



REQUEST FOR QUALIFICATIONS

Information Technology Consulting and Technical Support Services Task Order Contracts

Solicitation No.: Q-18-001-JG

Addendum 4 | February 28, 2018

CLARIFICATIONS

1. A RFQ Response Packet is being provided as part of this Addendum and is also being made available as a separate document on SAWS' website at the following link:

https://www.saws.org/business_center/ContractSol/RFQ/2121/RFQ%20Response%20Packet.pdf

Respondents should use the RFQ Response Packet when submitting a proposal, which will greatly assist to ensure they are using the latest forms.

Please note, if a Respondent is submitting a proposal for more than one (1) functional area, they should reference the RFQ Response Matrix, provided in this Addendum, for those forms that may need to be submitted more than once.

2. If submitting for more than one (1) functional area, projects listed for question 1., under Attachment B – Evaluation Criteria Form: Similar Past Projects and Performance, may be repeated if those projects show experience for said functional areas.
3. A RFQ Response Matrix, Attachment 1, is being provided as part of this Addendum to better assist Respondents who will be submitting for multiple functional areas.
4. Attachment A, of the Evaluation Criteria Form: Experience and Qualifications within the RFQ Response Packet has been revised as part of this Addendum as **Question 2 must now be answered for each functional area** the Respondent is submitting for.

END OF CLARIFICATIONS

QUESTIONS AND ANSWERS

1. Question: Just to make sure I'm understanding correctly, the first section of both Attachment A and Attachment B call for a separate copy for each functional area that we are applying for. So, if we are applying for all five functional areas, we would fill out section 1 of Attachment A and section 1 of Attachment B five times each, correct?

Answer: Yes. Also, see Changes to the RFQ #1 within this Addendum, which adds one more question that will require a separate response for each functional area the Respondent is submitting for.

Also, see Addendum 4 Attachment 1 - Response Matrix for further guidance on which items may need to be submitted more than once if Respondent is submitting for more than one (1) functional area.

2. Question: My big question was, do we also need to fill out five copies of all the other sections as well, or just section 1? Do any of the other attachments or exhibits require multiple copies?

Answer: If a Respondent is submitting for more than one (1) functional area, only questions that indicate 'per functional area' need to be submitted more than once. Other attachments or exhibits, outside of Evaluation Criteria forms provided within the RFQ Response Packet, do not need to be submitted more than once. See Attachment 1 of this Addendum, RFQ Response Matrix, for further guidance on which items may need to be submitted more than once if Respondent is submitting for more than one (1) functional area.

3. Question: Can you provide details on current data volume by application? Reference: Section I.B.3

Answer: See Answer to Question 21 in Addendum 3.

4. Question: Currently, how can a responder be scored on the M/WBE% when no price is being quoted?

Answer: Please list percentages of participation for your own firm (prime consultant), and the percentages of participation for all sub-consultants, instead of dollar amounts.

Both SMWB and non-SMWB sub-consultants should be listed in the Good Faith Effort Plan. The percentages of participation are expressed as percentages of the overall value of the contract. In other words, if your firm is awarded a contract, the percentages that you list will be percentages of the final value of the contract.

When listing percentages for any sub-consultants, please consider what percentages your team would need to be assigned to accomplish the task/s to San Antonio Water System's expectations. Please note that the Good Faith Effort Plan document requests estimated percentages of participation.

Also, see # 5 Changes to the RFQ within this Addendum. The revised GFEP now includes one extra column allowing firms to identify which sub-consultants will be used for which functional areas.

END OF QUESTIONS AND ANSWERS

CHANGES TO THE RFQ

1. *Page 4, remove and replace item 2. of Experience and Qualifications, under II. Selection Process – C. Evaluation Criteria Summary – Evaluation Criteria Summary Table, with the following:*
 2. Identify any sub-consultants that are included as part of the proposed team, their role, and related experience for this project **for each functional area your firm is submitting**.

2. *Page 5, remove and replace item 7 of Experience and Qualifications, under II. Selection Process – C. Evaluation Criteria Summary – Evaluation Criteria Summary Table, with the following:*
 5. *On a separate 8 ½” x 11” sheet(s) (not to exceed five (5) pages **per functional area**), provide key staff resumes indicating the capabilities and experience of each team member. Resumes should describe their professional qualifications and include the team member’s name, title, education, licenses, certifications, associations, and brief overview of professional experience.*

3. *Page 5, remove the words “client references” from item 2 of Similar Past Projects and Performance, under II. Selection Process – C. Evaluation Criteria Summary – Evaluation Criteria Summary Table.*

4. *Page 9, insert paragraph 2 as part of item 1. under V. Other Required Documents to Submit – A. Exhibit “A” – Insurance Requirements and Proof of Insurability.*

Or, in lieu of a copy of a Certificate(s) of Insurance, Respondent may submit a letter from their insurance company confirming that they will provide the required insurance coverage that meets the insurance requirements should a contract be awarded under this RFQ.

