanish & English)                                  | \$         |
| 48.           | Diet Coke 20 oz. plastic bottle                                           | \$         |
| 49.           | Diet Dr. Pepper 20 z. plastic bottle                                      | \$         |
| 50.           | Disposable Douche- 4.5 oz.                                                | \$         |
| 51.           | Doritos Nacho Cheese 1.5oz                                                | \$         |
| 52.           | Dove White Moisturizing Soap 3 oz. bar                                    | \$         |
| 53.           | Dr. Pepper 20 oz. plastic bottle                                          | \$         |
| 54.           | Elastic Pony Tails 18 ct. pk-black                                        | \$         |
| 55.           | Eye Drops 0.5 oz.                                                         | \$         |
| 56.           | Fanta Orange 20 oz. plastic bottle                                        | \$         |
| 57.           | Father's Day Card (English/Spanish) 6/pk                                  | \$         |
| 58.           | Fish Fillets 3.53oz. Pouch                                                | \$         |
| 59.           | Flaming Hot Cheetos 1.5oz. bag                                            | \$         |
| 60.           | Greaseless Skin Cream 4.5 oz.                                             | \$         |
| 61.           | Grey Sweatshirts (small thru 4XL)                                         | \$         |
| 62.           | Gummy Bears- 4 oz.                                                        | \$         |
| 63.           | Hair Moisturizer 4 oz. Tube                                               | \$         |
| 64.           | Happy Birthday Card (English/Spanish) 6/pk                                | \$         |
| 65.           | Happy Easter Card (English/Spanish) 6/pk                                  | \$         |
| 66.           | Happy Mother's Day Card (English/Spanish) 6/pk                            | \$         |
| 67.           | Hemorrhoid Ointment 2 oz. Tube                                            | \$         |
| 68.           | Hershey's Chocolate Almond- 1.45 oz.                                      | \$         |
| 69.           | Hinged Soap Dish Box- Regular Size                                        | \$         |
| 70.           | Honey Bun 6oz. pk                                                         | \$         |
| 71.           | Hormel Spam Single Classic Pouch- 3 oz.                                   | \$         |
| 72.           | Hot Chili w/Beans 11.25 oz. Pouch                                         | \$         |
| 73.           | Hot Cocoa Mix 1oz. bag                                                    | \$         |
| 74.           | Hot/Spicy Pork Cracklings 2 oz.                                           | \$         |
| 75.           | Hydrocortisone Cream 1 oz. Tube                                           | \$         |
| 76.           | Hygiene Kit (4" T-Brush/T-Paste 1.05 oz. /Deodorant 0.05 oz. /Soap 1 oz.) | \$         |

| LIST OF ITEMS |                                                                                                        | UNIT PRICE |
|---------------|--------------------------------------------------------------------------------------------------------|------------|
| 77.           | Jalapeno Cheese Spread 8 oz. Plastic Tub                                                               | \$         |
| 78.           | Jelly (Grape & Strawberry) 12 oz. Squeeze Bottle                                                       | \$         |
| 79.           | Jolly Ranchers 3.7 oz. Assorted Bag                                                                    | \$         |
| 80.           | Legal Gummed Pads ( 8 ½ x 11")                                                                         | \$         |
| 81.           | M & M Peanuts 1.74 oz. bag                                                                             | \$         |
| 82.           | Maxwell House Instant Coffee 4 oz. Resealable Clear Pouch                                              | \$         |
| 83.           | Medicated Chest Rub 3.53 oz.                                                                           | \$         |
| 84.           | Men White Crew Neck T-shirts (Small thru 6XL)                                                          | \$         |
| 85.           | Men's/Ladies Crew Socks (one size fits all)                                                            | \$         |
| 86.           | Mild Dill Pickle- 5 oz.                                                                                | \$         |
| 87.           | Milky Way Bar 2.05 oz.                                                                                 | \$         |
| 88.           | Moon pies (banana/strawberry/chocolate) 2.75 oz.                                                       | \$         |
| 89.           | Motrin Ibuprofen (2 tablet pouch) 50 ct. bx                                                            | \$         |
| 90.           | Muscle Rub 3 oz. Tube                                                                                  | \$         |
| 91.           | Nair Hair Removal- 9 oz.                                                                               | \$         |
| 92.           | No Clasp Envelope (9" x 12")                                                                           | \$         |
| 93.           | Oral Pain Relief 0.33 oz. Tube                                                                         | \$         |
| 94.           | Palm Hair Brush Flexible – Black                                                                       | \$         |
| 95.           | Pay Day Bar 1.85 oz.                                                                                   | \$         |
| 96.           | Peanut Butter Squeezers 1.12 oz.                                                                       | \$         |
| 97.           | Peanut Pattie 2.25 oz.                                                                                 | \$         |
| 98.           | Plastic Reading Glasses                                                                                | \$         |
| 99.           | Playing Cards Deck                                                                                     | \$         |
| 100.          | Postcards                                                                                              | \$         |
| 101.          | Ramen Soups 3 oz. Clear Pack-(chili,beef ,chicken,Shrimp Chili Lime Shrimp, Spicy Chicken, Spicy Beef) | \$         |
| 102.          | Ranch Corn Nuts -1.4 oz                                                                                | \$         |
| 103.          | Razorless Hair Removing Cream 6 oz.                                                                    | \$         |
| 104.          | Reese's Peanut Butter Cups 1.5 oz.                                                                     | \$         |
| 105.          | Refried Beans Resealable Pouch 6 oz.                                                                   | \$         |
| 106.          | Roast Beef & Gravy 10 oz. Pouch                                                                        | \$         |
| 107.          | Salted Peanuts 1.75 oz. bag                                                                            | \$         |
| 108.          | Sardines in Hot Tomato Sauce 3.53oz. Pouch                                                             | \$         |
| 109.          | Shaving Gel 3 oz. Clear Tube                                                                           | \$         |
| 110.          | Sketch Pads (50 Sheets)                                                                                | \$         |
| 111.          | Skittles "Original Fruits" 2.17 oz. bag                                                                | \$         |
| 112.          | Snack Crackers 12 oz. box                                                                              | \$         |
| 113.          | Snickers Almond Bar 1.76 oz.                                                                           | \$         |
| 114.          | Snickers Bar 2.07 oz.                                                                                  | \$         |
| 115.          | Speed Stick Aqua Sport Anti-Perspirant Gel 3 oz.                                                       | \$         |
| 116.          | Sprite 20 oz. plastic bottle                                                                           | \$         |
| 117.          | St. Valentines Cards (English/Spanish) 6/pk                                                            | \$         |

