

**Proposal Request:**

**Midland IDD Day Habilitation Floor Renovation 2025  
1403 East Front Street, Midland, Tx**

**May 28<sup>th</sup>, 2025**

**PERMIACARE**  
**Request for Proposal – Midland IDD Day Habilitation Floor Renovation**  
**May 28<sup>th</sup>, 2025**

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of

**SECTION I - GENERAL PROVISIONS**

**1. OBJECTIVE:**

PermiaCare formally known as The Permian Basin Community Centers for MHMR is seeking to renovate the floor of our Midland IDD Day Habilitation Program located at 1403 East Front Street in Midland, Texas replacing all existing flooring in a 6,076 square foot area with 6" by 36" porcelain or ceramic plank flooring with greyish wood grain finish using a narrow grout gap of a quarter of an inch or smaller.

Midland IDD Day Habilitation provides Individualized Skills and Socialization (ISS) refers to a service provided to individuals with disabilities in Texas, focusing on developing and maintaining essential skills and social interactions within the community. It encompasses both on-site and off-site activities, ensuring integration into the community and promoting independence. ISS aims to be more integrated, and community based. It emphasizes individual choice and control, allowing individuals to participate in activities that align with their interests and goals. The project area is approximately 6,076 square feet. The floor of Midland Day Habilitation is a combination of stained cement, VCT tile, and 1-inch ceramic tile as indicated by the color coding in attachment C. Requested flooring to be installed is a 6" by 36" porcelain or ceramic plank with a greyish wood grain finish using a narrow grout gap of a quarter of an inch or smaller.

Asbestos testing is being performed on the facilities 12" VCT floor tile/mastic. We anticipate this VCT tile requires all containing materials to be safely removed prior to any disturbance due to renovation/demolition activities. PermiaCare will oversee the work for the testing and remediation separate from this RFP. Please presently separate the bid for demolition of the VCT tile from the other floor demolition. If the VCT tile is not contaminated, demolition of the VCT tile will be the responsibility of the selected contractor for this RFP.

**2. ORGANIZATIONAL BACKGROUND:**

PermiaCare is a community center established under Texas Health and Safety Code Section 534, and as such, is the local authority for mental health and individual with intellectual and developmental disability services in the counties of Midland, Ector, Pecos, Brewster, Jeff Davis, Culberson, Presidio, and Hudspeth. In addition, PermiaCare also provides Early Childhood Intervention and chemical dependency services. PermiaCare has 19 service locations across eight county areas. PermiaCare was formed in 1969 by the

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cities of Midland and Odessa and is a public entity that is governed by a local Board of Trustees.

As a governmental entity, the Center can execute intergovernmental agreements in compliance with Texas Government Code 791.001 for the purpose of obtaining the benefits and efficiencies that accrue through cooperative purchasing. The Center is a member of the State of Texas Purchasing Cooperative, and the Texas Buy Board.

The Center is tax exempt both as a Local Government Organization and with a 501c3 non-profit designation from the IRS.

**3. SCOPE OF SERVICES:**

PermiaCare intends to enter into an agreement with a contractor for the renovation of approximately 6,076 square foot of flooring located at Midland IDD Day Habilitation (1403 E Front, Midland, Texas, 79701). The respondent should provide a comprehensive fixed-price bid that includes the respondent's best option that fully meets the objectives of this project

Respondent considerations depending on the best option selected should include but are not limited to the following:

- 1) Demolition of any existing flooring as required for project completion.**
  - a. VCT tile is being tested for asbestos contamination, and we request a separate bid for the VCT tile portion of the demolish in the event no asbestos contamination is present allowing the demolition to be in the scope of work for this RFP.**
- 2) Installation of new 6" by 36" porcelain or ceramic plank flooring with a greyish wood grain finish using a narrow cementitious grout gap of a quarter of an inch or smaller in the areas indicated on Appendix B.**
- 3) Leveling of foundational high and low spots for level floor installation.**
- 4) Replacement of vinyl cove base wall molding.**
- 5) Installation of durable flooring that is not easily chipped or cracked to accommodate the nature of the services provided at Midland IDD Day Habilitation.**
- 6) Provide adjustment of floor drains and fixtures in bathroom areas as necessary to accommodate the new flooring.**
- 7) Please include in the fixed price bid the cost of a payment bond**

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**4. EVALUATION FACTORS FOR AWARD**

<b>Category</b>	<b>Weight</b>
Duration of the installation process and the duration required prior to walkability after completed installation	30 Points
Meeting all Minimum Specifications	30 Points
Fee Bid	30 Points
Contractor References if requested by PermiaCare prior to the issuance of the final award	10 Points

**5. SUBMISSION CRITERIA:**

The proposal should include an attachment addressing all areas enumerated below. Any item, section, or questions left unanswered may result in respondent disqualification at the discretion of PermiaCare.

