

**SOLICITATION NO: R-11-020-DS**

**RELEASE DATE: September 27, 2011**

### REQUEST FOR PROPOSALS

**Other Post Employment Benefits (OPEB)
Trust Services – Exhibits in MS Word**

**Deadline: October 24, 2011 @ 2:00 PM Central Time**

**SUBMITTAL RESPONSE CHECKLIST**

Project Name:

Use the checklist to ensure that the proposal is complete by checking off each item included with your response. Your proposal should be arranged and tabbed in the order of this checklist. Sign and date this form and include this page with each proposal.

[ ]  Respondent Questionnaire

[ ]  Completed and signed W-9 Form

[ ]  Firm and Team Qualifications and Experience

[ ]  Trust and Trustee Products and Services

[ ]  Investment Services

[ ]  Fee Proposal

[ ]  Quality Assurance/Control

[ ]  Attachment A – Asset Allocations

[ ]  Attachment B – Fee Proposal

[ ]  Exhibit “A” – Copy of Current Certificate of Liability Insurance and Respondent’s commitment letter to provide the lines of insurance coverage required.

[ ]  Exhibit “B” – Conflict of Interest Questionnaire

[ ]  Attached Envelope with Financial Information per Section 12

I certify that the proposal submitted includes the items as indicated above.

 Signature Date

 Printed Name

 Title

**RESPONDENT QUESTIONNAIRE**

**PROJECT NAME:**

**Instructions:**  The Respondent Questionnaire is a required questionnaire. Complete the questionnaire by inserting the requested information. Do not modify or delete the questions.

**GENERAL INFORMATION**

1. **Respondent Information:** Provide the following information regarding the Respondent.

(NOTE: Co-Respondents are two or more entities proposing as a team or joint venture with each signing the contract, if awarded. Sub-contractors are not Co-Respondents and should not be identified here. If this proposal includes Co-Respondents, provide the required information in this Item #1 for each Co-Respondent by copying and inserting an additional block(s) before Item #2.)

 Respondent Name:

 (NOTE: Give exact legal name as it will appear on the contract, if awarded.)

Principal Address:

 City: State: Zip Code:

Telephone No. Fax No:

Social Security Number or Federal Employer Identification Number:

2. **Ownership of Proposer**. If not publicly owned, provide a list of the names of the equity owners with their percentage ownership, as well as pertinent contact information (attach additional pages, if necessary).

 Name: Percentage of Ownership

 Address: Phone/Fax: Email:

Name: Percentage of Ownership

 Address: Phone/Fax: Email:

Name: Percentage of Ownership

 Address: Phone/Fax: Email:

Name: Percentage of Ownership

3. **Contact Information:** List the one person who SAWS may contact concerning your proposal or setting dates for meetings.

Name:

Address:

City: State: Zip Code:

Telephone No. Fax No:

Email:

4. Identify the principal contact person authorized to commit the Respondent to a contractual agreement.

5. Identify the primary line of business for your firm:

6. Identify any other service locations or offices:

4. Does Respondent anticipate any mergers, transfer of organization ownership, management reorganization, or departure of key personnel within the next twelve (12) months?

Yes [ ]  No [ ]

5. Is Respondent authorized and/or licensed to do business in Texas?

Yes [ ]  No [ ]  If “Yes”, list authorizations/licenses.

6. **Debarment/Suspension Information:** Has the Respondent or any of its principals been debarred or suspended from contracting with any public entity?

Yes [ ]  No [ ]  If “Yes”, identify the public entity and the name and current phone number of a representative of the public entity familiar with the debarment or suspension, and state the reason for or circumstances surrounding the debarment or suspension, including but not limited to the period of time for such debarment or suspension.

7. **Bankruptcy Information:**  Has the Respondent ever been declared bankrupt or filed for protection from creditors under state or federal proceedings?

Yes [ ]  No [ ]  If “Yes”, state the date, court, jurisdiction, cause number, amount of liabilities and amount of assets.

8. Provide any other names under which Respondent has operated within the last 10 years.

9. **Litigation Disclosure**: Respond to each of the questions below by checking the appropriate box. Failure to fully and truthfully disclose the information required in the Litigation Disclosure questions may result in the disqualification of your proposal from consideration or termination of the contract, once awarded.

a. Have you or any member of your Firm or Team to be assigned to this project ever been indicted or convicted of a felony or misdemeanor greater than a Class C in the last five (5) years?