5. *Page 15, remove and replace Submittal Response Checklist and use the revised version within the RFQ Response Packet included with this Addendum.*

6. *Page 37, remove and replace Exhibit “B” Good Faith Effort Plan for Professional Services SUB-CONSULTING for: Information Systems Consulting and Technical Support Services Task Order Contract with the revised version within the RFQ Response Packet included with this Addendum, which should be used by Respondent’s when submitting a proposal for this RFQ.*

END OF CHANGES TO THE RFQ

No other items, dates, or deadlines for this RFQ are changed.

END ADDENDUM 4

This Addendum, including these three (3) pages, is twenty-seven (27) pages with attachments in its entirety.

Attachments: RFQ Response Matrix – Attachment 1
RFQ Response Packet – Attachment 2

**Attachment 1
RFQ Response Matrix**

Please note: Any other required forms or questions not listed below, only require 1 copy or response with the Respondent’s Proposal.

		<i>Number of Times Required Item is Being Submitted</i>						
		Required Items	For ONE Functional Area	For TWO Functional Areas	For THREE Functional Areas	For FOUR Functional Areas	For FIVE Functional Areas	For SIX Functional Areas
Attachment A Evaluation Criteria Form: Experience and Qualifications	Question 1	1	2	3	4	5	6	
	Question 2	1	2	3	4	5	6	
Attachment B Evaluation Criteria Form: Similar Past Projects and Performance	Question 1 (For Projects #1, #2, & #3)*	1 (3 projects total)	2 (6 projects total)	3 (9 projects total)	4 (12 projects total)	5 (15 projects total)	6 (18 projects total)	

**Clarification in Addendum*

SUBMITTAL RESPONSE CHECKLIST

Project Name: Information Systems Consulting and Technical Support
Services Task Order Contracts

Firm Name: _____

Use the checklist to ensure the proposal is complete by checking off each item included with your firm's response. Sign and date this form and include this page with your firm's proposal.

- RFQ Response Packet (provided with Addendum 4)*
- Completed and signed W-9 Form, and include email address or fax number
- Organizational Chart (as part of Attachment A – Evaluation Criteria Form: Experience and Qualifications)
- Key staff resumes (as part of Attachment A – Evaluation Criteria Form: Experience and Qualifications)
- Copy of Current Certificate of Liability Insurance or Letter from Insurance Company

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

****Review the Response Matrix provided in Addendum 4 to determine which documents may need to be submitted more than once if submitting a proposal for multiple functional areas.***

Signature

Date

Printed Name

Title

Services Submittal Identification Form

This page must be attached to the front of the proposal.

Indicate which areas of expertise your firm could provide if selected.

Firm Name: _____

Check all that apply:

- 1. Enterprise Databases
- 2. IT Infrastructure
- 3. Application Development Service Provider
- 4. Information Security Services
- 5. Networking
- 6. Custom Application Development and Cloud Platforms



San Antonio Water System

RESPONDENT QUESTIONNAIRE

PROJECT NAME: Information Systems Consulting and Technical Support Services Task Order Contract

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. **Operational 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: _____

3. **Legal Contact Information:** If a contract were to be awarded, list where all notices under the Contract shall be sent to. This is in addition to the Operational Contact.

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

Yes No

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

Yes No If "Yes", list authorizations/licenses.

7. **Affirmative Action** - Respondent agrees to adhere to the EEO requirements contained in the /RFQ section V, sub-section B.,1.

Yes No If "No", state reason.

8. **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.

9. **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.

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

11. **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.

12. 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 RFQ, 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

13. Security Procedures: Respondent acknowledges having read the security procedures in Exhibit "D" and understands the requirements. Respondent is prepared to perform at their own expense background security checks on their employees, or the employees of their consultants or sub-consultants if requested by SAWS.

Yes No

14. No Boycotting Israel Verification: Respondent acknowledges having read the No Boycotting Israel Verification Exhibit "G" and understands the requirements. Respondent can and will make this verification if awarded a contract.

Yes No

15. **Contract Terms and Conditions:** Respondent acknowledges having read the contract attached to this RFQ. By responding to this 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.