- A. Flooring Product description brochure, website, or other manufacturers specification sheet
- B. Flooring Product installation brochure, website, or other manufacturers specification sheet
- C. Flooring Product on-going maintenance brochure, website, or other manufacturers specification sheet
- D. Response Agreement
- E. Appendix A - Contractors responses to Sections I, II. Respond to all items listed in the format listed.
- F. Appendix B – Current Facility Floor Plan indicating area of renovation.
- G. Appendix C - Bidder's Affidavit
- H. Appendix D - Conflict of Interest Questionnaire
- I. Copy of Proposed warranty, if any
- J. Copy of Contractors' Declaration of Insurance Coverage meeting the minimum standards as specified below:
  - General Liability (Premises/Operations and Completed Operations)

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- Company - \$1,000,000 minimum
- Individual - \$500,000 minimum
- Worker's Compensation –
  - Company - WC – Statutory – Employer's Liability - \$500,000
- Automobile Liability (including Hired & Non-owned Autos)
  - Company - \$1,000,000 Combined Single Limit (Minimum)
  - Individual - \$250,000 Combined Single Limit (Minimum)

**6. SUBMISSION PROCEDURE:**

A. Submission of Bid

1. **All responses** must be sent by email to the address below with the following in the subject line: **"Midland IDD Day Habilitation Floor Renovation 2025"**:

[purchasing@permiacare.org](mailto:purchasing@permiacare.org)

2. Responses and all supporting documentation, if any, must be received by email on or before **5:00 p.m. (CST) Friday, June 27th, 2025**. Late responses may not be opened or considered at the discretion of PermiaCare. The contractor assumes all responsibility for the timely receipt of the PROPOSAL at our facility by the date/time stipulated.
3. **An authorized agent of the contractor must sign the Response Agreement AS IS and include it in the response.**
4. If the contractor believes that any question in the REQUEST FOR PROPOSAL is unclear or susceptible to more than one interpretation, the contractor must indicate that uncertainty and explain any conditions or assumptions pertinent to the response.

B. Submission of Questions

1. All questions must be submitted in writing by e-mail. PermiaCare will send a written response to each contractor that has obtained a copy of the REQUEST FOR PROPOSAL. The Purchasing Agent must receive all written questions / comments, including questions and requests for clarification, no later than 5:00 PM, Wednesday, June 18th.

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All questions / requests / [walkthrough scheduling](#) must be directed to the  
Purchasing Agent:

**Sherlonda Owens**  
**“Midland IDD Day Habilitation Floor Renovation”**  
**(432) 848-6947**  
**[purchasing@permiacare.org](mailto:purchasing@permiacare.org)**

2. Any oral, email or other communication regarding this REQUEST FOR PROPOSAL with employees or officials of PermiaCare, other than the individuals mentioned above will be considered unofficial and non-binding.

C. Revisions to the REQUEST FOR PROPOSAL

1. Should any amendments and/or addenda be necessary, all contractors will be given the opportunity to respond. Lack of response to any amendment(s) and/or addenda may make responses incomplete.
2. PermiaCare will notify all contractors of amendments(s) and/or addenda via email. Notwithstanding, it shall be the responsibility of the contractors to become informed of any amendment(s) and/or addenda to the REQUEST FOR PROPOSAL.

D. Selection Process

Selection will be based on how well the responses meet the following criteria:

1. The extent to which the services to be provided meet stated PermiaCare requirements.
2. The extent to which the flooring type and installation process impact the operations of the facility.
3. Any warrant provided for the flooring and installation.
4. Best estimated overall cost in relation to the services offered.
5. If requested by PermiaCare, references provided by the contractor to verify the capability to provide the work proposed prior to issuance of a final award.

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E. Proposal Evaluation

1. The evaluation of proposals shall be accomplished by an evaluation team, to be designated by PermiaCare, which will determine the proposal most responsive to the requirements stated in this REQUEST FOR PROPOSAL.