| LIST OF ITEMS |                                                     | UNIT PRICE |
|---------------|-----------------------------------------------------|------------|
| 118.          | Starlite Mints 3.75 oz. Bag                         | \$         |
| 119.          | Suave Powder Fresh Deodorant 1.7 oz. Clear          | \$         |
| 120.          | Sugar Cubes 1 lb. bx                                | \$         |
| 121.          | Sunflower Kernels 4 oz. Bag                         | \$         |
| 122.          | Super Cantinero Peanuts & Tortilla Chips-5 ¼ oz.    | \$         |
| 123.          | Takis Guacamole 4 oz. bag                           | \$         |
| 124.          | Takis or Extremes 3.7 oz. bag                       | \$         |
| 125.          | Tampons – Singles (Regular/Super/Junior) 40 ct. Box | \$         |
| 126.          | Tan PVC Shower Sandals (Size 8 thru 13)             | \$         |
| 127.          | Thanksgiving Day Card (English/Spanish) 6/pk        | \$         |
| 128.          | Three Flowers Brilliantine- 4 oz.                   | \$         |
| 129.          | Topochico Beverage Apple- 20 oz.                    | \$         |
| 130.          | Topochico Beverage Mineral Water- 20 oz.            | \$         |
| 31.           | Topochico Beverage Peach- 20 oz.                    | \$         |
| 132.          | Topochico Beverage Pineapple- 20 oz.                | \$         |
| 133.          | Topochico Beverage Strawberry- 20 oz.               | \$         |
| 134.          | Tortilla Chips 12 oz. bag                           | \$         |
| 135.          | Tostadas 12oz. pack                                 | \$         |
| 136.          | Tums- 3-roll pack                                   | \$         |
| 137.          | Twin Pocket Folders                                 | \$         |
| 138.          | Twix Bar 2.0 oz.                                    | \$         |
| 139.          | Tylenol Extra Strength (2 gel pouch) 50 ct. bx      | \$         |
| 140.          | Vanilla Caramels- 3 oz. Bag                         | \$         |
| 141.          | VO5 Extra Body Conditioner- 12.5 oz.                | \$         |
| 142.          | VO5 Extra Body Shampoo- 12.5 oz.                    | \$         |
| 143.          | White Boxer Shorts (small thru 6XL)                 | \$         |
| 144.          | White Handkerchief (15" x 15")                      | \$         |
| 145.          | White Ladies Panties (Size 5 thru 18)               | \$         |
| 146.          | White Men Briefs (small thru 5XL)                   | \$         |
| 147.          | White Men's/Ladies Velcro Tennis Shoes (Size 6-13)  | \$         |
| 148.          | White Sport Bras (medium thru 3XL)                  | \$         |
| 149.          | White Thermal Underwear Set (small thru 6XL)        | \$         |
| 150.          | White Washcloth -(12"x12")                          | \$         |
| 151.          | Word Seek Puzzles Books                             | \$         |

**BIDDER'S INFORMATION:**

I/We the undersigned hereby certify that I/We am/are a duly authorized official of the company and have the authority to sign on behalf of the company and assure that all statements made in the bid are true. I/We agree to furnish and deliver the specified items/services at the prices stated herein, and have read, understand, and agree to the terms and conditions contained herein and on all of the attachments.

BIDDER/COMPANY NAME:

ADDRESS:

CITY/STATE/ZIP CODE:

PHONE & FAX NO'S:

CELLULAR NO:

E-MAIL ADDRESS:

AUTHORIZED SIGNATURE:

PRINTED NAME:

TITLE

**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 naming County as an **additional insured** shall 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 03/11/11

# EXHIBIT "C"

## Insurance Requirements

| 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. |                                  |                                                                                                                                                                                                                                                                                                                                                                  |                                                       |
| INSURED                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                         | INSURERS AFFORDING COVERAGE                                                                                                                                                                                 |                                  |                                                                                                                                                                                                                                                                                                                                                                  |                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                         | INSURER A:                                                                                                                                                                                                  |                                  |                                                                                                                                                                                                                                                                                                                                                                  |                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                         | INSURER B:                                                                                                                                                                                                  |                                  |                                                                                                                                                                                                                                                                                                                                                                  |                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                         | INSURER C:                                                                                                                                                                                                  |                                  |                                                                                                                                                                                                                                                                                                                                                                  |                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                         | INSURER D:                                                                                                                                                                                                  |                                  |                                                                                                                                                                                                                                                                                                                                                                  |                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                         | INSURER E:                                                                                                                                                                                                  |                                  |                                                                                                                                                                                                                                                                                                                                                                  |                                                       |
| <b>COVERAGES</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                         |                                                                                                                                                                                                             |                                  |                                                                                                                                                                                                                                                                                                                                                                  |                                                       |
| <p>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.</p> |                                                                                                         |                                                                                                                                                                                                             |                                  |                                                                                                                                                                                                                                                                                                                                                                  |                                                       |
| INSR LTR                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | TYPE OF INSURANCE                                                                                       | POLICY NUMBER                                                                                                                                                                                               | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY)                                                                                                                                                                                                                                                                                                                                | LIMITS                                                |
| A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>GENERAL LIABILITY</b>                                                                                |                                                                                                                                                                                                             |                                  |                                                                                                                                                                                                                                                                                                                                                                  | 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                                                   |                                                                                                                                                                                                             |                                  |                                                                                                                                                                                                                                                                                                                                                                  | ANNUAL AGGREGATE \$                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT <input type="checkbox"/> LOC |                                                                                                                                                                                                             |                                  |                                                                                                                                                                                                                                                                                                                                                                  | PRODUCTS - COMP/OP AGG \$                             |
| B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>AUTOMOBILE LIABILITY</b>                                                                             |                                                                                                                                                                                                             |                                  |                                                                                                                                                                                                                                                                                                                                                                  | 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                                                                    |                                                                                                                                                                                                             |                                  |                                                                                                                                                                                                                                                                                                                                                                  | AUTO ONLY-EA ACCIDENT \$                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> NON OWNED AUTOS                                                                |                                                                                                                                                                                                             |                                  |                                                                                                                                                                                                                                                                                                                                                                  | OTHER THAN AUTO ONLY EA ACC AGG \$                    |
| C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>GARAGE LIABILITY</b>                                                                                 |                                                                                                                                                                                                             |                                  |                                                                                                                                                                                                                                                                                                                                                                  | EACH OCCURRENCE \$                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> ANY AUTO                                                                       |                                                                                                                                                                                                             |                                  |                                                                                                                                                                                                                                                                                                                                                                  | AGGREGATE \$                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>EXCESS LIABILITY</b>                                                                                 |                                                                                                                                                                                                             |                                  |                                                                                                                                                                                                                                                                                                                                                                  | \$                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE                                     |                                                                                                                                                                                                             |                                  |                                                                                                                                                                                                                                                                                                                                                                  | \$                                                    |
| D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>WORKERS COMPENSATION AND EMPLOYER'S LIABILITY</b>                                                    |                                                                                                                                                                                                             |                                  |                                                                                                                                                                                                                                                                                                                                                                  | WC STATUS: <input type="checkbox"/> OTHER TORY LIMITS |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                         |                                                                                                                                                                                                             |                                  |                                                                                                                                                                                                                                                                                                                                                                  | E.L. EACH ACCIDENT \$                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                         |                                                                                                                                                                                                             |                                  |                                                                                                                                                                                                                                                                                                                                                                  | E.L. DISEASE-EA EMPLOYEE \$                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                         |                                                                                                                                                                                                             |                                  |                                                                                                                                                                                                                                                                                                                                                                  | E.L. DISEASE-POLICY LIMIT \$                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>OTHER</b>                                                                                            |                                                                                                                                                                                                             |                                  |                                                                                                                                                                                                                                                                                                                                                                  |                                                       |
| 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<br>Attn: Purchasing Department<br>2812 S Highway Bus. 281<br>Edinburg, Texas 78539                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                         |                                                                                                                                                                                                             |                                  | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE 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.<br>AUTHORIZED REPRESENTATIVE |                                                       |

