



## Request for Qualifications (RFQ)

RFQ # 2018-001

***“Consulting services for Webb County's Workers' Compensation, Property/Casualty/Liability, and Group Health Insurance programs”***

**Due: January 22, 2018 at 10 am or before**

**Notice** is hereby given that Webb County is seeking Requests for Qualifications to solicit and select an "independent" insurance/benefits consultant (hereinafter referred to as Consultant) to advise the County of Webb regarding the management of Webb County's Group Health And Dental Containment Services Self-Funded Program, Workers Compensation Program, Property/Casualty/Liability Program, and act as its representative as needed with third party providers. This solicitation will comply with the Texas Government Code, Section 2254, Sub-Chapter A (Professional Services) & B (Consulting Services).

The accompanying RFQ with its terms, conditions, attachments and all other forms in this RFQ package are due by or before 10 a.m. (Central Time) on January 22, 2018. **RFQ received after the due date and time will not be accepted.** All RFQ meeting the required deadline will be read publicly at the following location in accordance with Webb County Purchasing Policies and Procedures:

**Please Mail or Hand Deliver RFQ Proposals to:**

Webb County Clerk's Office  
1110 Victoria Street, 2<sup>nd</sup> Floor, Suite 201  
Laredo, Texas 78040

Copies of the RFQ package are available on our website:

<http://www.webbcountytexas.gov/PurchasingAgent/PublicNoticeRFP/>

Please submit (1) original RFQ package and (5) copies in a sealed envelope clearly marked on the outer front lower left corner as follows:

***RFQ 2018-001 “Consulting services for Webb County's Workers' Compensation, Property/Casualty/Liability, and Group Health Insurance programs”***

Webb County reserves the right to reject any and all RFQ proposals, to waive informalities in the RFQ process, or to terminate the RFQ process at any time, if deemed in the best interest for Webb County.

**THIS FORM MUST BE INCLUDED WITH RFQ PACKAGE; PLEASE CHECK OFF EACH ITEM INCLUDED WITH RFQ PACKAGE AND SIGN BELOW TO CONFIRM SUBMITTAL OF EACH REQUIRED ITEM.**

**RFQ # 2018-001**

***“Consulting services for Webb County's Workers' Compensation, Property/Casualty/Liability, and Group Health Insurance programs”***

Public Notice

Proposer Information

References

Capacity to Perform Questionnaire

Conflict of Interest form (Form CIQ)

Certification regarding Debarment (Form H2048)

Certification regarding Federal lobbying (Form 2049)

Proof of No Delinquent Tax Owed to Webb County

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**Signature of Authorized Representative**

**Date Signed**

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## **1. Scope of Work**

Webb County is seeking Requests for Qualifications to solicit and select an "independent" insurance/benefits consultant (hereinafter referred to as Consultant) to advise the County of Webb regarding the management of Webb County's Group Health And Dental Containment Services Self-Funded Program, Workers Compensation Program, Property/Casualty/Liability Program, and act as its representative as needed with third party providers and other parties.

The Consultant shall evaluate and recommend the most advantageous options for benefit plans or placement of insurance coverage including but not limited to the terms and conditions of coverage, continuity, and cost. In addition, the Consultant must be capable of providing a full range of value-added services, including but not limited to, those outlined in the Scope of Services section. The consulting services shall be strictly those of an Insurance Counselor and shall be compensated by fee negotiated with the County. Absolute independence from insurers is required and no commission-based services are permitted in the scope of this engagement.

**Scope of Services** shall include, but are not limited to:

### **A. Group Health and Dental Containment Services Self-Funded Program**

1. Assist the County in the preparation of financial projections of self-funding requirements for the plan year beginning January 1, 2018.
2. Prepare and evaluate request for proposals/bid specifications and analyze the bids/proposals received from prospective providers and claims services administrators [TPAs].
3. Negotiate renewal terms with current providers and claims services administrators [TPAs] or negotiate terms with prospective providers and claims services administrators [TPAs] for the policy year beginning January 1, 2018.
4. Monitor the County's group health experience, including census, Administrative fees, stop loss premiums, run-off fees and run-off liabilities. Provide the County with a monthly spreadsheet showing the development of each expense component and each liability component, aggregate & specific.
5. Assist the County on group health related matters, including IRS reporting and annual budget matters.
6. Conduct strategic planning meetings to establish goals, priorities and identify areas of concern for all benefit programs.
7. Financial underwriting and claims analysis for self-funded medical and dental plan, including renewal analysis and negotiations, budget projections, funding levels and alternatives, large claims analysis and reporting of the plan's financial performance. Provide appropriate actuarial cost analysis of the current WEBB County Health and Dental Benefit Plan. Provide cost impact analysis as benefit changes are anticipated or recommended. Calculate, with the County, the appropriate employee funding and premium requirements, as well as case specific trend factors and reserve calculations.