F. Notification of Selected / Rejected Bids

1. If a response is accepted, the contractor will be contacted by PermiaCare by email to begin final contract negotiation.
2. If a response is not accepted, the contractor(s) will be notified in writing by email after a contract has been executed with the selected contractor.

G. General Terms and Conditions

1. PermiaCare further reserves the right to reject any and/or all responses.
2. PermiaCare assumes no responsibilities for any costs incurred during the preparation of the response by the contractor.
3. PermiaCare reserves the right to negotiate final terms and conditions of the proposal and the resulting agreement.
4. PermiaCare reserves the right to award or cancel this process at any time.
5. PermiaCare is not bound to accept the lowest bid, nor any bid submitted.

H. Proprietary Information / Public Disclosure

1. Materials submitted in response to this competitive procurement shall become the property of PermiaCare.
2. Any information in the bid that the contractor(s) desire to claim as proprietary and exempt from disclosure must be clearly designated. The page must be identified and the particular exception from disclosure must be clearly identified by the word "Confidential" printed on the lower right-hand corner of the page.
3. PermiaCare will consider a contractor's request for exemption from disclosure; however, PermiaCare will make a decision predicated upon applicable laws.

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4. Marking the entire bid exempt from disclosure will not be honored.
5. Non-proprietary information in response to this REQUEST FOR PROPOSAL will be subject to public disclosure once the award is made and the contract signed with the selected contractor.

I. Selection Timetable

1. This table is tentative and subject to change.

Item	Target Date For Completion
1) REQUEST FOR PROPOSAL Issued	May 28 <sup>th</sup> , 2025
2) Availability for facility walkthroughs ( <a href="#">Contact Sherlonda Owens as specified above</a> )	May 29 <sup>th</sup> – June 17 <sup>th</sup>
2) Deadline to Submit Questions	June 18 <sup>th</sup> , 2025, 5:00 PM
3) Proposals due (No Public Opening)	June 27 <sup>th</sup> , 2025, 5:00 PM
4) Evaluation Period (Review of Contractor References, if necessary)	June 28 <sup>th</sup> , 2025 – July 6 <sup>th</sup> *
5) Recommendation to the Board Finance Committee	July 7 <sup>th</sup> -9 <sup>th</sup> *
6) Recommendation to Board of Trustees	July 15 <sup>th</sup> *
7) Negotiation of purchase contract with chosen proposal	July 15 <sup>th</sup> – August 1 <sup>st</sup> *

\* - Dates are tentative

2. Any questions or concerns about the timetable should be communicated in writing immediately upon receipt of the REQUEST FOR PROPOSAL
3. Failure to meet the delivery dates as outlined above may be basis for disqualifications of your proposal.

J. Nondiscrimination

No person shall be excluded from participation in, be denied benefits of, be discriminated against in the admission or access to, or be discriminated against in treatment or employment in PermiaCare's contracted programs or activities on the

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grounds of disability, age, race, color, religion, sex, national origin, or any other classification protected by Federal, State, and Local Laws; nor shall they be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination in the performance of contracts with PermiaCare.

K. Statement of Omissions and Deviations

Contractor shall provide a full description of any omissions or deviations from the requirements set forth in the REQUEST FOR PROPOSAL and the reasons why the omissions or deviations are in the best interest of PermiaCare. The effect of any omissions or deviations on the total cost shall be included. If there are no omissions or deviations from the REQUEST FOR PROPOSAL, the respondents shall state the following:

“The proposal contains no omissions or deviations from the REQUEST FOR PROPOSAL.”

PermiaCare reserves the right to disqualify any bid that contains any omissions/deviations (to include contractor declining to provide on-site presentations and/or demonstrations) if in PermiaCare’s sole determination, it is decided that such omissions/deviations impact the overall goal for which this REQUEST FOR PROPOSAL was intended.

Additionally, the respondent may optionally list and explain any additional tasks, products or services that are proposed or recommended along with the associated cost, deliverables, and timetable to be undertaken that are not specified in this REQUEST FOR PROPOSAL. Any additional elements should be clearly delineated and cost estimates presented separately so that PermiaCare may consider the value added and distinguishes such elements from the required components in the REQUEST FOR PROPOSAL.