**EXHIBIT "C"**  
**Insurance Requirements**

**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**

**EXHIBIT "C"**  
**Insurance Requirements**

**PROJECT REQUIREMENTS ACKNOWLEDGMENT**

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

1. Licenses: \_\_\_\_\_.
2. Bond (if applicable) \_\_\_\_\_.
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 (if applicable), certificates, permits, etc. which are required must be presented as part of the bid packet in order to expedite the bid evaluation process.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

**THIS FORM MUST ACCOMPANY BID PACKET**

# CONFLICT OF INTEREST QUESTIONNAIRE

For vendor doing business with local governmental entity

FORM CIQ

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

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

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

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

## OFFICE USE ONLY

Date Received

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

2 ☐ Check this box if you are filing an update to a previously filed questionnaire. (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 Name of local government officer about whom the information is being disclosed.

\_\_\_\_\_  
Name of Officer

4 Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?

☐ Yes

☐ No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?

☐ Yes

☐ No

5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.

6 ☐ Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7

\_\_\_\_\_  
Signature of vendor doing business with the governmental entity

\_\_\_\_\_  
Date

## CONFLICT OF INTEREST QUESTIONNAIRE

### For vendor doing business with local governmental entity

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

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

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

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

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

\*\*\*

(2) the vendor:

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

(i) a contract between the local governmental entity and vendor has been executed;

or

(ii) the local governmental entity is considering entering into a contract with the vendor;

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

(i) a contract between the local governmental entity and vendor has been executed; or

(ii) the local governmental entity is considering entering into a contract with the vendor.

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

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

(1) has an employment or other business relationship with a local government officer of that local governmental entity, or a family member of the officer, described by Section 176.003(a)(2)(A);

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

(3) has a family relationship with a local government officer of that local governmental entity.

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

(1) the date that the vendor:

(A) begins discussions or negotiations to enter into a contract with the local governmental entity; or

(B) submits to the local governmental entity an application, response to a request for proposals or bids, correspondence, or another writing related to a potential contract with the local governmental entity; or

(2) the date the vendor becomes aware:

(A) of an employment or other business relationship with a local government officer, or a family member of the officer, described by Subsection (a);

(B) that the vendor has given one or more gifts described by Subsection (a); or

(C) of a family relationship with a local government officer.

## APPENDIX A

During the performance of this contract, the contractor, for itself, its assignees, and successors in interest (hereinafter referred to as the "contractor") agrees as follows:

1. **Compliance with Regulations:** The contractor (hereinafter includes consultants) will comply with the Acts and the Regulations relative to Nondiscrimination in Federally-assisted programs of the U.S. Department of Transportation, the Federal Highway Administration, as they may be amended from time to time, which are herein incorporated by reference and made a part of this contract.
2. **Nondiscrimination:** The contractor, with regard to the work performed by it during the contract, will not discriminate on the grounds of race, color, or national origin in the selection and retention of subcontractors, including procurements of materials and leases of equipment. The contractor will not participate directly or indirectly in the discrimination prohibited by the Acts and the Regulations, including employment practices when the contract covers any activity, project, or program set forth in Appendix B of 49 CFR Part 21.
3. **Solicitations for Subcontracts, Including Procurements of Materials and Equipment:** In all solicitations, either by competitive bidding, or negotiation made by the contractor for work to be performed under a subcontract, including procurements of materials, or leases of equipment, each potential subcontractor or supplier will be notified by the contractor of the contractor's obligations under this contract and the Acts and the Regulations relative to Nondiscrimination on the grounds of race, color, or national origin.
4. **Information and Reports:** The contractor will provide all information and reports required by the Acts, the Regulations, and directives issued pursuant thereto and will permit access to its books, records, accounts, other sources of information, and its facilities as may be determined by the Recipient or the Federal Highway Administration to be pertinent to ascertain compliance with such Acts, Regulations, and instructions. Where any information required of a contractor is in the exclusive possession of another who fails or refuses to furnish the information, the contractor will so certify to the Recipient or the Federal Highway Administration, as appropriate, and will set forth what efforts it has made to obtain the information.
5. **Sanctions for Noncompliance:** In the event of a contractor's noncompliance with the Nondiscrimination provisions of this contract, the Recipient will impose such contract sanctions as it or the Federal Highway Administration may determine to be appropriate, including, but not limited to:
  - a. withholding payments to the contractor under the contract until the contractor complies; and/or
  - b. cancelling, terminating, or suspending contract, in whole or in part.
6. **Incorporation of Provisions:** The contractor will include the provisions of paragraphs one through six in every subcontract, including procurements of materials and leases of equipment, unless exempt by the Acts, the Regulations and directives issued pursuant thereto. The contractor will take action with respect to any subcontract or procurement as the Recipient or the Federal Highway Administration may direct as a means of enforcing such provisions including sanctions for noncompliance. Provided, that if the contractor becomes involved in, or is threatened with litigation by a subcontractor, or supplier because of such direction, the contractor may request the Recipient to enter into any litigation to protect the interests of the Recipient. In addition, the contractor may request the United States to enter into the litigation to protect the interests of the United States.

