

**CITY OF MISSION
SOLICITATION, OFFER AND AWARD FORM**

**SOLICITATION INFORMATION
REQUEST FOR BIDS (RFB)**

1. BID NO.: 17-279-08-29
2. ISSUE DATE: August 15, 2017
3. FOR INFORMATION CONTACT: (No collect calls)
NAME: Crissy Cantu, Buyer
TELEPHONE: (956) 580-8667 **FAX:** (956) 580-8798
E-MAIL: ccantu@missiontexas.us

4. BRIEF DESCRIPTION:

**Pre-Employment Drug & Alcohol Screenings and
Medical Services**

5. PRE-BID CONFERENCE/GENERAL CONTRACTORS MEETING:
(Highly Recommended)

 *** There will not be a conference. ***

6. ADVERTISING DATES:
 1st Week of Advertisement Date: __08__ / __15__ / __17__
 2nd Week of Advertisement Date: __08__ / __22__ / __17__

7. SUBMIT OFFER TO:

Mailing/Hand/Commercial Courier Delivery
**City of Mission
 Purchasing Department**
 1201 E. 8th Street R101
 Mission, TX 78572
 Bid # 17-279-08-29

8. OFFER SUBMISSION DUE DATE AND TIME:

DATE: August 29, 2017
TIME: 2:00 PM CST

9. No Facsimiles or late arrivals will be accepted. Any bids received after offer submission due date and time will not be opened and will be returned. City of Mission Purchasing Department time stamp clock will be the governing time for acceptability of bids. Overnight mail must also be properly labeled on the outside of the express envelope or package in reference to RFB.

10. SUBMIT WITH OFFER: Original offer and 2 photocopies including documents and attachments so indicated on Page 2 of this form.

11. Offers submitted in response to an RFB will be opened publicly by The City of Mission Purchasing Department, immediately after the submission due date and time. Offers submitted in response to an RFP will NOT be publicly opened.

12. FIRM OFFER PERIOD: Offers submitted shall remain firm for a period of 60 calendar days from the final due date for bids.

13. NOTE: For Invitation for Bids, "offer" and "offeror" mean "bid" and "bidder".

**OFFER
(To be completed by Offeror)**

14. In compliance with the above, the undersigned agrees, if this offer is accepted within the period specified in Block 12, above, to furnish any or all items, or provide the service(s), upon which prices are offered in the Schedule at the price set opposite each item or service, and to deliver the item(s) and or perform the service(s) at the designated location(s) within the time specified.

15. BIDDERS NAME, ADDRESS: (Type or Print)

TELEPHONE: **E-MAIL:**
CELL PHONE: **FAX:**

16. NAME AND TITLE OF PERSON AUTHORIZED TO SIGN THE OFFER: (Type or Print)

17. BIDDERS SIGNATURE & DATE:

**AWARD
(To be completed by City of Mission)**

18. TOTAL ESTIMATED AMOUNT OF AWARD:

19. PURCHASING AGENT SIGNATURE & DATE OF AWARD:

Name: _____ Signature: _____ Date: ____/____/____

SOLICITATION INDEX

20. CONTENTS: (DOCUMENTS WITH A YES ARE TO BE SUBMITTED WITH OFFER)

	NAME	FORM DESCRIPTION	SUBMIT WITH OFFER?
●	Cover Sheet	Solicitation, Offer and Award Form (Complete in its entirety to include Sign and Date)	YES
●	Instructions to Bidders	General Terms & Conditions	YES
		Delivery Terms	YES
●	Non-Collusive Bidding Certificate	Vendor Acknowledgement Form	YES
●	Pricing Schedule	Signed and Completed	YES
●	Specifications/Scope of Work	Description of Pre-Employment Drug & Alcohol Screenings and Medical Services	YES
●	Addenda Checklist	Confirmation Receipt of Addendum(s)	YES
●	Bidder's General Questionnaire	General Questions (Supporting Documentations)	YES
●	CIQ Questionnaire	Conflict of Interest Questionnaire	YES

21. ACKNOWLEDGMENT OF ADDENDUMS: Offeror acknowledges receipt of the following addendum(s) to the solicitation: (Identify addendum number and date of each.)	ADDENDUMS #	DATE	ADDENDUMS #	DATE	

*****Firm name and authorized signature must appear on each page that calls For this information. Failure to do so may disqualify your Bid *****

City of Mission
Instructions to Bidder – General Terms & Conditions
Bid Name/No.: Pre-Employment Drug & Alcohol Screenings and Medical Services / 17-279-08-29

Please read your specifications thoroughly and be sure that the offered complies with all requirements. Any variation from the specifications will not be allowed. If you are the successful bidder, it will be required that **“Pre-Employment Drug & Alcohol Screenings and Medical Services”** be provided as specified.