8. Evaluate medical and dental plan design in light of industry trends and labor market conditions, claims cost trends, alternative delivery systems and legal requirements. Evaluate eligibility, cost sharing and benefits structure and network savings.
9. Discuss cost containment alternatives to help control current and future plan costs in conjunction with the rate review. Review plan documents for content and legal requirements.
10. Prepare Requests for Proposals for insurance services of other employee benefit programs (i.e. vision, life, etc.); analyze and make appropriate recommendations.
11. Participate in Commissioners Court Agenda meetings as determined by the County's management.
12. Apprise COUNTY of local and national trends and innovative ideas, and recommend new products, programs and services to ensure a competitive benefits plan.
13. Review and analyze claims experience data, claims service, efficiency and accuracy of claims administration to ensure that COUNTY is receiving optimum service and benefits from all carriers and vendors. Annually review insurance carriers contracts and third party administrators contract to assure the most cost effective provider utilization. Review specific stop loss limits.
14. Review on-going employee communications program, including a review of booklets, announcement materials and benefits statements.
15. Manage carrier/vendor relationships, review and advice on master contracts, review carrier service levels and compare to performance guarantees, resolve administrative issues, conduct periodic meetings as necessary.
16. Assist in COBRA, HIPAA, DOL, and other regulatory compliance and reporting to include Summary Plan Descriptions and other Plan Documents. Act as a technical resource and provide periodic updates on legislative developments and emerging trends.
17. Conduct claim audit of the Third Party Administrator (TPA) to include medical claim payment functions and to evaluate the performance of the third party claims administrator.
18. Prepare GASB 45 actuarial valuation for the Group Health and Dental Self-Funded Retiree program for five fund years ending September 30, 2018.

## **B. Workers Compensation Program**

1. Review the workers compensation excess of loss policy issued by current carrier and advice on alternatives or enhancement to existing coverage's.
2. Monitor the workers compensation experience monthly as reported by provider and provide a quarterly spreadsheet to the County.
3. Provide assistance, to the extent requested, to the County in completing the annual budget cycle.
4. Prepare an actuarial valuation for the self-funded workers compensation program for five fund years ending September 30, 2018.
5. Prepare and evaluate requests for proposals/bid specifications for the County's workers compensation excess insurance provider and County's workers compensation claims services administrators [TPA] and analyze the bids/proposals received from prospective providers and prospective claims services administrators [TPAs].
6. Negotiate renewal terms with current workers compensation excess insurance provider and workers compensation claims services administrators [TPA] or negotiate terms with prospective workers compensation excess insurance providers and prospective workers compensation claims services administrators [TPAs] for the policy year beginning October 1, 2017.
7. Participate in the semiannual claims review meetings with all participating parties and County Staff.

## **C. Property/Casualty/Liability Program**

1. Review and analyze the County's policy book as completed by current liability carrier and advice on alternatives or enhancements to existing coverage's.
2. Prepare and evaluate request for proposals/bids specifications for the County's property, casualty and liability insurance; claims services administration.
3. Negotiate renewal terms with current property, casualty and liability insurance provider[s] and claims services administrators [TPA] or negotiate terms with prospective property, casualty and liability insurance claims services administrators [TPAs] for the policy year beginning October 1, 2017.
4. Provide assistance, to the extent requested, to the County in completing the annual budget cycle.

## **2. Proposal Preparation Cost**

Webb County will not be liable in any way for any costs incurred by proposer in the preparation of its qualifications in response to this RFQ, nor for any presentation by it and/or participation in any discussions or negotiations.

## **3. Term of Agreement**

To be Determined after selection and award of the most qualified consulting firm.

