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REQUEST FOR QUALIFICATIONS  
BOND UNDERWRITING SERVICES  
RFQ #016-15-16

**I. Overview**

Grapevine-Colleyville Independent School District (the “District” or “GCISD”) is requesting information from qualified firms to provide bond underwriting services for its \$248,975,000 2016 Bond Program approved by voters on May 7, 2016 and any other potential negotiated bond underwritings deemed necessary by the District during the next 5-years.

The District intends to form a pool of underwriters to market the District’s future negotiated bond sales. The pool will be formed by GCISD’s Administration, in consultation with other applicable parties it deems appropriate, and approved by the District’s Board of Trustees. The District anticipates its underwriting pool will consist of up to seven (7) firms. The District will have the sole authority to appoint the members of the underwriting pool it deems in the best interest of the District. While not all-inclusive, the District will consider the following when formulating the underwriting pool:

- Texas school district negotiated underwriting experience, with an emphasis on school districts similar to GCISD;
- Texas school district competitive underwriting experience;
- Underwriting performance and support for District’s prior bond sales;
- Distribution capabilities for the District’s bond sales;
- Prudent financing ideas/industry information presented to the District;
- Texas school district financing experience of banking/underwriting professionals assigned to GCISD;
- Firm’s demonstrated commitment to Texas school districts;
- Capital commitment to the District’s bond sales;
- Financial position of firm;
- Importance of District’s bond sales;
- Local presence; and
- Regulatory compliance and potential conflicts of interest.

Should your firm be selected for the underwriting pool, the District does not guarantee your firm will be included within any negotiated bond sale of the District. The District reserves the right to remove or add firms to its underwriting pool at any point in time, as it deems appropriate and in the District’s best interest.

### **Timeline**

- |   |                                   |
|---|-----------------------------------|
| <b>A.</b> Release RFQ:                              | Wednesday, May 18, 2016           |
| <b>B.</b> Deadline for Questions:                   | Tuesday, May 31, 2016             |
| <b>C.</b> Deadline for Submittal of Qualifications: | 3:00 pm CDT, Friday, June 3, 2016 |
| <b>D.</b> Board Meeting:                            | Monday, June 20, 2016             |

### **III. Questions**

Your firm's response should reply to the following questions. Failure to specifically address the question posed will be considered non-responsive and potentially negatively impact the evaluation of your response. Preceding the response to each question, please restate the wording of the question.

#### **General**

- (1) Please provide the name of the firm, name, title, address, telephone number and e-mail address of lead professional assigned to GCISD to whom questions or requests for additional information should be directed.
- (2) State which of the following best describes your firm: (national, regional, minority, etc.) and (public, private, limited partnership, etc.).
- (3) Please list any local presence the firm has within the boundaries of GCISD.
- (4) Complete the forms included in the RFQ Forms attached.

#### **Texas School District Finance Capabilities**

- (5) Provide a brief resume of the professionals assigned to the District's underwriting engagement, emphasizing the Texas school district financing experience of such professionals and their office locations. Do not include the Texas school district underwriting experience of any other firm representatives that will not be actively involved in GCISD financings within the response to this question.
- (6) Provide a brief history of the firm and its municipal platform for Texas school district bond underwritings. Please include the location of your firm's public finance headquarters and its public finance offices.
- (7) Discuss your firm's Texas school district negotiated underwriting experience. Within an appendix (which will not count against the 25 page response limitation), please summarize the Texas school district negotiated debt underwritings your firm has completed from January 1, 2014 – April 30, 2016 – Separated by Senior Manager and Co-Manager (Sale Date, School District, Issue Description and Dollar Amount). Please also include a summary table of the number and dollar amount completed for each role (in the format shown below).

<b>Texas School District Underwriting Experience – Negotiated Sales</b>								
<b>January 1, 2014 Through April 30, 2016</b>								
	<b>Year 2014</b>		<b>Year 2015</b>		<b>Year 2016</b>		<b>Total</b>	
	<b># of Deals</b>	<b>Par Amount</b>						
Senior Manager								
Co-Manager								
Total								

- (8.) Discuss your firm’s Texas school district competitive underwriting experience. Within an appendix (which will not count against the 25 page response limitation), please summarize the Texas school district competitive underwritings your firm has completed as a Senior Managing Underwriter from January 1, 2014 – April 30, 2016 (Sale Date, School District, Issue Description, Dollar Amount and Percentage Liability). Please also include a summary table of the number and dollar amount completed (in the format shown below) in your response to this question.

<b>Texas School District Underwriting Experience – Competitive Sales</b>			
<b>January 1, 2014 Through April 30, 2016</b>			
	<b>Number of Bids</b>	<b>Number of Bids Won</b>	<b>Par Amount of Bids Won</b>
Senior Manager			

- (9.) For a Texas school district bond underwriting in an amount in excess of \$50 million your firm has participated within the last two (2) years, please provide one (1) example of your firm’s underwriting performance (i.e. orders submitted (priority versus member orders)) as the Senior Managing Underwriter and one (1) example of your firm’s underwriting performance as a Co-Managing Underwriter. Please include the designation policy for each example provided.
- (10.) Please list the financing ideas or other correspondence, including the date provided to the District over the last 2-years. The District reserves the right to request copies of such material, if listed.
- (11.) Please provide a statement of the actions your firm would take to ensure GCISD’s bond sales are completed in a transparent manner and your firm remains accountable for its performance as a bond underwriter.
- (12.) Please provide references (name, address, phone number and email address) for eight (8) Texas school districts your firm has served in the last two (2) years as a bond underwriter. Please indicate the public finance and underwriting professional assigned by your firm for each reference and your firm’s role in such financing (i.e. Senior Manager, Co-Manager, etc).