## APPENDIX B

### CLAUSES FOR DEEDS TRANSFERRING UNITED STATES PROPERTY

The following clauses will be included in deeds effecting or recording the transfer of real property, structures, or improvements thereon, or granting interest therein from the United States pursuant to the provisions of Assurance 4:

NOW, THEREFORE, the U.S. Department of Transportation as authorized by law and upon the condition that the **COUNTY OF HIDALGO** will accept title to the lands and maintain the project constructed thereon in accordance with all applicable federal statutes, the Regulations for the Administration of all Department of Transportation programs, and the policies and procedures prescribed by the Federal Highway Administration of the U.S. Department of Transportation in accordance and in compliance with all requirements imposed by Title 49, Code of Federal Regulations, U.S. Department of Transportation, Subtitle A, Office of the Secretary, Part 21, Nondiscrimination in Federally-assisted programs of the U.S. Department of Transportation pertaining to and effectuating the provisions of Title VI of the Civil Rights Act of 1964 (78 Stat. 252; 42 U.S.C. § 2000d to 2000d-4), does hereby remise, release, quitclaim and convey unto the **COUNTY OF HIDALGO** all the right, title and interest of the U.S. Department of Transportation in and to said lands described in Exhibit 1 attached hereto and made a part hereof.

#### (HABENDUM CLAUSE)

TO HAVE AND TO HOLD said lands and interests therein unto **COUNTY OF HIDALGO** and its successors forever, subject, however, to the covenants, conditions, restrictions and reservations herein contained as follows, which will remain in effect for the period during which the real property or structures are used for a purpose for which Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits and will be binding on the **COUNTY OF HIDALGO**, its successors and assigns.

The **COUNTY OF HIDALGO**, in consideration of the conveyance of said lands and interests in lands, does hereby covenant and agree as a covenant running with the land for itself, its successors and assigns, that (1) no person will on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination with regard to any facility located wholly or in part on, over, or under such lands hereby conveyed [,] [and]\* (2) that the **COUNTY OF HIDALGO** will use the lands and interests in lands and interests in lands so conveyed, in compliance with all requirements imposed by or pursuant to Title 49, Code of Federal Regulations, U.S. Department of Transportation, Subtitle A, Office of the Secretary, Part 21, Nondiscrimination in Federally-assisted programs of the U.S. Department of Transportation, Effectuation of Title VI of the Civil Rights Act of 1964, and as said Regulations and Acts may be amended[, and (3) that in the event of breach of any of the above-mentioned nondiscrimination conditions, the Department will have a right to enter or re-enter said lands and facilities on said land, and that above described land and facilities will thereon revert to and vest in and become the absolute property of the U.S. Department of Transportation and its assigns as such interest existed prior to this instruction].\*

(\*Reverted clause and related language to be used only when it is determined that such a clause is necessary in order to make clear the purpose of Title VI.)

## APPENDIX C

### CLAUSES FOR TRANSFER OF REAL PROPERTY ACQUIRED OR IMPROVED UNDER THE ACTIVITY, FACILITY, OR PROGRAM

The following clauses will be included in deeds, licenses, leases, permits, or similar instruments entered into by the **COUNTY OF HIDALGO** pursuant to the provisions of Assurance 7(a):

- A. The (grantee, lessee, permittee, etc. as appropriate) for himself/herself, his/her heirs, personal representatives, successors in interest, and assigns, as a part of the consideration hereof, does hereby covenant and agree [in the case of deeds and leases add "as a covenant running with the land"] that:
  - 1. In the event facilities are constructed, maintained, or otherwise operated on the property described in this (deed, license, lease, permit, etc.) for a purpose for which a U.S. Department of Transportation activity, facility, or program is extended or for another purpose involving the provision of similar services or benefits, the (grantee, licensee, lessee, permitted, etc.) will maintain and operate such facilities and services in compliance with all requirements imposed by the Acts and Regulations (as may be amended) such that no person on the grounds of race, color, or national origin, will be excluded from participation in, denied the benefits of, or be otherwise subjected to discrimination in the use of said facilities.
- B. With respect to licenses, leases, permits, etc., in the event of breach of any of the above Nondiscrimination covenants, **COUNTY OF HIDALGO** will have the right to terminate the (lease, license, permit, etc.) and to enter, re-enter, and repossess said lands and facilities thereon, and hold the same as if the (lease, license, permit, etc.) had never been made or issued.\*
- C. With respect to a deed, in the event of breach of any of the above Nondiscrimination covenants, the **COUNTY OF HIDALGO** will have the right to enter or re-enter the lands and facilities thereon, and the above described lands and facilities will there upon revert to and vest in and become the absolute property of the **COUNTY OF HIDALGO** and its assigns.\*

(\*Reverted clause and related language to be used only when it is determined that such a clause is necessary in order to make clear the purpose of Title VI.)

## APPENDIX D

### CLAUSES FOR CONSTRUCTION/USE/ACCESS TO REAL PROPERTY ACQUIRED UNDER THE ACTIVITY, FACILITY OR PROGRAM

The following clauses will be included in deeds, licenses, permits, or similar instruments/agreements entered into by **COUNTY OF HIDALGO** pursuant to the provisions of Assurance 7(b):

- A. The (grantee, licensee, permittee, etc., as appropriate) for himself/herself, his/her heirs, personal representatives, successors in interest, and assigns, as a part of the consideration hereof, does hereby covenant and agree (in the case of deeds and leases add, "as a covenant running with the land") that (1) no person on the ground of race, color, or national origin, will be excluded from participation in, denied the benefits of, or be otherwise subjected to discrimination in the use of said facilities, (2) that in the construction of any improvements on, over, or under such land, and the furnishing of services thereon, no person on the ground of race, color, or national origin, will be excluded from participation in, denied the benefits of, or otherwise be subjected to discrimination, (3) that the (grantee, licensee, lessee, permittee, etc.) will use the premises in compliance with all other requirements imposed by or pursuant to the Acts and Regulations, as amended, set forth in this Assurance.
- B. With respect to (licenses, leases, permits, etc.), in the event of breach of any of the above Nondiscrimination covenants, **COUNTY OF HIDALGO** will have the right to terminate the (license, permit, etc., as appropriate) and to enter or re-enter and repossess said land and the facilities thereon, and hold the same as if said (license, permit, etc., as appropriate) had never been made or issued.\*
- C. With respect to deeds, in the event of breach of any of the above Nondiscrimination covenants, **COUNTY OF HIDALGO** will there upon revert to and vest in and become the absolute property of **COUNTY OF HIDALGO** and its assigns.\*

(\*Reverted clause and related language to be used only when it is determined that such a clause is necessary in order to make clear the purpose of Title VI.)