16. **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 Evaluation Criteria Form: Experience and Qualifications

*When responding to the questions below, use only the space provided in this form, unless otherwise indicated. **If all fields are not completed, the proposal may be found non-responsive.** It is **not** acceptable to indicate “see attached” as a response on this form. Spatial limitations are in place to ensure consistency and conciseness with responses. Character limits include spaces. Text is restricted to Arial, 10 point font.*

- 1) Describe your experience relevant to the Scope of Services requested by this RFQ **for each functional area your firm is submitting**. Use this page as a form for EACH functional area your firm is submitting for. 2,812 character limit PER functional area.

Indicate which functional area the below experience describes.

Attachment A
Evaluation Criteria Form: Experience and Qualifications
(continued)

- 2) Identify any sub-consultants that are included as part of the proposed team, their role, and related experience for this Project **for each functional area your firm is submitting**. *Use this page as a form for EACH functional area your firm is submitting for. 1,368 character limit PER functional area.*

Indicate which functional area the below describes.

Attachment A
Evaluation Criteria Form: Experience and Qualifications
(continued)

3) Identify any additional skills, experience, and/or qualifications your firm or team would like SAWS to consider. *456 character limit.*

4) Describe experience with Information Technology projects and practices including examples of how your firm successfully coordinated with key stakeholders and met all project requirements. *456 character limit.*

Attachment A
Evaluation Criteria Form: Experience and Qualifications
(continued)

- 5) Provide information about your firm's ability to complete work according to schedule, more specifically for projects in which the deadline was tight and/or expedited. *1,368 character limit.*
- 6) *On a separate 8 ½" x 11" sheet*, provide an organizational chart of the firm and the key staff who will be assigned to this Project. The organizational chart should include any key staff and sub-consultants identified under the Experience and Qualifications Evaluation criterion. This (1) page is not restricted to text requirements.
- 7) *On a separate 8 ½" x 11" sheet(s) (not to exceed five (5) pages **per functional area**)*, provide key staff resumes indicating the capabilities and experience of each team member. Resumes should describe their professional qualifications and include the team member's name, title, education, licenses, certifications, associations, and brief overview of professional experience.

Attachment B Evaluation Criteria Form: Similar Past Projects and Performance

When responding to the questions below, use only the space provided in this form, unless otherwise indicated. **If all fields are not completed, the proposal may be found non-responsive.** It is **not** acceptable to indicate “see attached” as a response on this form. Spatial limitations are in place to ensure consistency and conciseness with responses. Character limits include spaces. Text is restricted to Arial, 10 point font.

- 1) List and describe **three (3) relevant projects** of similar size and scope performed over the past five (5) years for **each functional area your firm is submitting for**. Include contract value and identify project owner, valid and recently verified contact information to include name, current phone number, and e-mail address. *Use this page as well as the following two (2) pages for EACH functional area your firm is submitting for.*

Project #1 Name:			
What Functional Area is this Project for?:			
Description. <i>Characters are limited to 600:</i>			
Key Personnel (to include personnel titles and specific project tasks). <i>Characters are limited to 780:</i>			
Number of Change Orders (not requested by the Project Owner).			
Contract Value:			
Project Owner Name:		Project Owners's Current Facsimile Number:	
Project Owner's Current Phone Number:		Project Owner's Current E-mail Address:	

Attachment B
Evaluation Criteria Form: Similar Past Projects and Performance
(continued)

Project #2 Name:			
What Functional Area is this Project for?:			
Description. <i>Characters are limited to 600:</i>			
Key Personnel (to include personnel titles and specific project tasks). <i>Characters are limited to 780:</i>			
Number of Change Orders (not requested by the Project Owner).			
Contract Value:			
Project Owner Name:		Project Owners's Current Facsimile Number:	
Project Owner's Current Phone Number:		Project Owner's Current E-mail Address:	

Attachment B
Evaluation Criteria Form: Similar Past Projects and Performance
(continued)

Project #3 Name:			
What Functional Area is this Project for?:			
Description. <i>Characters are limited to 600:</i>			
Key Personnel (to include personnel titles and specific project tasks). <i>Characters are limited to 780:</i>			
Number of Change Orders (not requested by the Project Owner).			
Contract Value:			
Project Owner Name:		Project Owners's Current Facsimile Number:	
Project Owner's Current Phone Number:		Project Owner's Current E-mail Address:	

Attachment B
Evaluation Criteria Form: Similar Past Projects and Performance
(continued)

- 2) List record of terminations for cause and defaults; disciplinary action, including suspension; awards and commendations. *2,812 character limit.*