 Yes [ ]  No [ ]

b. Have you or any member of your Firm or Team to be assigned to this project been terminated (for cause or otherwise) from any work being performed for the San Antonio Water System or any other Federal, State or Local Government, or Private Entity?

 Yes [ ]  No [ ]

c. Have you or any member of your Firm or Team to be assigned to this project been involved in any claim or litigation with the San Antonio Water System or any other Federal, State or Local Government, or Private Entity during the last ten (10) years?

 Yes [ ]  No [ ]

 If you have answered “Yes” to any of the above questions, please indicate the name(s) of the person(s), the nature, and the status and/or outcome of the information, indictment, conviction, termination, claim or litigation, as applicable. Any such information should be provided on a separate page, attached to this form and submitted with your proposal.

10. **Compliance Agreement:**

Nondisclosure. No information obtained by Respondent from SAWS shall be disclosed by Respondent to any third party. In the event Respondent is subject to the Texas Public Information Act, upon receipt of a request for any information obtained by Respondent, Respondent shall provide notice to SAWS of the request along with a copy of the request, and give SAWS the opportunity to respond to the request prior to its release by Respondent.

No Lobbying and Compliance with Law. During the selection process for the project named in this RFP, Respondent agrees to comply with all applicable laws and regulations, including but not limited to restrictions against direct or indirect lobbying of public officials. Respondent agrees not to make or permit to be made any improper payments, or to perform any unlawful acts.

This agreement shall be construed to be enforceable to the maximum extent permitted by law.

Failure to complete this question or comply with its terms may subject this firm to elimination from the selection process at any time.

Does the Respondent agree to the above?

Yes [ ]  No [ ]

11. **Financial Information:** Respondent is required to firm’s most recent audited financial statement. This may be submitted as a single copy, in a sealed envelope separate from the proposal

Yes [ ]  No [ ]

12. **Contract Terms and Conditions:** Respondent acknowledges having read the contract attached to this RFP. By responding to this RFP/RFQ, Respondent agrees to these terms and conditions.

No Exceptions [ ]  Exceptions [ ]  If “Exceptions”, they must be submitted with the proposal. Respondents shall submit exceptions with proposed alternative language to SAWS as an attachment accompanying this questionnaire.

Exceptions will not be accepted after the proposal due date and time. At the sole discretion of SAWS, the type and nature of exceptions may be grounds for disqualification.

13. **Addendums:** Each Respondent is required to acknowledge receipt of all addendums.

None [ ]  Yes [ ]  If “Yes”, Identify.

The information provided above is true and accurate to the best of my knowledge. Furthermore, we understand that failure to complete the Respondent Questionnaire may subject this firm to elimination from the selection process.

 Signature Date

 Printed Name

 Title

**Attachment A**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Asset Allocations** | **Yes, Always** | **Available, At No Additional Charge**  | **Available, With Additional Fee(s), Specify** | **No/Not Applicable** |
| **1** | Only one asset allocation is available |   |   |   |   |
| **2** | Multiple pre-established asset allocations are available, there are \_\_\_(specify number of choices) |   |   |   |   |
| **3** | Each employer may set its own unique allocations |   |   |   |   |
| **Separate Accounts, Pooled Accounts, Proprietary Investments** |   |   |   |   |
| **4** | Each employer has its own account with its own securities (e.g., mutual fund shares) |   |   |   |   |
| **5** | Investment management is at the discretion of the provider. Provider selects securities such as mutual funds, stocks, or bonds.  |   |   |   |   |
| **6** | Investment management is non-discretionary, with the employer having significant input. |   |   |   |   |
| **7** | Pooling: Assets of multiple employers are pooled for investment purposes |   |   |   |   |
| **8** | Pooling: Assets of employers from multiple states are pooled for investment purposes |   |   |   |   |
| **9** | Pooling: OPEB assets are pooled with assets of other types (e.g., pension, endowment, IRAs) |   |   |   |   |
| **10** | Investments use a fund of funds which primarily owns other mutual funds, exchange traded funds, or collective trusts |   |   |   |   |
| **11** | All investments are proprietary |   |   |   |   |
| **12** | Some investments are proprietary |   |   |   |   |
| **13** | No investments are proprietary |   |   |   |   |
| **14** | Separately Managed Accounts and/or Unified Managed Accounts are available |   |   |   |   |
| **Permitted Investments** |   |   |   |   |
| **15** | Mutual funds |   |   |   |   |
| **16** | Directly held equities |   |   |   |   |
| **17** | Directly held bonds |   |   |   |   |
| **18** | REITS |   |   |   |   |
| **19** | Directly held real estate  |   |   |   |   |
| **20** | Commodities |   |   |   |   |
| **21** | Hedge funds |   |   |   |   |
| **22** | Other permitted investments (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   |   |   |   |
| **Excluded or Targeted Investments** |   |   |   |   |
| **23** | Investments such as tobacco or Sudan can be excluded |   |   |   |   |
| **24** | Investments such as green or local can be specifically researched, potentially added |   |   |   |   |
| **25** | Small, local, emerging, minority, or women-owned investment managers can be specifically researched |   |   |   |   |