## APPENDIX E

During the performance of this contract, the contractor, for itself, its assignees, and successors in interest (hereinafter referred to as the "contractor") agrees to comply with the following nondiscrimination statutes and authorities; including but not limited to:

### Pertinent Nondiscrimination Authorities:

- Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d et seq., 78 stat. 252), (prohibits discrimination on the basis of race, color, national origin); and 49CFR Part 21.
- The Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, (42U.S.C. § 4601), (prohibits unfair treatment of persons displaced or whose property has been acquired because of Federal or Federal-aid programs and projects);
- Federal-Aid Highway Act of 1973, (23U.S.C. § 324et seq.), (prohibits discrimination on the basis of sex);
- Section 504 of the Rehabilitation Act of 1973, (29U.S.C. § 794 et seq.), as amended, (prohibits discrimination on the basis of disability); and 49CFRPart 27;
- The Age Discrimination Act of 1975, as amended,(42U.S.C. § 6101 et seq.), (prohibits discrimination on the basis of age);
- Airport and Airway Improvement Act of 1982, (49U.S.C. § 4 71, Section 4 7123),as amended, (prohibits discrimination based on race, creed, color, national origin, or sex);
- The Civil Rights Restoration Act of 1987,(PL 100-209), (Broadened the scope, coverage and applicability of Title VI of the Civil Rights Act of 1964, The Age Discrimination Act of 1975 and Section 504 of the Rehabilitation Act of 1973, by expanding the definition of the terms "programs or activities" to include all of the programs or activities of the Federal-aid recipients, sub recipients and contractors, whether such programs or activities are Federally funded or not);
- Titles II and III of the Americans with Disabilities Act, which prohibit discrimination on the basis of disability in the operation of public entities, public and private transportation systems, places of public accommodation, and certain testing entities (42 U.S.C. §§ 12131-12189)as implemented by Department of Transportation regulations at 49C.F.R. parts 37 and 38;
- The Federal Aviation Administration's Nondiscrimination statute (49U.S.C. § 47123) (prohibits discrimination on the basis of race, color, national origin, and sex);
- Executive Order 12898, Federal Actions to Address Environmental Justice in Minority Populations and Low-Income Populations, which ensures discrimination against minority populations by discouraging programs, policies, and activities with disproportionately high and adverse human health or environmental effects on minority and low-income populations;
- Executive Order 13166, Improving Access to Services for Persons with Limited English Proficiency, and resulting agency guidance, national origin discrimination includes discrimination because of limited English proficiency (LEP). To ensure compliance with Title VI, you must take reasonable steps to ensure that LEP persons have meaningful access to your programs (70 Fed. Reg. at 74087 to 74100);
- Title IX of the Education Amendments of 1972, as amended, which prohibits you from discriminating because of sex in education programs or activities (20 U .S.C. 1681 et seq).

**HIDALGO COUNTY  
PURCHASING DEPARTMENT  
Bidder/Vendor Application**

Complete in print or type. Please return this application to the Hidalgo County Purchasing Department  
thru Facsimile: (956) 318-2629 or (956) 292-7612  
in person or regular mail to: 2812 S. Business Hwy. 281, Edinburg, Texas 78539  
or email: [purchasing@co.hidalgo.tx.us](mailto:purchasing@co.hidalgo.tx.us)

|                                                                                                                                                                                                                                                                          |                                                                                                                                          |                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>Company Name:</b>                                                                                                                                                                                                                                                     |                                                                                                                                          | <b>Telephone No.</b> (      )                                                                                |
| <b>dba Name:</b>                                                                                                                                                                                                                                                         |                                                                                                                                          |                                                                                                              |
| <b>Legal Name:</b>                                                                                                                                                                                                                                                       |                                                                                                                                          |                                                                                                              |
| <b>Mailing Address :</b>                                                                                                                                                                                                                                                 |                                                                                                                                          | <b>Fax No.</b> (      )                                                                                      |
| <b>Physical Address:</b>                                                                                                                                                                                                                                                 |                                                                                                                                          |                                                                                                              |
| <b>City, State, Zip</b>                                                                                                                                                                                                                                                  |                                                                                                                                          | <b>Tax I.D. No.</b>                                                                                          |
| <b>Remit to Address :</b>                                                                                                                                                                                                                                                |                                                                                                                                          | <b>City, State, Zip</b>                                                                                      |
| <b>E-Mail Address:</b>                                                                                                                                                                                                                                                   |                                                                                                                                          |                                                                                                              |
| <b>Representative(s) Name(s) &amp; Title(s)</b>                                                                                                                                                                                                                          |                                                                                                                                          |                                                                                                              |
| <b>Type of Organization (check one):</b> _____ Individual    _____ Partnership    _____ Corporation    _____ Non-Profit<br>_____ LLC                     _____ Sole Proprietor    _____ Other, Specify                                                                   |                                                                                                                                          |                                                                                                              |
| <b>State Identification No.</b> _____ (Please attached completed W-9 form with this application)<br><b>Federal Identification No. or (if individual) SS No.</b>                                                                                                          |                                                                                                                                          |                                                                                                              |
| <b>State of Incorporation:</b> _____ <b>Date:</b> _____ <b>Other:</b>                                                                                                                                                                                                    |                                                                                                                                          |                                                                                                              |
| <b>Type of Business (check one):</b> _____ Manufacturer    _____ Wholesaler    _____ Retailer    _____ Broker<br>_____ Distributor    _____ Service Organization    _____ Other, Specify                                                                                 |                                                                                                                                          |                                                                                                              |
| <b>Name &amp; Title of Person(s) Authorized to Sign Bids, Proposals, and/or Contracts:</b>                                                                                                                                                                               |                                                                                                                                          |                                                                                                              |
| <b>Small and/or Disadvantaged Business Information (check application criteria)</b>                                                                                                                                                                                      |                                                                                                                                          |                                                                                                              |
| <b>Small Business:</b> _____ <b>Disadvantaged Business (At Least 51% Ownership)</b>                                                                                                                                                                                      |                                                                                                                                          |                                                                                                              |
| <input type="checkbox"/> Less than 125,000 annual gross receipt<br><input type="checkbox"/> Less than 250,000 annual gross receipt<br><input type="checkbox"/> Less than 499,000 annual gross receipt<br><input type="checkbox"/> More than 500,000 annual gross receipt | <input type="checkbox"/> Black American<br><input type="checkbox"/> Hispanic American<br><input type="checkbox"/> Asian Pacific American | <input type="checkbox"/> Native American<br><input type="checkbox"/> Women<br><input type="checkbox"/> Other |
| <b>Have you been certified as a HUB or an MBE/WBE source?:</b>                                                                                                                                                                                                           |                                                                                                                                          | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                     |
| <b>Indicate Certification No.(s):</b> _____ <b>or are Certificate(s) attached?:</b>                                                                                                                                                                                      |                                                                                                                                          | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                     |
| <b>What type of product(s) is/are solicited by your company?:</b>                                                                                                                                                                                                        |                                                                                                                                          |                                                                                                              |
| <b>Would you like to be provided with specifications for procurements of such products?:</b>                                                                                                                                                                             |                                                                                                                                          | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                     |
| <b>To Be Completed by the County: Rec'd by (Purchasing):</b> _____ <b>Date Rec'd by (Purchasing):</b>                                                                                                                                                                    |                                                                                                                                          |                                                                                                              |
| <b>Date Forwarded Information to Auditor's Office:</b> _____ <b>Entry Date:</b> _____ <b>Vendor No.:</b>                                                                                                                                                                 |                                                                                                                                          |                                                                                                              |