## **4. Instructions to Proposers:**

RFQ Proposals shall include the following:

- A. Cover Letter and Cover Page
- B. Executive Summary
- C. Management Component
  - 1. Company Information
  - 2. Name of the proposed firm and name of the representative submitting the proposal. Include all contact information.
  - 3. Provide an overview of your firm and its ownership/organizational structure, philosophy/culture and number of employees.
  - 4. Describe, if applicable, how your firm is legally and/or functionally tied to any insurer, broker or provider of service and how that relationship may influence your ability to provide Consultant services to COUNTY.
  - 5. Identity members of your staff that would be assigned to this contract and provide a summary of their qualifications and experience, percentage of their time you anticipate they would be dedicating to this contract and their availability to travel to WEBB COUNTY and/or other field locations.

### **D. Experience/Qualifications of Firm:**

- 1. Please describe your firm's development of similar or related projects as described above in Scope of Work. Please provide a listing of client projects and client contact person.

2. Describe your firm's expertise in each of the following areas:

- a. Workers' Compensation
- b. Property/Casualty/Liability
- c. Health, Dental, Life, Vision and LTD products
- d. Benchmarking
- e. Actuarial/Underwriting
- f. Research and Technical services
- g. Benefits Administration
- h. Benefits Communication

3. Describe your firm's marketplace leverage in negotiating with carriers in regards to rates, policy terms and plan design.

4. Describe your view of the role of a Consultant in this type of relationship and what differentiates your firm from other consulting firms.

5. Please indicate how many insurance consulting service agreements your firm is currently engaged in or has been engaged in the immediate past five years that are or were funded by the state, counties, municipalities, and/or school districts.

6. Please provide a list of the firm's current engagements to provide insurance consulting services to other entities and the names and addresses of said entities.

7. Please describe whether and how many of your consulting services involve fully funded and/or self-funded insurance plans.

8. Please submit your TDI (Texas Department of Insurance) listing of appointments; as well as a percentage breakdown of the carriers you have recommended in your agreements with Public Entities.

6. Consultant Management:

a) Please identify the member[s] of your firm to be in charge of this project. Include the members' educational background, qualifications, training certifications, and experience for this type of work and list the specific duties each will be assigned.

b) Please identify other consultants or personnel to be involved in this project. Include the educational background, qualifications, training certifications and experience for all other individuals to be assigned to this project.

## **5. Disqualification**

Reasons for disqualification include, but are not limited to:

- Failure to provide any information requested in this document.
- Failure to provide satisfactory documentation of resources (financial, personnel, & equipment).
- If, in the County's opinion, firm/Contractor lacks sufficient financial, personnel, or equipment resources deemed necessary to adequately perform the services described in this document.
- Unsatisfactory performance record or insufficient experience, as determined by Webb County.

## **6. Licensing & Certifications:**

Prospective professional provider must affirmatively demonstrate their responsibility to meet the following requirements and have at least 15 years of experience in the industry and at least 5 years of experience in consulting services (i.e.: Fully and Self-Funded Group Health Insurance plans, Stop-Loss, Life and AD & D and Voluntary Benefit Plans etc.)

**The consultant must hold the following (Please identify and attach copies):**

- a. Life and Health Insurance Counselor License awarded by the Texas Department of Insurance under Chapter 4052, Texas Insurance Code;
- b. Risk Manager License issued by the Texas Department of Insurance pursuant to CHAPTER 4153, Texas Insurance Code;

Additional Licensing: Please identify and attach copies, INCLUDING BUT NOT LIMITED TO, the following LICENSES AND/OR DESIGNATIONS held by any members of applicant's firm or by individual applicants:

- a. Designation as chartered life underwriter (CLU);
- b. Designation as chartered financial consultant (ChFC);
- c. Designation as a certified financial planner (CFP);
- d. Designation as a chartered property casualty underwriter (CPCU) from the American Institute for Chartered Property Casualty Underwriters;
- e. Designation as a certified insurance counselor (CIC) from the national Society of Certified Insurance Counselors;
- f. Designation as an associate in risk management (ARM) from the Insurance Institute of America; and
- g. Certified Risk Manager (CRM)
- h. Life Underwriting Training Counsel Fellow (LUTCF)
- i. any and all other Certifications/Accreditations/Awards, etc.