Attachment C

Evaluation Criteria Form: Task Order Implementation Approach

*When responding to the questions below, use only the space provided in this form, unless otherwise indicated. **If all fields are not completed, the proposal may be found non-responsive.** It is **not** acceptable to indicate “see attached” as a response on this form. Spatial limitations are in place to ensure consistency and conciseness with responses. Character limits include spaces. Text is restricted to Arial, 10 point font.*

- 1) Provide a description of the firm’s overall experience in completing large-scale IT projects with a focus on providing detailed information on approach to all phases of projects with respect to costs as well as maintaining schedule. Include data on change orders/contract addendums as a percentage of total cost as well as total amount for all change orders in each project for which information is provided. *2,812 character limit.*

Attachment C
Evaluation Criteria Form: Task Order Implementation Approach
(continued)

4) Describe any potential alternative innovative approaches to accomplishing the assigned task orders. *1,368 character limit.*

5) Provide an approach on how your firm would provide the IT services required when multiple task orders are issued concurrently. *1,368 character limit.*

EXHIBIT "B"

Good Faith Effort Plan for Professional Services SUB-CONSULTING for:

NOTE: Effective 1/1/17, SMWB points shall only be assessed for consultants and/or sub-consultants who are local and certified as SBEs (including MBEs and WBEs).

NAME OF PROJECT: Information Systems Consulting and Technical Support Services Task Order Contract

SECTION A - PRIME CONSULTANT INFORMATION

Legal Name of Firm, including "doing business as" if applicable: _____

Address of Office to Perform Project Work: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Contact Person: _____

Email Address: _____ Is your firm Certified as an SMWVB? Yes: _____ No: _____

If "Yes", Certification Agency that granted SMWVB designation: _____

Type/s of Certification: SBE: _____ MBE: _____ VBE: _____ WBE: _____

Prime Consultant's Percentage of Participation: (Ex: 100% is the total value of the contract) _____%

1. List ALL SUB-CONSULTANTS/SUPPLIERS that will be utilized on this project/contract. (SMWB AND Non-SMWB)

	Legal Name of Sub-consultant/Supplier (including "doing business as", if applicable).	Address of Office Location to Perform Project Work or Provide Supplies:	Scope of Work/Supplies to be Performed/Provided by Firm:	Estimated Percentage of Participation on this Project:	Certification Type & Certification Agency:	Indicate which Functional Area this Sub-consultant is to be used for:
1						
2						
3						
4						

5						
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SECTION B. – SMWB COMMITMENTS

The SMWB goal on this project is 40%

1. The undersigned proposer has satisfied the requirements of the BID specification in the following manner (please check the appropriate space):

_____The proposer is committed to a minimum of 40 % SMWB utilization on this contract.

_____The proposer, (if unable to meet the SMWVB goal of 40%), is committed to a minimum of % SMWB utilization on this contract.
 _____(If contractor is unable to meet the goal, please fill out Section C and submit documentation demonstrating good faith efforts).

2. Name and phone number of person appointed to coordinate and administer the SMWB requirements on this project.

Name: _____
 Title: _____
 Phone Number: _____
 Email Address: _____

IF THE SMWB GOAL WAS MET, PROCEED TO AFFIRMATION AND SIGN THE GFEP. IF GOAL WAS NOT MET, PROCEED TO SECTION C.

SECTION C – GOOD FAITH EFFORTS (Fill out only if the SMWB goal was not achieved).

1. On a separate sheet of paper, list and attach to this Good Faith Effort Plan written, posted, or published notification to all firms you contacted with sub-consulting/supply opportunities for this project that will not be utilized for the contract by choice of the proposer, sub-consultant, or supplier. Notices to firms contacted by the proposer for specific scopes of work identified for sub-consulting/supply opportunities must be provided to sub-consultant/supplier **not less than five (5) business days prior to proposal due date**. This information is required for all firms that were contacted of sub-consulting/supply opportunities.

Copies of said notices must be provided to the SMWB Program Manager at the time the response is due. Such notices shall include information on the plans, specifications, and scope of work.

2. Did your firm attend the pre-submittal conference scheduled for this project? _____Yes _____No

3. List all SMWB listings or directories, contractor associations, and/or any other associations utilized to solicit SMWB sub-consultants/suppliers:

4. Discuss efforts made to identify elements of the work to be performed by SMWBs in order to increase the likelihood of achieving the goal:

5. Indicate advertisement mediums used for soliciting SMWBs. (Please attach a copy of the advertisement(s):

AFFIRMATION

I hereby affirm that the above information is true and complete to the best of my knowledge. I further understand and agree that, this document shall be attached thereto and become a binding part of the contract.