## **Financial**

- (13.) Please provide your firm's current total and net capital position for the most recent period available. Please also provide a statement of how much of the firm's capital is typically utilized to support municipal sales, trading and underwriting engagements.
- (14.) Please describe any ownership changes within your firm (mergers, reorganizations, major ownership changes, etc.) within the last two (2) years.
- (15.) Based upon an assumed \$75 million negotiated bond sale of the District and an underwriting scale that is reflective of current market conditions, please indicate the capital your firm is directly willing to commit to purchase any unsold balances at the end of an underwriting period. Please provide such commitment on the assumption of your firm being Senior Manager with a 40% underwriting liability and as a Co-Manager with a 30% underwriting liability. Simply stating your firm's total capital position and ability to underwrite the District's bonds will be considered non-responsive. Please note, the response to this question will be considered should your firm be selected to serve as an underwriter for a negotiated bond sale of the District's 2016 Bond Program.

## **Marketing and Underwriting**

- (16.) Describe your firm's municipal sales, trading, and underwriting capabilities for Texas school district debt offerings. Please include the number of institutional sales representatives available to distribute the District's bonds and the locations thereof. Please highlight the institutional sales representatives located within Texas.
- (17.) Since January 1, 2014, provide examples of Texas school district bond underwritings in which your firm underwrote balances at the end of an underwriting period. Please only include the balances your firm underwrote and not the entire syndicate.

## **Other Considerations**

- (18.) Please include specific examples of efforts taken by your firm to support the needs of Texas school districts. Do not include actions for which your firm was not thoroughly involved and do not include financial sponsorship of Education Foundations or school district trade associations in your response.
- (19.) Please describe your firm's participation in Texas charter school financings and in particular, financings for charter schools that are available to students of GCISD.
- (20.) Describe any conflicts of interest or potential conflicts of interest that you believe potentially exist should your firm and its representatives be selected as a bond underwriter.
- (21.) Please disclose any disciplinary actions (fines, sanctions, etc.) imposed by federal or state regulatory authorities, including the Municipal Securities Rulemaking Board (MSRB), Financial Industry Regulatory Authority (FINRA) Securities and Exchange Commission (SEC) relating to your firm's municipal activities during the last three (3) years. Please also describe if your firm

has been named in any lawsuit with a municipal issuer during this time. A general response will be deemed non-responsive.

#### IV. Delivery Instructions

##### (A.) Submission

In addition, please submit your firm's response as follows:

3 bound hard copies and  
an electronic pdf copy to:

Gary Kerbow  
Grapevine-Colleyville Independent School District  
3051 Ira E. Woods Avenue  
Grapevine, Texas 76051  
[gary.kerbow@gcisd.net](mailto:gary.kerbow@gcisd.net)

2 bound hard copies and  
an electronic pdf copy to:

Josh McLaughlin  
BOSC, Inc.  
333 West Campbell Road, Suite 350  
Richardson, Texas 75080  
[jmclaughlin@boscinc.com](mailto:jmclaughlin@boscinc.com)

**The electronic version shall be one (1) file that replicates your original Qualification Statement, including required signatures. Do NOT send individual files of each section or page of your Qualification Statement as the electronic version.**

All responses must be marked "Request for Qualifications #016-15-16 – Bond Underwriting Services" and delivered both physically and electronically no later than 3:00 pm CDT, on Friday, June 3, 2016.

##### (B.) Guidelines

- ✓ The District desires to minimize the submission of unnecessary material. Interested firms are limited to 25 pages (not including the transmittal letter, executive summary or requested appendix).
- ✓ Questions and comments regarding this solicitation are to be directed in writing only to those listed below no later than 3:00 p.m. on Friday, May 31, 2016. Answers to each question submitted will be made available to each interested proposing firm.

Gary Kerbow  
Director of Purchasing  
Grapevine-Colleyville Independent School District  
3051 Ira E. Woods Avenue  
Grapevine, Texas 76051  
[gary.kerbow@gcisd.net](mailto:gary.kerbow@gcisd.net)

- ✓ All costs directly or indirectly related to preparation of a response to this solicitation shall be the sole responsibility of and shall be borne by the Underwriter responding.

- ✓ **Any attempt by a respondent to contact Board Members or District staff regarding this solicitation may result in rejection of said response.**
- ✓ Responses must be submitted individually. Joint responses will not be considered.

## **V. Selection**

The District reserves the right to reject any and all proposals, to waive any irregularities in any proposal (except time of filing), to request clarifications or additional information from any firm. The District reserves the right to select the Underwriters deemed in its best interests and the right to negotiate the terms of a bond underwriting, including the provisions of the Bond Purchase Agreement.

The District reserves the right to revise any all elements which comprise the response of an Underwriter to ensure that the best possible consideration be afforded and to amend the requirements herein as it deems appropriate.