### 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: \_\_\_\_\_

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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: \_\_\_\_\_

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## Request for Taxpayer Identification Number and Certification

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

|                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                         |
|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| Print or type<br>See Specific Instructions on page 2. | 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |
|                                                       | 2 Business name/disregarded entity name, if different from above                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                         |
|                                                       | 3 Check appropriate box for federal tax classification; check only one of the following seven boxes:<br><input type="checkbox"/> Individual/sole proprietor or single-member LLC<br><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____<br>Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.<br><input type="checkbox"/> Other (see instructions) ▶ _____ |                                         |
|                                                       | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):<br>Exempt payee code (if any) _____<br>Exemption from FATCA reporting code (if any) _____<br>(Applies to accounts maintained outside the U.S.)                                                                                                                                                                                                                                                                                                                       |                                         |
|                                                       | 5 Address (number, street, and apt. or suite no.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Requester's name and address (optional) |
|                                                       | 6 City, state, and ZIP code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                         |
|                                                       | 7 List account number(s) here (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         |

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the 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.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

|                                |  |  |  |   |  |  |  |  |
|--------------------------------|--|--|--|---|--|--|--|--|
| Social security number         |  |  |  |   |  |  |  |  |
|                                |  |  |  | - |  |  |  |  |
| or                             |  |  |  |   |  |  |  |  |
| Employer identification number |  |  |  |   |  |  |  |  |
|                                |  |  |  | - |  |  |  |  |

### Part II Certification

Under penalties of perjury, I certify that:

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

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign  
Here

Signature of  
U.S. person ▶

Date ▶

### General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/w9](http://www.irs.gov/w9).

### Purpose of Form

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

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

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

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

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

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

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

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

In the cases below, the following person must give 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:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (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, give the requester the appropriate completed Form W-8 or Form 8233.

## Backup Withholding

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% 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, payments made in settlement of payment card and third party network transactions, 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 *Exempt payee code* on page 3 and the separate instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* above.

## What is FATCA reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the instructions for the Requester of Form W-9 for more information.

## 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

### Line 1

You must enter one of the following on this line; do not leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account, list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note.** ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C Corporation, or S Corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. 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 line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. 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 line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

**Line 2**

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

**Line 3**

Check the appropriate box in line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box in line 3.

**Limited Liability Company (LLC).** If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the "Limited Liability Company" box and enter "P" in the space provided. If the LLC has filed Form 8832 or 2553 to be taxed as a corporation, check the "Limited Liability Company" box and in the space provided enter "C" for C corporation or "S" for S corporation. If it is a single-member LLC that is a disregarded entity, do not check the "Limited Liability Company" box; instead check the first box in line 3 "Individual/sole proprietor or single-member LLC."

**Line 4, Exemptions**

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 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 U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—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 13.

| IF the payment is for . . .                                                            | THEN the payment is exempt for . . .                                                                                                                                                                          |
|----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Interest and dividend payments                                                         | All exempt payees except for 7                                                                                                                                                                                |
| Broker transactions                                                                    | Exempt payees 1 through 4 and 8 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012. |
| Barter exchange transactions and patronage dividends                                   | Exempt payees 1 through 4                                                                                                                                                                                     |
| Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup> | Generally, exempt payees 1 through 5 <sup>2</sup>                                                                                                                                                             |
| Payments made in settlement of payment card or third party network transactions        | Exempt payees 1 through 4                                                                                                                                                                                     |

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its Instructions.

<sup>2</sup> 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 reportable under section 6045(f), and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note. You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

**Line 5**

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns.

**Line 6**

Enter your city, state, and ZIP code.

**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 this page), 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 SSA office or get this form online at [www.ssa.gov](http://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](http://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](http://irs.gov) or by calling 1-800-TAX-FORM (1-800-829-3878).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and 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 U.S. 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 Items 1, 4, or 5 below 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 line 1 must sign. Exempt payees, see *Exempt payee code* earlier.

**Signature requirements.** Complete the certification as indicated in Items 1 through 5 below.

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 made in settlement of payment card and third party network transactions, 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 <sup>1</sup> |
| 3. Custodian account of a minor (Uniform Gift to Minors Act)                                                                                                                                | The minor <sup>2</sup>                                                                                  |
| 4. a. The usual revocable savings trust (grantor is also trustee)                                                                                                                           | The grantor-trustee <sup>1</sup>                                                                        |
| b. So-called trust account that is not a legal or valid trust under state law                                                                                                               | The actual owner <sup>1</sup>                                                                           |
| 5. Sole proprietorship or disregarded entity owned by an individual                                                                                                                         | The owner <sup>3</sup>                                                                                  |
| 6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))                                                                              | The grantor <sup>4</sup>                                                                                |
| 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 <sup>1</sup>                                                                               |
| 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 Regulations section 1.671-4(b)(2)(i)(B))                                          | The trust                                                                                               |

<sup>1</sup> 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.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> 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.

<sup>4</sup> 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 2.

\*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, 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 4635, 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](mailto: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 (TIGTA) at 1-800-368-4484. You can forward suspicious emails to the Federal Trade Commission at: [spam@uce.gov](mailto:spam@uce.gov) or contact them at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 1-877-LOTHEFT (1-877-488-4338).

Visit [IRS.gov](http://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 states, the District of Columbia, and U.S. commonwealths and 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.

## Awarded Items to- **ICS JAIL SUPPLIES**

| Item | DESCRIPTION OF ITEMS                              | UNIT PRICE |
|------|---------------------------------------------------|------------|
| 4)   | 4" Anti Shank Security Toothbrush & Clear Cap     | \$0.10     |
| 27)  | Chap Stick Lip Balm- 15 oz.                       | \$0.55     |
| 40)  | Cocoa Butter Moisturizing Soap-5 oz.              | \$0.55     |
| 71)  | Hinged Soap Dish Box-Regular Size                 | \$0.18     |
| 97)  | Palm Hair Brush Flexible-Black                    | \$0.25     |
| 113) | Shaving Gel- 3 oz. Clear Tube                     | \$0.52     |
| 123) | Suave Powder Fresh Deodorant- 1.4 oz. Clear       | \$1.22     |
| 129) | Tampons-Singles (Regular/Super/Junior)-40 ct. Box | \$3.42 bx  |
| 147) | White Boxer Shorts (small thru 6XL)               | \$1.06     |
| 148) | White Handkerchief (15"x15")                      | \$0.61     |
| 149) | White Ladies Panties (Size 5 thru 18)             | \$0.81     |
| 150) | White Men Briefs (small thru 5XL)                 | \$0.93     |
| 155) | White Washcloth -(12"x12")                        | \$0.12     |