## **7. Conflict of Interest**

The contract or contracts in this solicitation are subject to Texas Govt. Code Sec. 2261.252(b), which prohibits the Webb County from entering into contracts with certain private vendors in which certain Webb County officers and employees have a financial interest. Each respondent shall include in its proposal a statement that it is not prohibited from entering into a contract with Webb County as a result of a financial interest as defined under Texas Govt. Code Sec. 2261.252(b).

Webb County requires that its consultants and sub consultants be able to work solely in Webb County's interest, without conflicting financial or personal incentives. Webb County reserves the right to disqualify any prime provider or sub providers, or to place contractual limits on work or on personnel, if there is a conflict of interest that might affect or might be seen to affect the prime provider's or sub providers' duty to act solely in the interest of Webb County.

A conflict of interest may involve conflicting incentives with regard to the firm as a whole, or any employee. The conflict may arise between the provider's work under a contract entered as a result of this solicitation and a relationship involving Webb County, a construction contractor, another engineering firm, a materials testing firm, a third party affected by the project, a sub provider for any other consultant or contractor, or any other entity with an interest in a project on which work is performed under a contract entered as a result of this solicitation.

During the term of the agreement, since the Consultant will assist the County in evaluating, negotiating, and contracting for insurance and benefits services, Consultant (or individual/firm) will be prohibited from bidding or directly/indirectly representing any other vendor who bids on Webb County Group Health And Dental Containment Services Self-Funded Program; Workers Compensation Program; Property/Casualty/Liability Program, or third party services. Further, Consultant and his employer or any other organization that directly/indirectly controls the Consultant, will not directly or indirectly receive any compensation or benefit (including any rebate, commission, fees, etc.) from any insurer, broker, service provider or any other person relating to the County's benefit products or services, County's Group Health And Dental Containment Services Self-Funded Program; County's Workers Compensation Program or County's Property/Casualty/Liability Program.

***It is mandatory that the Consultant and his applicable employer, and any other organization that directly/indirectly controls the Consultant, shall not be engaged in the business of selling insurance.***

## **8. Ethical Standards**

It shall be a breach of ethics to offer, give or agree to give any County official, committee member or employee a gratuity or any 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 proceedings or application, request for ruling, determination, claim, or contract or subcontract; or to solicit, demand, accept or agree to accept from another person, entity or organization, a gratuity or any 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 proceedings or application, request for ruling, determination, claim, or contract or subcontract, or to any solicitation or proposal therefore pending before the County Commissioners.

The commission of any of the above actions by an insurance consultant applicant[s] or selected insurance consultant shall disqualify said insurance consultant applicant[s] and/or result in the termination of the selected insurance consultant's contract.

**9. Texas Ethics Commission Requirement Notification:**

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

A signed and notarized Form 1295 shall be tendered to Webb County by providers selected to receive a contract prior to contract execution. Webb County will not evaluate the information provided, or respond to any questions on how to interpret the Texas Ethics Commission's rules.

For additional information, please reference the Texas Ethics Commission webpage at <https://www.ethics.state.tx.us/tec/1295-Info.htm>

**10. General Conditions**

Interested Firms shall familiarize themselves with conditions relating to the scope, specifications, and restrictions regarding the execution of work to be performed. It is the firm's responsibility to obtain any additional information it deems necessary to submit in its RFQ proposal, as well as in the performance of the contract. Information contained in this document should not be considered all-inclusive.

All questions or clarification regarding this RFQ proposal request must be submitted to in writing to via email to Mr. Juan Guerrero, Purchasing Contract Administrator at [juguerrero@webbcountytexas.gov](mailto:juguerrero@webbcountytexas.gov) & copy Mr. Jose Angel Lopez III, Purchasing Agent at [joel@webbcountytexas.gov](mailto:joel@webbcountytexas.gov)

Each question, along with the County's response will be provided in writing to all prospective proposers and included as an addendum to RFQ document. Any verbal communication regarding this request for qualifications will be considered non-binding on either party.

**11. Consulting-Only References:**

Please provide references from current or former clients, preferably of similar size, type, and complexity to our COUNTY where your firm provided or is currently providing insurance consulting services within the last three (3) years. The COUNTY will contact the references provided.