The District reserves the right to select an Underwriter(s) for a specific purpose or for any combination of specific purposes and to defer the selection of any Underwriter to a time of the District's choosing.

## **VI. Closing**

We appreciate your firm's interest in serving as a bond underwriter to the District and look forward to receiving your proposal.

(This space left blank intentionally)

**Grapevine**  **Colleyville**  
*Independent School District*

**PURCHASING DEPARTMENT  
 FORMS CHECKLIST – GENERAL PROCUREMENT**

BID NO.:	RFQ #016-15-16	BID TITLE:	Bond Underwriting Services
Check if Included	FORM TITLE:	ACTION REQUIRED	
_____	GCISD FORMS CHECKLIST – REQUEST FOR QUALIFICATIONS	COMPLETE	
_____	PROCUREMENT RESPONSE COVER SHEET	COMPLETE	
_____	PROCUREMENT RESPONSE SHIPPING LABEL (IF NEEDED)	COMPLETE	
_____	PROCUREMENT PROPOSAL/BID RESPONSE FORM/PRICING MATRIX	COMPLETE	
_____	BID/PROPOSAL OFFER FORM	COMPLETE	
_____	NOTICE OF NO RESPONSE FORM (IF APPLICABLE)	COMPLETE	
_____	AFFIDAVIT OF AUTHORITY AND NON-COLLUSION	COMPLETE	
_____	STATEMENT OF COMPLIANCE/DEVIATION FORM	COMPLETE	
_____	FELONY CONVICTION AND CRIMINAL HISTORY NOTICE	COMPLETE	
_____	CONFLICT OF INTEREST DISCLOSURE STATEMENTS	COMPLETE	
_____	IRS FORM - W-9	COMPLETE	
_____	GRAPEVINE-COLLEYVILLE ISD CONTRACTOR CERTIFICATION	COMPLETE	
_____	EPCNT INTERLOCAL AGREEMENT CONSENT FORM	COMPLETE	
_____	RESIDENT BIDDER'S CERTIFICATION	COMPLETE	
_____	DEBARMENT OR SUSPENSION CERTIFICATE	COMPLETE	
_____	COMMITMENT TO PROVIDE INSURANCE FORM	COMPLETE	
_____	ELECTRONIC COPY OF BID OR PROPOSAL NAMED AS INSTRUCTED	ENCLOSE	
_____	CERTIFICATION OF INTERESTED PARTIES – HB 1295 FORM (To be completed online if awarded a contract approved by Board)	INFORMATION ONLY	

**THIS PAGE MUST BE COMPLETED AND RETURNED IN YOUR RESPONSE AS YOUR PROPOSAL COVER SHEET**

**Grapevine**  **Colleyville**  
*Independent School District*

**Purchasing Department**

**Cover Sheet**

**For**

**Request for Qualification**

**BID NUMBER: RFQ #016-15-16**

**BID TITLE: Bond Underwriting Services**

**SUBMITTAL DUE DATE: 06-01-16**

**SUBMITTAL DUE TIME: 3:00 p.m.**

**SUBMITTAL ADDRESS: Grapevine-Colleyville Independent School District  
Purchasing Department  
3051 Ira E. Woods Avenue  
Grapevine, Texas 76051**

**PLEASE COMPLETE THE FOLLOWING REQUIRED INFORMATION AND MAKE THIS THE COVER TO YOUR RESPONSE:**

**COMPANY NAME:** \_\_\_\_\_

**COMPANY ADDRESS:** \_\_\_\_\_

ADDRESS 1

ADDRESS 2

CITY

STATE

ZIP CODE

**TELEPHONE NO.:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**FAX NO.:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

**SUBMITTED BY:** \_\_\_\_\_

(PLEASE PRINT)

TITLE

**SIGNATURE:** \_\_\_\_\_

SIGNATURE

**THIS PAGE MUST BE COMPLETED AND RETURNED IN YOUR RESPONSE AS YOUR PROPOSAL COVER SHEET**

**FROM:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Box \_\_\_\_\_ of \_\_\_\_\_

**SHIP TO** Grapevine-Colleyville Independent School District  
**ADDRESS:** Attn: Purchasing Department  
3051 Ira E. Woods Avenue  
Grapevine, Texas 76051

**CONTENTS:** BID RESPONSE  
**BID NUMBER:** RFQ #016-15-16  
**BID TITLE:** Bond Underwriting Services  
**BID DUE DATE:** 06-01-16  
**TIME DUE:** 3:00 p.m.

----- FOLD OR CUT HERE -----

**FROM:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Box \_\_\_\_\_ of \_\_\_\_\_

**SHIP TO** Grapevine-Colleyville Independent School District  
**ADDRESS:** Purchasing Department  
3051 Ira E. Woods Avenue  
Grapevine, Texas 76051

**CONTENTS:** BID RESPONSE  
**BID NUMBER:** RFQ #016-15-16  
**BID TITLE:** Bond Underwriting Services  
**BID DUE DATE:** 06-01-16  
**TIME DUE:** 3:00 p.m.