**BIDDER'S INFORMATION:**

I/We the undersigned hereby certify that I/We am/are a duly authorized official of the company and have the authority to sign on behalf of the company and assure that all statements made in the bid are true. I/We agree to furnish and deliver the specified items/services at the prices stated herein, and have read, understand, and agree to the terms and conditions contained herein and on all of the attachments.

|                       |                                                                                      |
|-----------------------|--------------------------------------------------------------------------------------|
| BIDDER/COMPANY NAME:  | ICS Jail Supplies, Inc.                                                              |
| ADDRESS:              | Po Box 21056                                                                         |
| CITY/STATE/ZIP CODE:  | Waco, TX 76702                                                                       |
| PHONE & FAX NO'S:     | 254-751-1566 254-751-0299 fax                                                        |
| CELLULAR NO:          | N/A                                                                                  |
| E-MAIL ADDRESS:       | Bids@icswaco.com                                                                     |
| AUTHORIZED SIGNATURE: |  |
| PRINTED NAME:         | JIM BOGARD III                                                                       |
| TITLE                 | Vice President                                                                       |

**ICS JAIL SUPPLIES, INC.**

P.O. Box 21056

Waco, TX 76702-1056

Phone: 800-524-5427 Fax: 254-751-0299

WWW.ICSWACO.COM

bids@icswaco.com

sales@icswaco.com

FED ID # 27-1494351

GSA Contract # GS 07F-0552U

TXMAS-12-84060

**EXHIBIT "C"**  
**CERTIFICATE OF INSURANCE**

*ICS Jail Supplies, Inc.*  
*"Commissary Supplies for Hidalgo County Adult Detention Facility (Jail)"*  
*Hidalgo County Sheriff's Office*

**C-17-063C-07-25**



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/29/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

|                                      |                                                                  |
|--------------------------------------|------------------------------------------------------------------|
| PRODUCER                             | CONTACT NAME: Alisha Johnson                                     |
| Bailey Insurance and Risk Management | PHONE (A/C No. Ex): (254) 753-5317 FAX (A/C No.): (254) 753-1132 |
| 1201 Washington Ave.                 | E-MAIL ADDRESS: alisha@baileyinsurance.com                       |
| P.O. Box 298                         |                                                                  |
| Waco TX 76701                        | INSURER(S) AFFORDING COVERAGE NAIC #                             |
|                                      | INSURER A: AMCO Insurance Company 19100                          |
| INSURED                              | INSURER B: Colonial County Mutual Insurance 29262                |
| ICS JAIL SUPPLIES, INC.              | INSURER C: Depositors Insurance Company 42587                    |
| PO BOX 21056                         | INSURER D: National American Ins. Co. 18570                      |
|                                      | INSURER E:                                                       |
| WACO TX 76702-1056                   | INSURER F:                                                       |

## COVERAGES

CERTIFICATE NUMBER: 2016 Master

REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE                                                                                                                                                                                                                                                                                                                            | ADDL SUBR INSD WVD                             | POLICY NUMBER     | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                                                                                                                                                                                  |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------|-------------------------|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOG<br><input type="checkbox"/> OTHER: |                                                | ACFGLAO3007908763 | 11/14/2016              | 11/14/2017              | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COM/OP AGG \$ 2,000,000 |
| B        | AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS                                                                                                   |                                                | ACBRATX3007908763 | 11/14/2016              | 11/14/2017              | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$                                                                               |
| C        | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$                                                                                    |                                                | ACRCAD3007908763  | 11/14/2016              | 11/14/2017              | EACH OCCURRENCE \$ 1,000,000<br>AGGREGATE \$ 1,000,000                                                                                                                                                                                  |
| D        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                                                                                      | Y/N<br><input checked="" type="checkbox"/> N/A | CH34020042        | 10/12/2016              | 10/12/2017              | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 500,000<br>E.L. DISEASE - EA EMPLOYEE \$ 500,000<br>E.L. DISEASE - POLICY LIMIT \$ 500,000                                     |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The Certificate Holder is included as an Additional Insured on the General Liability Policy if required by written contract between the Named Insured and the Additional Insured.

## CERTIFICATE HOLDER

## CANCELLATION

Hildago County  
Attn: Purchasing Department  
2812 S Highway Bus 281  
Edinburg, TX 78539

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

Wes Bailey/ALISHA

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**CERTIFICATE OF INTERESTED PARTIES****FORM 1295**

1 of 1

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

**OFFICE USE ONLY  
CERTIFICATION OF FILING**

Certificate Number:  
2017-230360

Date Filed:  
06/28/2017

Date Acknowledged:

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

ICS Jail Supplies, Inc.  
JM Bogan III, TX United States

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

Hidalgo County

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

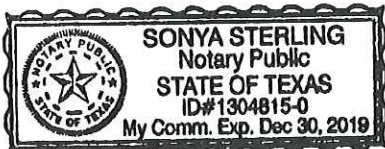
Bid No: 2017-063-05-10-SMA  
Commissary Supplies

| 4 | Name of Interested Party | City, State, Country (place of business) | Nature of interest<br>(check applicable) |              |
|---|--------------------------|------------------------------------------|------------------------------------------|--------------|
|   |                          |                                          | Controlling                              | Intermediary |
|   | Bogan III, JM            | Waco, TX United States                   | X                                        |              |
|   | Bogan, TW                | Waco, TX United States                   | X                                        |              |
|   |                          |                                          |                                          |              |
|   |                          |                                          |                                          |              |
|   |                          |                                          |                                          |              |
|   |                          |                                          |                                          |              |
|   |                          |                                          |                                          |              |
|   |                          |                                          |                                          |              |
|   |                          |                                          |                                          |              |

5 Check only if there is NO Interested Party. ☐

**6 AFFIDAVIT**

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



AFFIX NOTARY STAMP / SEAL ABOVE

Signature of authorized agent of contracting business entity

Sworn to and subscribed before me, by the said JM Bogan III, this the 28 day of June, 2017, to certify which, witness my hand and seal of office.