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**RESPONSE AGREEMENT**

In exchange and consideration of this Request for Proposal (hereinafter "REQUEST FOR PROPOSAL") by PermiaCare,

\_\_\_\_\_ agrees that:  
(Name of Contractor)

1. Contractor has received all addenda and attachments to the RFP as distributed by PermiaCare.
2. Contractor will not make any attempt to induce any person or firm to submit or not submit a Proposal.
3. Contractor will ensure that no person on the basis of race, color, national origin, religion, sex, age, sexual orientation, gender identity, genetic characteristics, veteran status, disability or political affiliation, will be excluded from participation in, be denied the benefits of, or be subject to discrimination with respect to any Contract, under any of the policies of HHSC or PermiaCare. Proposer does not discriminate in its service or employment practices on the basis of race, color, religion, sex, sexual orientation, genetic characteristics, national origin, disability, veteran status, age, or political affiliation.
4. Contractor accepts PermiaCare's right to alter the timetables for procurement as set forth in the RFP.
5. The Proposal submitted by Contractor has been arrived at independently without consultation, communication, or agreement for the purpose of restricting competition.
6. The individual signing this Assurances Document is authorized to legally bind Contractor.
7. This response will become the property of PermiaCare and may be evaluated by any employee, consultant, or agent of PermiaCare.
8. PermiaCare reserves the right to proceed or not to proceed with the plans to renovate. PermiaCare further reserves the right to accept or reject any or all parts of the response to this REQUEST FOR PROPOSAL.

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9. All proprietary information provided in response to this REQUEST FOR PROPOSAL will be treated as confidential to the extent permitted under the Texas Public Information Act. Non-proprietary information in response to this REQUEST FOR PROPOSAL will be subject to public disclosure once the award is made and the contract signed with the selected Contractor. The Contractor shall designate which portions of the Response/Agreement it considers to be proprietary.
10. All information in this response may be modified or changed only after notification of and approval by PermiaCare.
11. This REQUEST FOR PROPOSAL is to be kept confidential to the extent permitted under the Texas Public Information Act. The information contained therein may not be used for any purpose other than in the preparation of a response submitted to PermiaCare.
12. By submitting a response to this REQUEST FOR PROPOSAL, the Contractor represents and warrants that it has read and understands the REQUEST FOR PROPOSAL documents and that its response is made in accordance with the terms of the REQUEST FOR PROPOSAL.
13. By submitting a response to this REQUEST FOR PROPOSAL, the Contractor agrees to waive any claim it has or may have against PermiaCare and any of its agents and employees, and the Board of Trustees of PermiaCare, both individually and in their official capacities, arising out of or in connection with 1) the administration, evaluation, or recommendation of any response to this REQUEST FOR PROPOSAL; 2) waiver of any requirements contained in the REQUEST FOR PROPOSAL or the contract documents; 3) acceptance or rejection of any response to this REQUEST FOR PROPOSAL; and 4) award of this contract.
14. The response or any portion thereof, may at the option of PermiaCare, become part of the final contract, and thus, legally binding.
15. If PermiaCare requests the submittal of supplemental information, the information requested shall be promptly provided in writing. Such supplemental information shall be deemed a part of the response.

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16. By submitting a response to this REQUEST FOR PROPOSAL, the Contractor represents and warrants that it shall not contract with any individual(s) or entity that is excluded from participation under the OIG or any other governmental program. The Contractor shall notify PermiaCare immediately in the event that Contractor, or any individual(s) it contracts with, is excluded from participating under the OIG or any other governmental program.
17. By submitting a response to this REQUEST FOR PROPOSAL, the Contractor represents and warrants that neither it nor its employees, agents, or assigns have been (a) convicted of a criminal offense related to healthcare (unless such person or entity has implemented a compliance program as part of an agreement with the federal government); or (b) listed by a federal agency as debarred, excluded or otherwise ineligible for federal program participation under 42 U.S.C. 1320a-7, the OIG List of Excluded Individuals/Entities and/or the GSA list of debarred Contractors.
18. By submitting a response to this REQUEST FOR PROPOSAL, the Contractor represents and warrants that it shall notify PermiaCare within three (3) days of the time it receives notice of any action being taken against it or its employees, agents, or assigns which could result in its exclusion from participating in the Federal health care programs. The Contractor acknowledges that PermiaCare may terminate this Agreement without penalty or further payment upon the resolution of a pending criminal charge or proposed disbarment or exclusion which results in a conviction, disbarment or exclusion of the Contractor or its employees, agents, or assigns.
19. By submitting a response to this REQUEST FOR PROPOSAL, the Contractor represents and warrants compliance with Executive Order 11246 of September 24, 1965 entitled "Equal Employment Opportunity," as amended by Executive Order 11375 of October 13, 1967 and as supplemented in Department of Labor regulations (41 CFR Part 60).
20. By submitting a response to this REQUEST for PROPOSAL, the Contractor represents and warrants compliance with the Copeland "Anti-Kickback" Act (18 U.S.C. 874) as supplemented in Department of Labor regulations (29 CFR Part 3).
21. By submitting a response to this REQUEST for PROPOSAL, the Contractor represents and warrants compliance with the Davis-Bacon Act (40 U.S.C. 276a to a-7) as supplemented by Department of Labor regulations (29 CFR Part 5)