----- FOLD OR CUT HERE -----

**THIS PAGE MUST BE COMPLETED AND RETURNED IN YOUR RESPONSE**

**OFFER FORM – Page 1 of 1**

**BID NO.:** RFQ #016-15-16      **BID TITLE:** Bond Underwriting Services

**TO:** Grapevine-Colleyville ISD

I, or we, the duly authorized undersigned, having carefully read the Instructions to Offerors, General Conditions, Notice to Offerors, Contract Specifications, Responsibilities of Offerors, and Offer Forms, do hereby agree to enter into a contract with GCISD by tendering this offer to perform the work required and/or provide the product(s) specified in this solicitation. I, or we, will deliver the product(s) per specifications found in this RFP document for the prices indicated.

I, or we, also certify to the accuracy of the certifications required (including, but not limited to, Felony Conviction Notice) which accompany this offer.

The prices in this offer have been determined independently, without consultation, communication, or agreement for the purpose of restricting competition, as to any matter related to such prices, with any other Offeror or with any competitor. I, or we, are authorized to submit this offer and have not been a party to any collusion among offer/Offerors in restraint of freedom of competition by agreement to offer at a fixed price or to refrain from offering; or with any GCISD employee, Board Trustee, or consultant as to quantity, quality, or price in the prospective contract, or in any terms of the prospective contract except in any authorized discussion(s) with GCSD's Purchasing personnel; or in any discussions or actions between offer/Offerors and any GCISD employee, Board Trustee, or consultant concerning exchange of money or other things of value for special consideration in the award of this contract.

\_\_\_\_\_ An individual proprietorship      \_\_\_\_\_ A partnership  
\_\_\_\_\_ A corporation chartered under the laws of the State of \_\_\_\_\_, acting by its officers pursuant to  
its by-laws or a resolution of its Board of Directors

Company Officer:

Date: \_\_\_\_\_ Name of Firm: \_\_\_\_\_

Signature: \_\_\_\_\_ Firm's Address: \_\_\_\_\_  
Street Address

Name: \_\_\_\_\_  
Please Print City State Zip

Title: \_\_\_\_\_ Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Please Print

E-Mail: \_\_\_\_\_ Fax #: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

SS or \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Federal ID #: \_\_\_\_\_ - \_\_\_\_\_

**ENVELOPES SHOULD BE PLAINLY MARKED:**

**" BID NO.: RFQ #016-15-16 Bond Underwriting Services**  
**DUE DATE: 06-01-16 TIME DUE: 3:00 p.m. "**

**NO BID NOTIFICATION**

**BID NO.:** RFQ #016-15-16 **BID TITLE:** Bond Underwriting Services

The Grapevine-Colleyville Independent School District is interested in receiving competitive pricing on all items bid. We also desire to keep your firm as a bidder and supplier of materials and equipment. Therefore, it is important for us to determine why you are not bidding on this item. We will analyze your input carefully and try to determine if future changes are needed in our specifications and/or procedures.

**REASON(S) FOR NO RESPONSE - Please mark all those that apply to your circumstances.**

- Could not meet specification requirements.
- Do not supply the requested product.
- Did not have time to prepare a Proposal response.
- Cannot take additional jobs due to present workload.
- Quantities offered are  too small or  too large to be supplied by my company.  
(Please check one)
- Could not be price competitive.
- Could not propose due to illness.
- Could not set price with manufacturer.
- Could not meet insurance requirements.
- Could not meet bonding requirements.
- Time frame for bidding was too short for my organization.
- Cannot bid against manufacturer or jobber on this item. (please circle one of the underlined)  
Specifications are "too tight" or written around a particular product. Please elaborate:  
\_\_\_\_\_  
\_\_\_\_\_

Not awarded a contract by GCISD when you felt you were low bidder.

Other, please state reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate your choice for remaining on GCISD's bid list (check one box:

- I wish to remain on bid list for future bids       I do not wish to remain on bid list

Name of Company	Phone	Date
Address	City	State      Zip
Signature	Printed Name	Title

**THIS PAGE MUST BE COMPLETED AND RETURNED IN YOUR RESPONSE**

**AFFIDAVIT OF AUTHORITY AND NON-COLLUSION**

BID NO.: RFQ #016-15-16 BID TITLE: Bond Underwriting Services

STATE OF: \_\_\_\_\_ )

COUNTY OF: \_\_\_\_\_ )

\_\_\_\_\_, of lawful age, being first duly sworn, on oath says, that (s) he is the agent authorized by the Proposal to submit the attached Proposal. Affiant further states that the proposer has not been a party to any collusion among Proposals/proposers in restraint of freedom of competition by agreement to Proposal at a fixed price or to refrain from proposing; or with any state official, District employee, Board Member, or benefit consultant as to quantity, quality, or price in the prospective contract, or any other terms of said prospective contract, or in any discussion or actions between Proposals/proposers and any state official, District employee, Board Member, or benefit consultant concerning exchange of money or other things of value for special consideration in the letting of this contract.