**Note:** For discretionary management of assets, please provide 1, 3, and 5 year return history and expenses.

**Attachment B – Fee Proposal**

Based on the projected funding listed below, provide the fee information for the requested services.

|  |  |
| --- | --- |
| **Year** | **Annual Contribution** |
| 2011 | $8,000,000 |
| 2012 | $4,000,000 |
| 2013 | $6,000,000 |
| 2014 | $8,000,000 |
| 2015 | $8,000,000 |

**Trust Services**

Fees relating to Trust Services must be all-inclusive. No additional reimbursement will be provided for travel, expenses, telephone cost, copying cost, etc.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Year 1 | Year 2 | Year 3 | Year 4-5 Option |
| Trust Document Fee | $ | $ | $ | $ |
| Trustee Fee | $ | $ | $ | $ |
| Private Ruling Letter | $ | $ | $ | $ |
| Termination/Transfer Fee | $ | $ | $ | $ |
| Other: (please list) |  |  |  |  |
|  | $ | $ | $ | $ |
| Total All-In Cost | $ | $ | $ | $ |

Comments:

**Investment Services**

Please provide tier pricing for the duration of the contract based on the total dollar value of trust assets managed. If your firm’s pricing structure is not based on an annual percentage of total dollar of assets managed, please describe your alternative pricing structure. For example, if fund assets will be invested in mutual funds, please list the name of the mutual fund, cusip, total expense ratio, and any associated administrative fees. Fees must be all-inclusive to incorporate total cost of investing in the program or funds such as asset manager(s)’ fees, expense ratios, trading fees, sub-account expenses, separate account and other asset-based administrative expenses that are added to the base or sub-advisor investment management fees. You must disclose any form of compensation that you will receive from any souse relating to the management of SAWS’ OPEB assets.

|  |  |
| --- | --- |
|  | Annual % of Assets Managed |
| First $ million |  % |
| Next $ million |  % |
| Next $ million |  % |
| Next $ million |  % |
| Above $ million |  % |

**Firm’s Alternative Pricing Structure (if different from above):**

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Comments:**

**Exhibit “A”**

SAWS STANDARD INSURANCE & CERTIFICATE OF LIABILITY INSURANCE REQUIREMENTS

1. **Commercial Insurance Specifications (“Specifications”):**
	* 1. Commencing on the date of this Contract, the CONSULTANT shall, at his own expense, purchase, maintain and keep in force such lines of insurance coverage as will protect him and the San Antonio Water System (“SAWS”) and the City of San Antonio (“the City”) and their employees and agents from claims, which may arise out of or result from his operations under this Contract, whether such operations are by himself, by any sub-consultant, supplier or by anyone directly or indirectly employed by any of them or by anyone for whose acts any of them may be liable, including, without limitation, the following lines of insurance coverage:
2. **Workers' Compensation (WC)** insurance that will protect the CONSULTANT, SAWS and the City from claims under statutory Workers' Compensation laws, disability laws or such other employee benefit laws and that will fulfill the requirements of the jurisdiction in which the work is to be performed.

This **line of insurance coverage** shall be endorsed to provide a **Waiver of Subrogation** in favor of SAWS and the City with respect to both this insurance coverage and the **Employers' Liability (EL)** insurance (as specified immediately below in section 1**.a.2**)).

1. **Employers' Liability (EL)** insurance (**Part 2** under the standard Workers’ Compensation insurance policy) that will protect the CONSULTANT, SAWS and the City for damages because of bodily injury, sickness, disease of vendor's employees apart from that imposed by Workers' Compensation laws.