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22. By submitting a response to this REQUEST for PROPOSAL, the Contractor represents and warrants compliance with Sections 103 and 107 of the Contract Work Hours and Safety Standards Act (40 U.S.C. 327-330) as supplemented by Department of Labor Regulations (29 CFR Part 5)
23. Contractor is currently in good standing for payment of all applicable state tax.
24. By submitting a response to this REQUEST FOR PROPOSAL, the Contractor hereby acknowledges that PBCC has adopted a Code of Conduct for the purpose of identifying and rectifying compliance issues as they may arise. The Contractor hereby represents and warrants that it and its employees, agents, or assigns shall comply with the Code of Conduct that it meets all applicable PBCC compliance guidelines.
25. Contractor certifies that it is not listed in the prohibited vendors list authorized by Executive Order No. 13222, "Block Property and Prohibiting Transactions with Persons Who Commit, Threaten to Commit, or Support Terrorism", published by the United States Department of the Treasury, Office of Foreign Assets Control.
26. Contractor agrees that no provision in this proposal and any resulting contract in any way intended to constitute a waiver by PermiaCare or the State of Texas of any immunities from suite or from liability that PermiaCare or the State of Texas may have by operation of law.

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Name of Contractor

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Date

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Signature of authorized representative for Contractor

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**Appendix A**  
**SECTION I**  
**CONTRACTOR INFORMATION**

<b>Contractor Name</b>	
<b>Address</b>	
<b>Contact Person</b>	
<b>Phone Number</b>	
<b>E-mail Address</b>	

**SECTION II**  
**TURNING POINT FLOOR RENOVATION COMPREHENSIVE FIXED PRICE BID**

<b><u>BID SUMMARY</u></b>	
<b>Question</b>	<b>Response</b>
1) Please specify, approximately, the date that work could begin installing the flooring after completion of the service agreement on or before August 1st.	
2) Please specify the duration of days that the installation process is expected to take.	
3) Please specify in years, warranty provided for the flooring and the installation (Attach a copy of the standard warranty agreement to the proposal)	

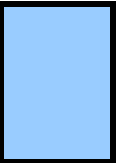
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**Proposed Fixed-Price for the renovation project (Please attach product information, installation, and maintenance documentation,)**

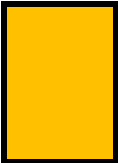
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Appendix B

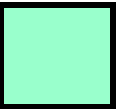
Midland IDD Day  
Habilitation  
1403 East Front Street  
Midland, Texas