CONTRACTOR'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
City State Zip

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

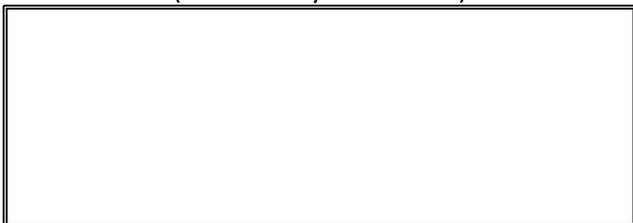
E-Mail: \_\_\_\_\_ @ \_\_\_\_\_

AUTHORIZED COMPANY OFFICIAL'S NAME (Printed or typed) TITLE OF AUTHORIZED OFFICIAL

SIGNATURE OF AUTHORIZED OFFICIAL: \_\_\_\_\_

The claim contained within this affidavit is subscribed and sworn before me, a Notary Public, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

(Affix Notary Seal Below)



Notary Public Signature

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

My Commission Expires: \_\_\_\_\_



**FELONY CONVICTION AND  
CRIMINAL HISTORY NOTICE**

**BID NO.:** RFQ #016-15-16      **BID TITLE:** Bond Underwriting Services

Statutory citation covering notification of criminal history of contractor is found in the Texas Education Code, Section 44.034. Following is an example of a felony conviction notice:

State of Texas Legislative Senate Bill No. 1, Section 44.034, Notification of Criminal History, Subsection (a), states “a person or business entity that enters into a contract with a public entity must give advance notice to the public entity if the person or an owner or operator of the business entity has been convicted of a felony. The notice must include a general description of the conduct resulting in the conviction of a felony.”

Subsection (b) states “a public entity may terminate a contract with a person or business entity if the public entity determines that the person or business entity failed to give notice as required by Subsection (a) or misrepresented the conduct resulting in the conviction. The public entity must compensate the person or business entity for services performed before the termination of the contract.”

**THIS NOTICE IS NOT REQUIRED OF A PUBLICLY-HELD CORPORATION**

I, the undersigned agent for the firm named below, certify that the information concerning notification of felony convictions has been reviewed by me and the following information furnished is true to the best of my knowledge.

VENDOR’S NAME: \_\_\_\_\_

AUTHORIZED COMPANY OFFICIAL’S NAME (PRINTED): \_\_\_\_\_

- A. My firm is a publicly-held corporation; therefore, this reporting requirement is not applicable.

Signature of Company Official: \_\_\_\_\_

- B. My firm is not owned nor operated by anyone who has been convicted of a felony:

Signature of Company Official: \_\_\_\_\_

- C. My firm is owned or operated by the following individual(s) who has/have been convicted of a felony:

Name of Felon(s): \_\_\_\_\_

Detail of Conviction: \_\_\_\_\_

Signature of Company Official: \_\_\_\_\_

**THIS PAGE MUST BE COMPLETED AND RETURNED IN YOUR RESPONSE**

**Notice to Vendors  
Conflict of Interest Disclosure Statements  
Texas Local Government Code, Chapter 176**

Vendors are required to file a Conflict of Interest Questionnaire with the District if a relationship exists between the vendor's company and an officer of the District. Vendors are encouraged to review and become familiar with all disclosure requirements of Texas Local Government Code, Chapter 176.

Conflicts of interest exist if:

1. the person has employment or other business relationship with the local government officer or a family member resulting in the officer or family member receiving taxable income; or
2. the person has given the local government officer or family member one or more gifts (excluding food, lodging, transportation, and entertainment) that have an aggregate value of more than \$250 in the twelve month period preceding the date the officer becomes aware of an executed contract or consideration of the person for a contract to do business with the District.

Disclosure is required from vendors regarding each affiliation or business relationship between the vendor and:

1. an officer of the District;
2. an officer of the District that results in the *officer or family member* receiving taxable income;
3. an officer of the District that results in the *vendor* receiving taxable income that does not come from the District;
4. a corporation or other business entity in which an officer of the District serves as an officer or director, or holds an ownership interest of 10% or more;
5. an employee or contractor of the District who makes recommendations to an officer of the District regarding the expenditure of money;
6. an officer of the District who appoints or employs an officer of the District that is the subject of the questionnaire; and
7. any person or entity that might cause a conflict of interest with the District.

Forms must be filed:

1. No later than the seventh business day after the date that the person begins contract discussions or negotiations with the government entity, *or* submits to the entity an application, response to a request for proposal or bid, correspondence, or other writing related to a potential agreement with the entity.
2. The Vendor also shall file an updated questionnaire:
  - a. not later than September 1 of each year in which a covered transaction is pending, and
  - b. the seventh business day after the date of an event that would make a statement in the questionnaire incomplete or inaccurate.
3. A vendor is not required to file an updated questionnaire if the person had filed an updated statement on or after June 1, but before September 1 of the year.