Name and Title of Authorized Official:

Name: _____

Title: _____

Signature: _____

Date: _____

NOTE:

This Good Faith Effort Plan is reviewed by SAWS Contracting Department. For questions and/or clarifications, please contact Marisol V. Robles, SMWVB Program Manager, at 210-233-3420.

DEFINITIONS

Note: To be eligible for participation in the SAWS Small, Minority, Woman, and Veteran-owned Business Program, a firm must be local, and must be certified as a Small Business Enterprise (SBE). This includes firms certified as Minority and/or Woman-owned Business Enterprises (MBEs and WBEs). SAWS tracks Veteran-owned Business Enterprises (VBEs) for statistical purposes, but does not award points for VBE participation.

Local: A business located in the San Antonio Metropolitan Statistical Area (SAMSA) , which includes the counties of Atascosa, Bandera, Bexar, Comal, Frio, Guadalupe, Kendall, Kerr, McMullen, Medina, Uvalde and Wilson. A business's presence in the SAMSA that consists solely of a P.O. box, a mail drop, or a telephone message center does not count as being local.

Prime Consultant/Contractor: Any person, firm partnership, corporation, association or joint venture which has been awarded a San Antonio Water System contract.

Sub-consultants/contractor: Any named person, firm partnership, corporation, association or joint venture identified as providing work, labor, services, supplies, equipment, materials or any combination of the foregoing under contract with a prime consultant/contractor on a San Antonio

Small, Minority, and Woman-owned Business (SMWB): All business structures Certified by the Small Business Administration, Texas State Comptroller's Office, or the South Central Texas Regional Certification Agency that are 51% owned, operated, and controlled by a Small Business Enterprise, a Minority Business Enterprise, or a Woman-owned Business Enterprise.

Small Business Enterprise (SBE): A business structure that is Certified by the Small Business Administration, Texas State Comptroller's Office or the South Central Texas Regional Certification Agency as being 51% owned, operated and controlled by someone who is legally residing in or a citizen of the United States, and the business structure meets the U.S. Small Business Administration's (SBA) size standard for a small business within the appropriate industry category.

Minority Business Enterprise (MBE): A business structure that is Certified by the Small Business Administration, Texas State Comptroller's Office or the South Central Texas Regional Certification Agency as being 51% owned, operated, and controlled by an ethnic minority group member(s) who is legally residing in or a citizen of the United States. For purposes of the SMWB program, the following are recognized as minority groups:

- a. **African American** – Persons having origins in any of the black racial groups of Africa.
- b. **Hispanic American** – Persons of Mexican, Puerto Rican, Cuban, Spanish or Central or South American origin.
- c. **Asian-Pacific American** – Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands.
- d. **Asian-Indian American** – Persons whose origins are from India, Pakistan, Bangladesh or Sri Lanka.
- e. **American Indian/Native American** – Persons having no less than 1/16 percentage origin in any of the American Indian Tribes, as recognized by the U.S.

Women Business Enterprise (WBE): A business structure that is Certified by the Small Business Administration, Texas State Comptroller's Office or the South Central Texas Regional Certification Agency as being 51% owned, operated and controlled by a woman or women who are legally residing in or citizens of the United States.

African American Business Enterprise (AABE): A business structure that is Certified by the Small Business Administration, Texas State Comptroller's Office or the South Central Texas Regional Certification Agency as being 51% owned, operated and controlled by African American minority group member(s) who are legally residing in or are citizens of the United States.

Joint Venture: A limited association of two or more persons to carry out a single business enterprise for profit, for which purpose they combine their property, money, efforts, skills and knowledge.

Veteran-Owned Business Enterprise (VBE): A business structure that is at least 51% owned, operated and controlled by an individual who served in the United States Armed Forces, and who was discharged or released under conditions other than dishonorable. Please note: This certification type should not be confused with the Service Disabled Veteran designation available through the Small Business Administration.

Web Submittal of Sub-consultant/Supplier Payment Reports:

The Contractor will be required to electronically report the actual payments to all sub-consultants and suppliers utilizing the Subcontractor Payment and Utilization Reporting (S.P.U.R.) System, beginning with the first SAWS payment for services under the contract, and with every payment thereafter (for the duration of the contract). Electronic submittal of monthly subcontractor payment information will be accessed through a link on SAWS' "Business Center" web page. This information will be utilized for subcontractor participation tracking purposes. Any unjustified failure to comply with the committed SMWB levels may be considered breach of contract.

The Contractor and all subcontractors will be provided a unique log-in credential and password to access the SAWS subcontractor payment reporting system. The link may also be accessed through the following internet address: <https://saws.smwbe.com/>

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

Exhibit "C" - Conflict of Interest Questionnaire

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.