**12. Independence:**

The consulting services shall be strictly those of an Insurance Counselor and shall be compensated by fee negotiated with the County. Absolute independence from insurers is required and no commission-based services are permitted in the scope of this engagement. By signing below you certify that your firm is not in the business of providing insurance services and does not receive any commissions or fees for the brokerage of any insurance related services.

**13. RFQ Evaluation**

Qualifications will be scored according to the following criteria:

1.	Experience relevant to Scope of Services	35 points
2.	Licenses & Certifications	25 points
3.	Team Qualifications	30 points
4.	Consulting-Only References	10 points
	Total points	100

During the RFQ process, firms may be required to attend interviews, give presentations as requested to the evaluation committee. The evaluation committee may conduct the following tasks but is not an all-inclusive list of tasks that may be conducted by committee:

- Review all RFQs received for compliance with RFQ terms and conditions.
- Prepare a comparative summary of Qualifications.
- Prepare a preliminary ranking of RFQs using a quantitative method based on the criteria presented in the RFQ document and other criteria as directed by committee.
- Conduct reference checks.
- Request clarification from firms.
- Prepare a final ranking of the RFQs proposals.

The top three (3) qualifying consulting firms will be required to attend public interviews during a regular/special called Commissioner Court meeting. At the discretion of the Commissioners Court, an award of this RFQ may be made after all three (3) qualifying firms have presented to Commissioners Court or a decision to finalize RFQ may be made at a later date. \*\*County reserves the right to select either individually or jointly, Statements of Qualifications for Property and Casualty Consultant and Employee Benefit Consultant.

**14. Evaluation Team:**

The following Webb County employees are involved in the selection process for this procurement:

- Ms. Rosie Rodman, Administrative Coordinator
- Ms. Alexandra Colessides, Civil-Legal Director, Interim Risk Management Director
- Mr. Leroy Medford, Executive Administrator to Commissioners Court

**Note:** Do not contact these individuals about this active solicitation. Since the procurement process has started, these Webb County employees will not respond to questions about this procurement, all inquiries must comply with Section 10 (General Conditions).

## **15. Proposal Schedule**

Activity	Time	Date	Responsible Party
Public Notice/newspaper	n/a	Jan. 7 <sup>th</sup> , Jan. 14 <sup>th</sup>	Webb Co. Purchasing Dept.
Public Notice on website	n/a	Until award is completed	Webb Co. Purchasing Dept.
Questions Due to County	No later than 5pm	Jan. 16 <sup>th</sup>	Proposer/Contractor
Posting of answers	No later than 5pm	Jan. 17 <sup>th</sup>	Webb Co. Purchasing Dept.
Sealed Proposals due	10 am	Jan. 22 <sup>nd</sup>	Proposer/Contractor
Evaluation of Proposals	TBD	Jan. 23 <sup>rd</sup> – 26 <sup>th</sup>	Webb Co. Evaluation Team
Award of Contract	TBD	Jan. 5 <sup>th</sup>	Governing Body
Finalization of contract doc	TBD	TBD	Webb County/Contractor
Commencement of service	TBD	TBD	Webb County/Contractor

*Footnote: County reserves the right to adjust time and dates on above projected schedule if it's in the best interest for Webb County.*

## **16. Special Accommodations:**

To request special accommodations pursuant to the Americans with Disabilities Act (ADA), please notify the contact shown below, a minimum of 48 hours prior to a scheduled meeting.

Mr. Juan Guerrero, Purchasing Contract Administrator at (956) 523-4125 or email at [juguerrero@webbcountytx.gov](mailto:juguerrero@webbcountytx.gov)

**RFQ # 2018-001**

***“Consulting services for Webb County's Workers' Compensation, Property/Casualty/Liability, and Group Health Insurance programs”***

**ATTACHMENTS**



**Proposer Information**

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Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

City and State \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature of Person Authorized to Sign:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

Indicate status as to "Partnership", "Corporation", "Land Owner", etc.

\_\_\_\_\_

\_\_\_\_\_  
(Date)

**Note:**

All submissions relative to these RFQ shall become the property of Webb County and are nonreturnable.