Officers of the Grapevine-Colleyville Independent School District are:

Leon Leal - President - Place 6  
Lisa Pardo - Vice President - Place 4  
Jesse G. Rodriguez - Vice President - Place 5  
Mindy McClure - Member - Place 1  
Becky St. John - Member - Place 2  
Karen Deakin - Place 3  
Jorge Rodriguez - Place 7

**Please note: Trustee Louie Sullins was elected to Place 3 to fill the vacant position of Trustee Karen Deakin, who did not seek re-election. Mr. Sullins will be sworn in at the May 23, 2016 Regular Board meeting.**

Dr. Robin Ryan, Superintendent of Schools

Individuals completing this form in conjunction with a response to bid or proposal are to complete it and include it in their response. Individuals required to file for any reason other than participation in a procurement process are to send the completed form to:

Grapevine-Colleyville Independent School District, Purchasing Department, 3051 Ira E. Woods Avenue, Grapevine, Texas 76051

# CONFLICT OF INTEREST QUESTIONNAIRE

For vendor or other person seeking to do business with Grapevine-Colleyville ISD

**FORM  
CIQ**

<b>Name of Person Completing Form:</b>	(Required Field)
--	------------------

<b>Name of Company Completing Form:</b>	(Required Field)
---	------------------

This questionnaire reflects changes made to the law by H.B. 1491, 80th Leg., Regular Session.  
This questionnaire is being filed in accordance with Chapter 176, Local Government Code by a person who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the person meets requirements under Section 176.006(a).  
By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the person becomes aware of facts that require the statement to be filed. See Section 176.006, Local Government Code.  
A person commits an offense if the person knowingly violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor.

**OFFICE USE ONLY**

Date Received: \_\_\_/\_\_\_/\_\_\_

<b>1</b>	<b>Name of person who has a business relationship with local governmental entity.</b>
----------	---

<b>2</b>	<b>Check this box if you are filling an update to a previously filed questionnaire.</b> <input type="checkbox"/> (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.)
----------	---

<b>3</b>	<b>Name of local government officer with whom filer has employment or business relationship:</b> _____ (List Name of Officer in space provided above)
----------	--

**If naming government officer above, completion of A, B, C & D below is required. If no conflict, check box at line 4 below.**

This section (item 3 including subparts A, B, C & D) must be completed for each officer with whom the filer has affiliation or business relationship as defined by Section 176.001(1-a), Local Government Code. Attach additional pages to this Form CIQ as necessary.

- A. Is the local government officer named in this section receiving or likely to receive taxable income, other than investment income, from the filer of the questionnaire?  
 Yes                       No
- B. Is the filer of the questionnaire receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer named in this section AND the taxable income is not received from the local governmental entity?  
 Yes                       No
- C. Is the filer of this questionnaire employed by a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?  
 Yes                       No
- D. Describe each employment or business relationship with the local government officer named in this section.

<b>4</b>	<input type="checkbox"/> <b>Check here if you are <u>NOT</u> reporting a conflict with any government officer of Grapevine-Colleyville ISD, sign below and return in your offer file or as instructed at the bottom of page one.</b>
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<b>5</b>	
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_____ <b>Signature (Required)</b>	_____ <b>Date</b>
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**THIS PAGE MUST BE COMPLETED, SIGNED AND RETURNED WITH YOUR RESPONSE**



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

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

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

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

In the cases below, the following persons must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

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

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

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

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

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

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

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

## Backup Withholding

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

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

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),

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

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* above.

## What is FATCA reporting?

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

## Updating Your Information

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

## Penalties

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

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

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

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

## Specific Instructions

### Line 1

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

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

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

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

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

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

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

**Line 2**

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

**Line 3**

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

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

**Line 4, Exemptions**

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

**Exempt payee code.**

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

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

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

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 5 <sup>2</sup>
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

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

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

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

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

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

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

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

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

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

G—A real estate investment trust

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

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

J—A bank as defined in section 581

K—A broker

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

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

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

**Line 5**

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

**Line 6**

Enter your city, state, and ZIP code.

**Part I. Taxpayer Identification Number (TIN)**

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

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

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

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

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

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

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

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

## Part II. Certification

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

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code* earlier.

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

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

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

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

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

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

## What Name and Number To Give the Requester

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

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

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

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

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 2.

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

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

## Secure Your Tax Records from Identity Theft

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

To reduce your risk:

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

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

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

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

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

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

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

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

Visit [IRS.gov](http://IRS.gov) to learn more about identity theft and how to reduce your risk.

## Privacy Act Notice

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

**GRAPEVINE-COLLEYVILLE ISD CONTRACTOR CERTIFICATION**

**BID NO.:** RFQ #016-15-16      **BID TITLE:** Bond Underwriting Services

Texas Education Code chapter 22 requires service contractors to obtain criminal history record information regarding covered employees and to certify to the District that they have done so. Covered employees with disqualifying convictions are prohibited from serving at a school district.

**Definitions:**

**Covered employees:** All employees of a contractor who have or will have continuing duties related to the service to be performed at the District and have or will have direct contact with students. The District will be the final arbiter of what constitutes direct contact with students.

**Disqualifying conviction:** One of the following offenses, if at the time of the offense, the victim was under 18 or enrolled in a public school: (a) a felony offense under Title 5, Texas Penal Code; (b) an offense for which a defendant is required to register as a sex offender under Chapter 62, Texas Code of Criminal Procedure; or (c) an equivalent offense under federal law or the laws of another state.

Company/contractor agrees to check the criminal history of personnel being provided to GCISD under the agreement pursuant to Chapter 22, Subchapter C, Section 22.0834 of the Texas Education Code and hereby certifies that company/contractor has received all criminal history record information on said personnel. **Furthermore, company/contractor agrees to provide only those personnel with an appropriate background pursuant to Chapter 22, Subchapter C, Section 22.085 of the Texas Education Code.**

On behalf of \_\_\_\_\_ ("Contractor"), I certify that [check one]:

None of Contractor's employees are **covered employees**, as defined above.