The **EL** line of insurance coverage shall have minimum policy limits of liability of not less than:

 $ 1,000,000.00 Bodily Injury by Accident

 1,000,000.00 Bodily Injury by Disease - Each Employee

 1,000,000.00 Bodily Injury by Disease - Policy Limit

1. **Commercial General Liability (CGL)** insurance that will protect the CONSULTANT, SAWS and the City from claims for damages because of bodily injury, personal injury, sickness, disease or death and insurance that will protect the CONSULTANT, SAWS and the City from claims for damages to or destruction of tangible property of others, including loss of use thereof.

This line of insurance coverage shall:

* Cover independent contractors;
* Not include any exclusions relating to blasting, explosion, collapse of buildings or damage to underground property;
* Afford coverage for Products Liability and/or Completed Operations and, Contractual Liability.

The minimum policy limits of liability for this line of insurance coverage shall be:

 $ 1,000,000.00 Occurrence Limit

 2,000,000.00 General Aggregate

 2,000,000.00 Products/Completed Operations Aggregate

 1,000,000.00 Personal and Advertising Injury

 1,000,000.00 Contractual Liability

This line of insurance coverage shall be endorsed:

* Naming SAWS, and the City as an **Additional Insured**; and
* To provide a **Waiver of Subrogation** in favor of SAWS and the City.
1. **Commercial/Business Automobile Liability (AL)** insurance (if applicable) that will protect the CONSULTANT, SAWS and the City from claims for damages arising out of the maintenance, operation, or use of any owned, non-owned or hired vehicles.

Minimum policy limits of liability for this line of insurance coverage for bodily injury and property damage **combined** shall be not less than $1,000,000.00 per each occurrence.

This line of insurance coverage shall be endorsed:

* Naming SAWS, and the City as an **Additional Insured**; and
* To provide a **Waiver of Subrogation** in favor of SAWS and the City.
1. **Professional Liability** **(PL)** (Trust/Investors errors and omissions) insurance with minimum coverage limits of $5,000,000 per claim, $5,000,000 in the aggregate **and,** if this line of coverage is written on a “Claims Made” form, the CONSULTANT must maintain this line of insurance coverage for **a** period of at least twenty-four (24) months after the date of Contract termination.

**NOTE** - For Professional Liability, include in writing on the **Certificate of Liability Insurance** (“Certificate”) the coverage form under which the respective line of coverage is written – either:

* **Claims-made form**; if the coverage form declared on the Certificate is the Claims-made form, the “**Retro-date**” for this line of coverage must also be included on the Certificate as well; **or**
	+ **Occurrence basis** – no additional wording required.

**6) Security and Privacy Liability** insurance to defend and cover the information security and privacy liability exposures (financial loss, penalties, and defense costs) that exist with the Consultant, SAWS and the City, with minimum coverage limits of $5,000,000 per claim, $5,000,000 in the aggregate.

The Security and Privacy Liability insurance shall provide the following coverage:

• Broad coverage for the expenses associated with an incident, including:

* + Compliance with data breach notification laws;
	+ Securing legal counsel to advise on incident response;
	+ Providing credit file monitoring to victims;
	+ Hiring forensic experts to investigate the breach; and
	+ Paying regulatory defense and penalties from privacy law violations

• Coverage for legal liabilities including those arising from failure to comply with state or federal breach notification laws or privacy policies and/or to administer a government-mandated identity theft prevention program.

If **Security and Privacy Liability** line of coverage is written on a “Claims Made” form, the CONSULTANT must maintain this line of insurance coverage for **a** period of at least twenty-four (24) months after the date of Contract termination.

**NOTE** - For **Security and Privacy Liability**, include in writing on the **Certificate of Liability Insurance** (“Certificate”) the coverage form under which the respective line of coverage is written – either:

* **Claims-made form**; if the coverage form declared on the Certificate is the Claims-made form, the “**Retro-date**” for this line of coverage must also be included on the Certificate as well; **or**
	+ **Occurrence basis** – no additional wording required.

7) **Financial Institution Bond** in the amount of 10% of Plan funds handled, subject to a $500,000 maximum amount per plan.