**References: (See section 11 for instructions)**

<b>Name of Local / State government or private company</b>	<b>Address</b>	<b>Phone</b>	<b>Name of Contact</b>	<b>Project Name when was it completed</b>

*Webb County will accept proposers own format on references. It must include the information being requested above.*

**Capacity to Perform Questionnaire:**

1. Vendor Selection Process
  - a. Describe how your firm would handle the review, selection and recommendation of insurance carriers and other service providers for Webb County.
  - b. Describe your firm's consulting approach for bidding and selecting the most appropriate insurance plan alternative.
2. Can you provide the completion dates for project activities? If yes, please provide time chart. If no, please explain.
3. Submit a brief summary report on your approach to management of projects. Also, include a statement identifying your firm's methodology in the development of such a plan.
4. Various elements of the plan will require review and/or approval of different County offices and departments as well as other entities (i.e. County Commissioners, etc.). Please submit a brief summary of your approach regarding the coordination of these efforts.
5. Describe the process your firm utilizes to manage and administer a benefit package of our size throughout a contract.
6. What strategy does your firm utilize to manage and forecast a benefit package over a 2-3 year period?
7. Describe all services your firm will offer WEBB COUNTY.
8. What type of performance measures would your firm use to evaluate customer service and COUNTY employee satisfaction? Are you willing to provide performance guarantees to COUNTY for your services?
9. Describe your procedure for dealing with employee inquiries.
10. Do you offer assistance with claims and/or coverage questions?
11. Describe the action that would be taken, the support provided, and the personnel who would be involved in investigating and settling a disputed claim.

12. Please describe how you will provide the services identified in the Scope of Services page.
13. The applicant possesses or is able to obtain adequate financial resources as required to perform the Scope of services. Should your firm be chosen to represent the County, would your firm require additional financial resources? If so, please explain your firm's plan to obtain additional financial resources.
14. Ability to comply with the required or proposed delivery schedule. Please provide a detailed summary of how your firm shall meet the proposed delivery schedule.
15. The applicant shall have a satisfactory record of integrity and ethics. Therefore, please disclose and explain any significant negative events in your firm's recent history including criminal charges, civil litigation, or administrative actions involving allegations of legal or administrative violations by your firm or its employees, or suspension of any licenses held by members of your firm or your firm entity during the past five years.
16. Submit a brief summary of your staffing level and the experience of your staff.
17. Should your firm be chosen to represent the County, would your firm require any additional human resources? If so, please explain your firm's plan to obtain additional human resources.
18. Are there any other lines of business conducted by your firm that could conflict with your role as insurance consultant for Webb County? Please disclose any arrangements that might present an actual or apparent conflict of interest or the appearance of impropriety with the role of an independent insurance consultant.
19. The Applicant must have insurance for agent's errors and omissions liability with a limit of at least one million dollars (\$1,000,000.00) per occurrence.
20. Please submit a copy of your current Professional Liability Insurance. Note: The Commissioners' Court will accept Professional Liability insurance on a project-by-project basis.

# 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.

**CERTIFICATION**  
REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY  
EXCLUSION FOR COVERED CONTRACTS

**PART A.**

Federal Executive Orders 12549 and 12689 require the Texas Department of Agriculture (TDA) to screen each covered potential contractor to determine whether each has a right to obtain a contract in accordance with federal regulations on debarment, suspension, ineligibility, and voluntary exclusion. Each covered contractor must also screen each of its covered subcontractors.

In this certification "contractor" refers to both contractor and subcontractor; "contract" refers to both contract and subcontract.

By signing and submitting this certification the potential contractor accepts the following terms:

1. The certification herein below is a material representation of fact upon which reliance was placed when this contract was entered into. If it is later determined that the potential contractor knowingly rendered an erroneous certification, in addition to other remedies available to the federal government, the Department of Health and Human Services, United States Department of Agriculture or other federal department or agency, or the TDA may pursue available remedies, including suspension and/or debarment.
2. The potential contractor will provide immediate written notice to the person to which this certification is submitted if at any time the potential contractor learns that the certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
3. The words "covered contract", "debarred", "suspended", "ineligible", "participant", "person", "principal", "proposal", and "voluntarily excluded", as used in this certification have meanings based upon materials in the Definitions and Coverage sections of federal rules implementing Executive Order 12549. Usage is as defined in the attachment.
4. The potential contractor agrees by submitting this certification that, should the proposed covered contract be entered into, it will not knowingly enter into any subcontract with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the Department of Health and Human Services, United States Department of Agriculture or other federal department or agency, and/or the TDA, as applicable.