**Or**

Some or all of Contractor's employees are **covered employees**. If this box is selected, I further certify that:

- (1) Contractor has obtained all required criminal history record information, through the Texas Department of Public Safety, regarding its covered employees. None of the covered employees has a disqualifying conviction. Contractor has taken reasonable steps to ensure that its employees who are not covered employees do not have continuing duties related to the contract services or direct contact with students.
- (2) If Contractor receives information that a covered employee has a disqualifying conviction, Contractor will immediately remove the covered employee from contract duties and notify the District in writing within 3 business days.
- (3) Upon request, Contractor will make available for the District's inspection the criminal history record information of any covered employee. If the District objects to the assignment of a covered employee on the basis of the covered employee's criminal history record information, Contractor agrees to discontinue using that covered employee to provide services at the District.

Noncompliance by Contractor with this certification may be grounds for contract termination.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**THIS PAGE MUST BE COMPLETED AND RETURNED IN YOUR RESPONSE**

**1.0 INTERLOCAL AGREEMENT CLAUSE:** With a vision of cooperating together to improve their procurement power on like products and services, the Educational Purchasing Cooperative of North Texas (EPCNT) became a reality in 2002 through the coordinated efforts of North Texas public school districts. EPCNT is comprised of public school districts, charter schools, and Region Service Centers located in the Region X and XI Education Service Center areas.

**2.0 AUTHORITY:** EPCNT is authorized by the Interlocal Cooperation Act, Texas Government Code Section 791 et seq. and in Subchapter F, of Chapter 271 of the Texas Local Government Code. The provisions of Chapter 791 of the Texas Government Code and the provisions of Subchapter F, of Chapter 271 of the Texas Local Government Code are incorporated in this Master Agreement and this Master Agreement shall be interpreted in accordance with those laws.

**3.0 DUTIES OF THE MEMBERS:** The members agree to undertake the following, from time to time, as may be appropriate:

- 3.1 Coordinate and host multi-governmental entity solicitations for purchase of goods and services from third party vendors, as may be determined from time to time to be cost effective and provide efficiencies as consolidated purchases.
- 3.2 Make available specifications, documents, software, procedures and related items in connection with bidding and purchasing processes.
- 3.3 Actively participate in and provide support to meetings and other activities conducted by the EPCNT.
- 3.4 Maintain as confidential, subject to the Texas Public Information Act, information supplied by Parties to the EPCNT and deemed by the EPCNT to be confidential.

**4.0 PURCHASING AUTHORITY:**

- 4.1 All district or cross-district contracts for the purchase of goods and services, regardless of whether formed as a result of EPCNT activity, or interaction of its members, shall be directly between the Members or Participants or combinations of the Parties and Vendors providing goods and services to the associated governmental entities.
- 4.2 The EPCNT, in and of itself, shall not have any authority to make purchases of goods and services directly with vendors or to contractually bind its Members or Participants.
- 4.3 The Master Agreement and all associated transactions are governed by all applicable state and federal laws. All actions of this alliance are governed by the laws of the State of Texas and venue for any litigation regarding this Agreement or the Parties hereto shall be in Tarrant County, Texas.

**5.0 AGREEMENT CONSENT ACKNOWLEDGEMENT:** Several governmental entities around the Grapevine-Colleyville Independent School District have indicated an interest in being included in this purchasing alliance and have elected to be subject to the Master Agreement. If these governmental entities have elected to participate in this particular procurement contract, do you (the vendor) agree that all terms, conditions, specifications, and pricing apply to and are available to those entities?

Yes                       No

**If you (the Vendor) checked yes, the following will apply:** Governmental entities utilizing Interlocal Government contracts with the Grapevine-Colleyville Independent School District will be eligible, but not obligated, to purchase materials/services under the contract(s) awarded as a result of this solicitation. Purchases made by governmental entities other than the Grapevine-Colleyville Independent School District will be billed directly from the vendor and will pay the vendor directly. The Grapevine-Colleyville Independent School District will not be responsible for another governmental entity's transactions and debts. Each governmental entity will order its own materials/services as needed. A listing of current EPCNT members is available at <http://www.epcnt.com>.

\_\_\_\_\_  
Printed Name:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**RESIDENT BIDDER'S CERTIFICATION**

**BID NO.:** RFQ #016-15-16      **BID TITLE:** Bond Underwriting Services

Texas Government Code Chapter 2252.001A (3) and (4) defines "nonresident bidder" and "resident bidder" as follows:

Chapter 2252.001A (3) "Nonresident bidder" refers to a person who is not a resident.

Chapter 2252.001A (4) "Resident bidder" refers to a person whose principal place of business is in this state (Texas), including a contractor whose ultimate parent company or majority owner has its principal place of business in the state of Texas.

Chapter 2252.002 states "A governmental entity may not award a governmental contract to a nonresident bidder unless the nonresident underbids the lowest bid submitted by a responsible resident bidder by an amount that is not less than the amount by which a resident bidder would be required to underbid the nonresident bidder to obtain a comparable contract in the state in which the nonresident's principal place of business is located."

I certify that \_\_\_\_\_ is a resident bidder of  
*(Company Name)*

Texas as defined in Texas Government Code 2252.001A (4).