1. CONSULTANT shall require all Sub-consultants to carry lines of insurance coverage appropriate to their scope of Work and submit copies of Sub-consultants’ Certificates of Liability Insurance upon request by SAWS.
2. CONSULTANT agrees that with respect to the above required lines of insurance, all insurance policies are to contain or be endorsed to the extent, not inconsistent with the requirements of the issuing insurance carrier, to provide for an endorsement that the "other insurance" clause shall not apply where SAWS and the CITY are an Additional Insured shown on the policy if such endorsement is permitted by law and regulations.
3. CONSULTANT shall, upon request of SAWS, provide copies of all insurance policies and endorsements required under Contract.
4. CONSULTANT is responsible for the deductibles under all lines of insurance coverage required by these Specifications.
5. The stated policy limits of each line of insurance coverage required by these Specifications are MINIMUM ONLY and it shall be the CONSULTANT's responsibility to determine what policy limits are adequate and the length of time each line of insurance coverage shall be maintained; insurance policy limits are not a limit of the CONSULTANT's liability.
6. These minimum limits required of each line of insurance coverage may be either basic policy limits of the WC, EL, CGL and AL or any combination of basic limits or umbrella (Umbrella form) or excess (Other Than Umbrella form) limits. SAWS acceptance of Certificate(s) that in any respect, do not comply with these Specifications, does not release the CONSULTANT from compliance herewith.
7. Within five (5) calendar days of a suspension, cancellation or non-renewal of any required line of insurance coverage, the CONSULTANT shall provide SAWS a replacement Certificate with all applicable endorsements included. SAWS shall have the option to suspend the CONSULTANT's performance should there be a lapse in coverage at any time during this Contract.
8. Each line of insurance coverage that is specified under these Requirements shall be so written so as to provide SAWS and the City thirty (30) calendar days advance written notice directly of any suspension, cancellation or non-renewal or material change in coverage, and not less than ten (10) calendar days advance written notice for nonpayment of premium.
9. Failure to provide and to maintain the required lines of insurance coverage shall constitute a material breach of this contract.
10. In addition to any other remedies, SAWS may have, upon the CONSULTANT's failure to provide and maintain any insurance or policy endorsements to the extent and within the time herein required, SAWS shall have the right to order the CONSULTANT to stop performing services hereunder and/or withhold any payment(s) which become due to the CONSULTANT hereunder until the CONSULTANT demonstrates compliance with the Specifications hereof.
11. Nothing herein contained shall be construed as limiting, in any way, the extent to which the CONSULTANT may be held responsible for payments for damages to persons or property resulting from the CONSULTANT 's or its sub-consultant's performance of the services covered under this Contract.
12. It is agreed that the CONSULTANT’s insurance shall be deemed primary and non-contributory with respect to any insurance or self insurance carried by SAWS, the City and their employees and agents for liability arising out of operations under this Contract.
13. CONSULTANT agrees that all lines of insurance coverage required by these Specifications shall be with insurance companies, firms or entities that have an **A.M. Best** rating of "**A- (“A”- minus)”** and a **Financial Size Category** of a “**VII**" or better. All lines of insurance coverage shall be of an "Occurrence" type except for the Professional and the Security and Privacy Liability lines of insurance coverage.

SAWS will accept worker's compensation insurance coverage written by the Texas Workers Compensation Insurance Fund.

1. SAWS reserves the right to review the above stated insurance specifications during the effective period of this Contract and any extension or renewal hereof and to request modification of lines of insurance coverage and their respective liability limits when deemed necessary and prudent by SAWS’ Risk Manager and Legal Department based upon changes in statutory law, court decisions, or circumstances surrounding this Contract.

In no instance will SAWS and the City allow modification whereupon SAWS and the City may incur increased risk exposure.

* 1. **Certificate(s)** **of Liability Insurance (“Certificate”) Requirements**

Prior to the commencement of any Services under this Contract and once notified by SAWS Contracting Official that your Company has been selected as the apparent successful CONSULTANT pursuant to a Request for Proposal selection process, pending Board final approval, and, a request is made for you to submit your Company’s Certificate of Liability Insurance, that Certificate must meet all of the following requirements:

1. The CONSULTANT shall have completed by its insurance agent(s), and submitted to SAWS Contracting Department within 5 business days, a **Certificate(s) of Liability Insurance** (“Certificate(s)”) providing evidence of the lines of insurance coverage pursuant to Section 1.a.1) through 1.a.7) above.
2. The original Certificate(s) or form must include the agent's original signature, including the signer's company affiliation, mailing address, Office and FAX phone numbers, email address, and contact person’s name; and, be mailed, with copies of all applicable endorsements, directly from the insurer's authorized representative in strictly compliance with sections 2.g. (**Certificate Holder**) and 2.h. (**Distribution of Completed Certificates**) below.
3. SAWS will not accept Memorandum of Insurance or Binders as proof of insurance.
4. SAWS shall have no duty to pay or perform under Consulting Services Agreement until such certificate(s) and applicable endorsements have been received, reviewed and deemed 100% compliant with the Insurance Specifications contained herein by SAWS’ Risk Management/Contract Services Department. No one other than SAWS Risk Manager shall have authority to waive any part of these requirements.
5. The SAWS Project/Contract number(s) along with its Descriptor Caption **must be included** in the Description of Operations section located in the bottom half of the standard ACORD Certificate forms.
6. **Certificate Holder** - SAWS shall be shown as the Certificate Holder in the Certificate Holder section located in the bottom half of the standard ACORD Certificate forms and formatted as follows:

**San Antonio Water System**

**c/o Ebix BPO**

**PO Box 257**

**Ref. # 107-(Lawson Acct’s Payable Vendor #)-(SAWS Contract/Project #)\***

**Portland, MI 48875-0257**

**\****SAWS Contracting Official will include in the above address, the correct, complete Ref# in the written confirmation of your selection as a CONSULTANT pending final Board approval.*

 **DO NOT BEGIN THE DISTRIBUTION OF ANY CERTIFICATE(S) BEFORE RECEIVING AND INSERTING THE COMPLETE REFERENCE NUMBER INTO THE CERIFICATE HOLDER ADDRESS SHOWN ABOVE.**

1. **Distribution of Completed Certificates** - Completed **Certificates** shall be distributed by the Consultant as follows:
2. Send Original:
	1. By **Mail**:

San Antonio Water System

C/O Ebix BPO

P.O. Box 257

Ref. #107-**(***Same as the Certificate Holder name/address shown above*.)

Portland, MI 48875-0257

* 1. By **Fax**: 1-517-647-7900
	2. By **E-Mail**: CertsOnly@periculum.com
1. Send Copy to the following:

San Antonio Water System

Attention: Contract Administration

P.O. Box 2449

San Antonio, TX 78298-2449

1. CONSULTANT shall be responsible for obtaining Certificates of Insurance from the first tier Sub-consultant, and upon request furnish copies to SAWS.
2. **SURVIVAL**

Any and all representations, conditions and warranties made by Consultant under this Contract including, without limitation, the provisions of Section 1.a.2), 1.a.3) and 1.a.4) of these **Commercial** **Insurance Specifications and Certificates of Liability Insurance Requirements** are of the essence of this Contract and shall survive the execution and delivery of it, and all statements contained in any document required by SAWS whether delivered at the time of the execution, or at a later date, shall constitute representations and warranties hereunder.

|  |
| --- |
| **CONFLICT OF INTEREST QUESTIONNAIRE FORM CIQ****For vendor or other person doing business with local governmental entity** |
| **This questionnaire reflects changes made to the law by H.B. 1491, 80th Leg., Regular Session**.This questionnaire is being filed in accordance with Chapter 176, Local Government Code by a person who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the person meets requirements under Section 176.006(a).By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the person becomes aware of facts that require the statement to be filed. See Section 176.006, Local Governmental Code.A person commits an offense if the person knowingly violates Section 176.006, Local Government code. An offense under this section is a Class C misdemeanor. | **OFFICE USE ONLY** |
| Date Received |
| 1. **Name of person doing business with local governmental entity.** |
| 2 [ ]  **Check this box if you are filing an update to a previously filed questionnaire.**(The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date the originally filed questionnaire becomes incomplete or inaccurate.) |
| 1. **Name of local government officer with whom filer has employment or business relationship.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Name of OfficerThis section (item 3 including subparts A, B, C & D) must be completed for each officer with whom the filer has an employment or business relationship as defined by Section 176.001 (1-a), Local Government Code.. Attach additional pages to this Form CIQ as necessary.* 1. Is the local government officer named in this section receiving or likely to receive taxable income, other than investment income, from the filer of the questionnaire?

 [ ]  Yes [ ]  No* 1. Is the filer of the questionnaire receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer named in this section AND the taxable income is not received from the local governmental entity?

 [ ]  Yes [ ]  No* 1. Is the filer of this questionnaire employed by a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?

 [ ]  Yes [ ]  No* 1. Describe each employment or business relationship with the local government officer named in this section.
 |
|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of person doing business with the governmental entity Date |