Sonya Sterling  
Signature of officer administering oath

Sonya Sterling  
Printed name of officer administering oath

Assoc. Director  
Title of officer administering oath

# CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

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

## OFFICE USE ONLY CERTIFICATION OF FILING

Certificate Number:  
2017-230360

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

ICS Jail Supplies, Inc.  
JM Bogan III, TX United States

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

Hidalgo County

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

Bid No: 2017-063-05-10-SMA  
Commissary Supplies

| 4 | Name of Interested Party | City, State, Country (place of business) | Nature of interest<br>(check applicable) |              |
|---|--------------------------|------------------------------------------|------------------------------------------|--------------|
|   |                          |                                          | Controlling                              | Intermediary |
|   | Bogan III, JM            | Waco, TX United States                   | X                                        |              |
|   | Bogan, TW                | Waco, TX United States                   | X                                        |              |
|   |                          |                                          |                                          |              |
|   |                          |                                          |                                          |              |
|   |                          |                                          |                                          |              |
|   |                          |                                          |                                          |              |
|   |                          |                                          |                                          |              |
|   |                          |                                          |                                          |              |
|   |                          |                                          |                                          |              |

5 Check only if there is NO Interested Party.

☐

### 6 AFFIDAVIT

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

\_\_\_\_\_  
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

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

\_\_\_\_\_  
Signature of officer administering oath

\_\_\_\_\_  
Printed name of officer administering oath

\_\_\_\_\_  
Title of officer administering oath



**AGENDA**  
**HIDALGO COUNTY**  
**COMMISSIONERS COURT**  
**MEETING**  
**July 25, 2017**  
**9:30 A.M.**

**NOTICE** is hereby given in accordance with Chapter 551, Texas Government Code, that a **REGULAR MEETING** of the Commissioners Court will be held in the Commissioners Courtroom of the Administration Building, 100 E. Cano, 1st floor, Edinburg, Hidalgo County, Texas. Discussion and possible action relating to the following business will be transacted:

1. **Roll Call**
2. **Pledge of Allegiance**
3. **Prayer**
4. **Approval of Consent Agenda**
5. **HIDTA - Task Force:**
  - A. **AI-60641** Requesting approval for County Treasurer to process payment for fuel reimbursement in the amount of \$30.00 for TFA Rodrigo Sampayo after auditing procedures are completed by County Auditor. TFA Rodrigo Sampayo paid for fuel expense with personal credit card due to Hidalgo County Card not working properly.
6. **Constable Pct. #2:**
  - A. **AI-60670** Requesting approval to accept and approve the "Public Purpose" [pursuant to Texas Constitution, Article 3, Section 52] served for the request to purchase promotional items. Item's needed to be purchased through current term such as but limited to table clothes, banners, pens, pencils and etc., as these items will be useful to inform, relate progress, educate and report important information to our constituents on aspects of numerous projects, programs and events.

authorizing the use of an official statement to be used in connection with the sale of the certificates; and making other provisions regarding such certificates and matters incident thereto.

- C.     **AI-60791**     Approval of cost of issuance budget for Certificates of Obligation, Series 2017.
  
- D.     **AI-60689**     Health Department (1293):  
                             Authorization and approval to de-obligate \$142,446.00 from program 069 (ELC) and reallocate funds into program 072 (VC).
  
- E.     **AI-60710**     TXDOT Pct 3 - La Homa(SH495-FM1924) (1315):  
                             Discussion and action to authorize Valde Guerra, County Executive Officer, to sign certification of Tabulation of Utility Adjustments (SUP) for FM364 ROW CSJ 2966-01-012.
  
- F.     **AI-60825**     TXDOT-Pct 1 CR 229 BR-M17½ Rd. (1315):  
                             Concurrence of Change Order #7 as submitted by TXDOT for CR 229 Bridge (Mile 17 1/2) at Drain Ditch, CSJ#0921-02-290, with authority for County Judge to sign TXDOT Form 2146-AFA.
  
- G.                     **Budget Appropriations:**
  - 1.   **AI-60555**     CO 2009 BC - Pct 3 (1341):  
                             Approval of 2017 appropriation of funds into CO 2009 BC - Pct 3 in the amount of \$1,436.95 to fund anticipated expenditures.
  
  - 2.   **AI-60679**     Constable Pct. 3 (1285):  
                             A. Approval of certification of revenues by the County Auditor.  
                             B. Approval of appropriation of funds.
  
  - 3.   **AI-60561**     Approval of appropriation and interfund transfer from Capital Project - Capital Outlay (Fund 1301) to General Fund Co.Wide Adm-Contingency (Fund 1100) in the amount of \$53.55.

**25.**

**Purchasing Department - Notes:**

A. FOR ANY CONTRACT(S) AWARDED AND APPROVED UNDER THIS AGENDA, EXECUTED COPIES OF THE CONTRACT(S) WILL BE AVAILABLE ON THE COUNTY INTRA-NET WEBSITE AND WILL BE FORWARDED VIA E-MAIL, FAX OR HAND DELIVERED TO HIDALGO COUNTY AUDITOR'S OFFICE.  
 B. ANY AND ALL REQUESTS FOR PAYMENT(S) APPROVED WILL BE SUBJECT TO COUNTY AUDITORS PROCESSING PROCEDURES INCLUDING AUTHORITY FOR COUNTY TREASURER TO ISSUE PAYMENT(S)/CHECK(S).

Agencies (all funding sources) with said declaration to remain in effect while product is needed and declaration is in place unless revoked by HCCC;

C. Approval for Hidalgo County Fire Marshal's Office to purchase the CodePal Tool-Kit Inspection Software (includes software, database, and access key with definition of hardware access) in the amount of \$24,540.00 [with an annual cost for each subsequent year of \$4,040.00].

D. Authorization to renew maintenance and support services and annual licenses for the lifetime of the software.

**J. Sheriff's Office**

1. **AI-60591** Presentation of sole vendor submitting the lowest and best bid received from South Texas Communications, Inc., meeting all specifications/requirements for the purpose of award and approval of contract (but in no event to exceed the 50K statutory bid limit of 50K) for Request for Sealed Quotes project titled: " Repair-Installation & Removal of Communication & Radio Tower & Misc. Equipment" No.: 2017-177-06-19-SGS.

**2. AI-60531**

**APPROVED**

Presentation of multiple bids received as detailed in tabulation sheet contained herein meeting all specifications and/or requirements for the purpose of multiple award and approval of contracts for the Request for Bids titled: Hidalgo County Sheriff's Office-"Commissary Supplies for Hidalgo County Adult Detention Center Facility, aka, County Jail" through project No.:2017-063-05-10-SMA.

**K. Co. Wide**

1. **AI-60606** Recommending to award primary & secondary vendors [submitting the lowest and best bids as Primary Vendor-Waukesha Pearce Industries LLC. and Secondary Vendor-Holt Texas including approval of contracts to same for RFB No. 2017-150-07-05-TDL "Service Repair & Maintenance of County Generators", subject to compliance with HB1295.
2. **AI-60600** Presentation of the sole responsible vendor, Terra Firma Materials submitting the lowest and best bid [meeting all specifications and/or requirements as detailed in the supporting documentation contained herein] for the purpose of award and approval of contract for Request for Bid titled: Hidalgo County - "Purchase of Sand and Bedding Materials" through project No.: 2017-147-06-06-FAZ.