Signature: \_\_\_\_\_

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

I certify that \_\_\_\_\_ is a nonresident bidder of  
*(Company Name)*

Texas as defined in Texas Government Code 2252.001A (4).

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

Signature: \_\_\_\_\_

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

**DEBARMENT OR SUSPENSION CERTIFICATION FORM**

**BID NO.:** RFQ #016-15-16      **BID TITLE:** Bond Underwriting Services

Non-Federal entities are prohibited from contracting with or making sub-awards under covered transaction to parties that are suspended or debarred or whose principals are suspended or debarred. Covered transactions include procurement of goods or services equal to or in excess of \$100,000. Contractors receiving individual awards of \$100,000 or more and all sub-recipients must certify that the organizations and its principals are not suspended or debarred.

By submitting this offer and signing this certificate, this Firm:

- (1) Certifies that no suspension or debarment is in place, which would preclude receiving a federally funded contract under the Federal OMB, A-102, common rule.

**FIRM'S NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_

**STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_ + \_\_\_\_\_

**PHONE:** ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**FAX:** ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_  
**AUTHORIZED COMPANY OFFICIAL'S NAME (Printed or typed)**

\_\_\_\_\_  
**TITLE OF AUTHORIZED OFFICIAL**

\_\_\_\_\_  
**SIGNATURE OF AUTHORIZED OFFICIAL:**

\_\_\_\_\_  
**DATE:**

**PURCHASING DEPARTMENT  
 COMMITMENT TO PROVIDE INSURANCE AFFIDAVIT**

**BID NO.:** RFQ #016-15-16    **BID TITLE:** Bond Underwriting Services

If the Bidder shown below is awarded this contract by Grapevine-Colleyville ISD, bidder will be able to, within ten (10) days of notification of such award, furnish a valid insurance certificate to the Grapevine-Colleyville ISD Purchasing Department, meeting all of the insurance requirements in this bid.

Insurance Coverage Required:	Each Person	Each Occurrence
Bodily Injury Liability:	\$100,000.00	\$300,000.00
Personal Injury Liability:	\$100,000.00	\$300,000.00
Property Damage Liability:		\$100,000.00
Worker's Compensation:	Contractor shall provide all necessary Workman's Compensation Insurance as may be required under local, state and federal law.	

**Agent's Name:** \_\_\_\_\_

**Agency Name:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ - \_\_\_\_\_

**Telephone No:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ **Fax No:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Bidder's Name:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Project/Bid No. and Title:** \_\_\_\_\_

**Insurance Agent/Broker Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

By submitting a bid and signing below I affirm the following: I am aware of all costs to provide the required insurance, will do so pending contract award, and will provide a valid insurance certificate meeting all requirements within ten days of notification of award. If the above ten day requirement is not met, the Grapevine-Colleyville Purchasing Department has the right to reject this bid and award the contract to the next lowest bidder meeting specifications.

**Bidder's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Certified this: \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_  
 (Affix Notary Seal Below) Notary Public



\_\_\_\_\_  
 My Commission Expires on \_\_\_\_\_

**THIS PAGE MUST BE COMPLETED AND RETURNED IN YOUR RESPONSE**

**Implementation of House Bill 1295  
Certificate of Interested Parties (Form 1295):**

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.

The Texas Ethics Commission was required to adopt rules necessary to implement that law, prescribe the disclosure of interested parties form, and post a copy of the form on the commission's website. The commission adopted the Certificate of Interested Parties form (Form 1295) on October 5, 2015. The commission also adopted new rules (Chapter 46) on November 30, 2015, to implement the law. The commission does not have any additional authority to enforce or interpret [House Bill 1295](#).

**Filing Process:**

By January 1, 2016, the commission will make available on its website a new filing application that must be used to file Form 1295. A business entity must use the application to enter the required information on Form 1295 and print a copy of the completed form, which will include a certification of filing that will contain a unique certification number. An authorized agent of the business entity must sign the printed copy of the form and have the form notarized. The completed Form 1295 with the certification of filing must be filed with the governmental body or state agency with which the business entity is entering into the contract.

The governmental entity or state agency must notify the commission, using the commission's filing application, of the receipt of the filed Form 1295 with the certification of filing not later than the 30th day after the date the contract binds all parties to the contract. The commission will post the completed Form 1295 to its website within seven business days after receiving notice from the governmental entity or state agency.

Information regarding how to use the filing application will be available on this site by January 1, 2016.

A sample Form 1295 is included in this procurement document to make prospective vendors aware of this requirement. Vendors are NOT required to complete the enclosed form and include it in their response. Complete instructions and important information can be located from the following link:

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

**Additional Information:**

[HB 1295](#)

Certificate of Interested Parties ([Form 1295](#))

New Chapter 46, Ethics Commission Rules:

[46.1. Application](#)

[46.3. Definitions](#)

[46.5. Disclosure of Interested Parties Form](#)

# CERTIFICATE OF INTERESTED PARTIES

# FORM 1295

## OFFICE USE ONLY

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

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

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

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

4 Name of Interested Party	City, State, Country (place of business)	Nature of Interest (check applicable)	
		Controlling	Intermediary

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

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

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

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

**ADD ADDITIONAL PAGES AS NECESSARY**