Do you have or do you anticipate having subcontractors under this proposed contract?

Yes

No

5. The potential contractor further agrees by submitting this certification that it will include this certification titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion for Covered Contracts" without modification, in all covered subcontracts and in solicitations for all covered subcontracts.
6. A contractor may rely upon a certification of a potential subcontractor that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered contract, unless it knows that the certification is erroneous. A contractor must, at a minimum, obtain certifications from its covered subcontractors upon each subcontract's initiation and upon each renewal.
7. Nothing contained in all the foregoing will be construed to require establishment of a system of records in order to render in good faith the certification required by this certification document. The knowledge and information of a contractor is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
8. Except for contracts authorized under paragraph 4 of these terms, if a contractor in a covered contract knowingly enters into a covered subcontract with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the federal government, Department of Health and Human Services, United States Department of Agriculture, or other federal department or agency, as applicable, and/or the TDA may pursue available remedies, including suspension and/or debarment.

**PART B. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION FOR COVERED CONTRACTS**

Indicate in the appropriate box which statement applies to the covered potential contractor:

- The potential contractor certifies, by submission of this certification, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this contract by any federal department or agency or by the State of Texas.
- The potential contractor is unable to certify to one or more of the terms in this certification. In this instance, the potential contractor must attach an explanation for each of the above terms to which he is unable to make certification. Attach the explanation(s) to this certification.

Name of Contractor	Vendor ID No. or Social Security No.	Program No.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed/Typed Name and Title of  
Authorized Representative

**CERTIFICATION REGARDING FEDERAL LOBBYING**  
**(Certification for Contracts, Grants, Loans, and Cooperative Agreements)**

**PART A. PREAMBLE**

Federal legislation, Section 319 of Public Law 101-121 generally prohibits entities from using federally appropriated funds to lobby the executive or legislative branches of the federal government. Section 319 specifically requires disclosure of certain lobbying activities. A federal government-wide rule, "New Restrictions on Lobbying", published in the Federal Register, February 26, 1990, requires certification and disclosure in specific instances.

**PART B. CERTIFICATION**

This certification applies only to the instant federal action for which the certification is being obtained and is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$100,000 for each such failure.

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No federally appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, or the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
2. If any funds other than federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with these federally funded contract, subcontract, subgrant, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions. (If needed, contact the Texas Department of Agriculture to obtain a copy of Standard Form-LLL.)

3. The undersigned shall require that the language of this certification be included in the award documents for all covered subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all covered subrecipients will certify and disclose accordingly.

Do you have or do you anticipate having covered subawards under this transaction?

- Yes  
 No

Name of Contractor/Potential Contractor	Vendor ID No. or Social Security No.	Program No.

Name of Authorized Representative	Title

\_\_\_\_\_  
Signature – Authorized Representative

\_\_\_\_\_  
Date

PROOF OF NO DELINQUENT TAXES OWED TO WEBB COUNTY

Name \_\_\_\_\_ owes no delinquent property taxes to Webb County.

\_\_\_\_\_ owes no property taxes as a business in Webb County.  
(Business Name)

\_\_\_\_\_ owes no property taxes as a resident of Webb County.  
(Business Owner)

\_\_\_\_\_  
Person who can attest to the above information

**\* SIGNED NOTORIZED DOCUMENT AND PROOF OF NO DELINQUENT TAXES TO WEBB COUNTY.**

The State of Texas

County of Webb

Before me, a Notary Public, on this day personally appeared \_\_\_\_\_, know to me (or proved to me on the oath of \_\_\_\_\_ to be the person whose name is subscribed to the forgoing instrument and acknowledged to me that he executed the same for the purpose and consideration therein expressed.

Given under my hand and seal of office this \_\_\_\_ day of \_\_\_\_\_ 2016.

Notary Public, State of Texas

\_\_\_\_\_

(Print name of Notary Public here)

My commission expires the \_\_\_\_ day of \_\_\_\_\_ 20\_\_.