Unchanged  
Flooring



1" Restroom  
Flooring

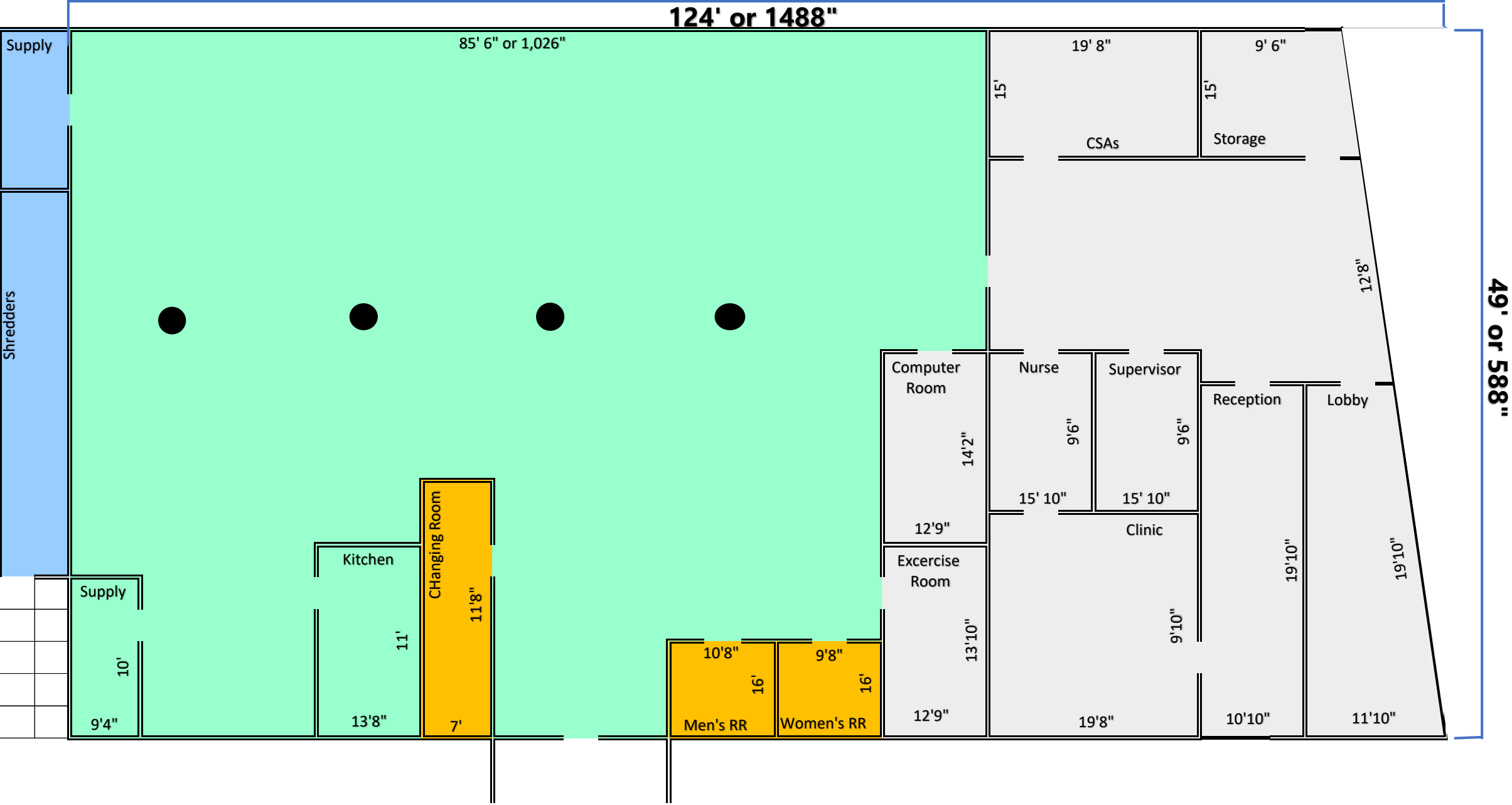


Flooring to be  
replaced



VCT Flooring to  
be replaced

Approximately 6,076 Sq.  
Ft to be replaced



# Attachment C

## Vendor Affidavit

STATE OF TEXAS       (  
COUNTY OF MIDLAND    (

BEFORE ME the undersigned authority, on this day personally appeared \_\_\_\_\_ known to me to be the person whose name is subscribed to the following, who upon oath, says:

I am the Manager, Secretary, or other agent or officer or the principal of the Proposer in the matter of the Responses to which this affidavit is attached, and I have full knowledge of the relations of the Proposer with the other firms in this same line of business, and the Proposer is not a member of any trust, pool or combination to control the price of Responses, or to influence any person to propose or not propose thereon.

I further affirm that the Proposer has not given, offered to give, or intends to give at any time hereafter any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public servant in connection with the submitted proposal.

\_\_\_\_\_  
Affiant

SWORN TO AND SUBSCRIBED BEFORE ME by the above Affiant, who, on oath states that the facts contained in the above are true and correct, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for \_\_\_\_\_ County,  
Texas

Name of Proposer \_\_\_\_\_

Signed by \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

# Attachment D

## CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor doing business with local governmental entity

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

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

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

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

### OFFICE USE ONLY

Date Received

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

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

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

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

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

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

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

**7**

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

\_\_\_\_\_  
Date

## **CONFLICT OF INTEREST QUESTIONNAIRE**

### **For vendor doing business with local governmental entity**

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

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

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

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

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

\*\*\*

- (2) the vendor:

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

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

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

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

- (i) a contract between the local governmental entity and vendor has been executed; or
- (ii) the local governmental entity is considering entering into a contract with the vendor.

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

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

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

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

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

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

- (1) the date that the vendor:

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

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

- (2) the date the vendor becomes aware:

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

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

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