- (1) Sealed bids will be received for **“Pre-Employment Drug & Alcohol Screenings and Medical Services”** in accordance with the specifications attached hereto.
- (2) All specifications shown are minimum requirements. There is no intention to disqualify any bidder who can meet these specifications.
- (3) **One (1) original and two (2) copies of RFB must be enclosed in a sealed envelope with vendor’s name and return address clearly typed/printed on upper left hand corner and proper notation clearly type/printed on the lower left hand corner “Request for Bids” – “Pre-Employment Drug & Alcohol Screenings and Medical Services - Bid No. 17-279-08-29” and delivered to City of Mission Purchasing Department, 1201 East 8th Street, Mission, Texas 78572 on or before 2:00 p.m., Tuesday, August 29, 2017. No Facsimiles or late arrivals will be accepted. Any RFB received after that time will not be opened and will be returned. Overnight mail must also be properly labeled on the outside of express envelope or package in reference to RFB.**
- (4) Bids must give full firm name and address of bidder, and be manually signed. Failure to do so may disqualify your bid. Person signing bid must show title or **AUTHORITY TO BIND HIS FIRM IN A CONTRACT.** *Firm name and authorized signature must appear on each page that calls for this information.*
- (5) Interest of Public Officials

The offeror represents and warrants that no employee, official, or member of the Council (Executive Committee) of the City is or will be peculiarly interested in or benefited directly or indirectly as a result of this contract.
- (6) Covenant Against Gratuities

The offeror represents as part of its offer that neither it nor any of its employees, representatives or agents have offered or given gratuities (in the form of entertainment, gifts or otherwise) to any director, officer or employee of the City with the view toward securing favorable treatment in the awarding, amending, or the making of any determination with respect to the performing of the contract.
- (7) Acknowledgment of Addendums to Invitation for Bids
 - (a) If this solicitation is amended, then all terms and conditions which are not modified remain unchanged.
 - (b) Bidders shall acknowledge receipt of any addendums to this solicitation: (1) by signing and returning the addendums; or (2) by identifying the addendums number and date in the space provided for this purpose on the bid form; or (3) by letter or telegram. The City must receive the acknowledgment by the time and at the place specified for receipt of bids.
- (8) Bids **cannot** be altered or amended after opening time. Alterations made before opening time must be initialed by bidder guaranteeing authenticity. No bid may be withdrawn after opening time without acceptable reason in writing and only after approval by the City of Mission.
- (9) **STATE SALES TAX MUST NOT BE INCLUDED IN BID.** Contractors are not tax exempt.

(10) Evaluation and Basis for Award

(A) One Award

One contract award is anticipated under this solicitation. Multiple contract awards shall not be made. It is the intent of the City of Mission to award the bid to the lowest responsive and responsible bidder or to the bidder who provides goods or services at the best value for the municipality. Upon the City's issuing an award of this bid, this bid shall be countersigned by an authorized representative of the City which will result in a binding contract without further action by either party.

(B) Estimated Quantities

The quantities specified in the Schedule are estimates only, are used as a basis for determining award of the contract. Services will be rendered on an as needed basis.

(B) All or None Pricing

Failure of an offeror to provide prices for all line items listed on the Schedule shall be cause for rejection of the entire offer. However, an offeror may enter "No Cost" in the unit price and extended amount columns to indicate that the item is being offered at "No Cost."

- (11) When delay can be foreseen, bidder shall give prior notice to the City of Mission. Bidder must keep City of Mission advised at all times of status of order. Default in promised delivery (without acceptable reasons) or failure to meet specifications, authorizes the City of Mission to purchase such deliver/service **"Pre-Employment Drug & Alcohol Screenings and Medical Services"** off contract. The contractor will be liable for any increase in cost incurred due to defaulting for **"Pre-Employment Drug & Alcohol Screenings and Medical Services"**.

- a. Acceptable reasons for delayed delivery(ies) are as follows; Act of God (floods, tornadoes, hurricanes, etc.), acts of government, fire strikes, war. Actions beyond the control of the successful bidder.

- (12) Quote F.O.B. Mission, Texas. If not quoting, show guaranteed exact cost to deliver. Bid in units of quantity specified extend and show total. In the event of discrepancies in extension, unit prices will govern. Bids subject to unlimited price increase will not be considered.

- (13) The City may hold bids **60 days** after bid opening without taking action. Bidders are required to hold their bids firm for same period of time.

- (14) The City of Mission reserves the right to reject any or all bids, to waive any or all formalities or technicalities, and to make such awards of contract as may be deemed to be the best and most advantageous to the City of Mission.

- (15) The bidder agrees to indemnify and save harmless the City, the Purchasing Agent and any assistants from all suits and actions of every nature and descriptive brought against them or any of them, for or on account of the use of patented appliances, products or processes, and he/she shall pay all royalties and charges which are legal and equitable. Evidence of such payment or satisfaction shall be submitted upon request of the Purchasing Agent, as a necessary requirement in connection with the final estimate for payment in which such patented appliance, products or processes are used.

- (16) **Bidder shall carefully examine the bid forms, general terms and conditions, and specifications.** Should the bidder find discrepancies in, or omissions from bid forms, general terms and conditions, specifications, or other documents, or should he/she be in doubt as to their meaning, he/she should at once notify the Purchasing Agent (Mission City Hall, (956) 580-8667) and obtain clarification by addendum prior to submitting any bid.

(17) BILLING AND PAYMENT INSTRUCTIONS:

Invoices must include:

- a. Name and address of successful vendor
- b. Name and address of receiving department or official
- c. Purchase Order Number (if any)
- d. Notation - **“Pre-Employment Drug & Alcohol Screenings and Medical Services”**
- e. Descriptive information as to the items or services delivered, including product code, item number, quantity etc.

The City of Mission will execute payment by mail within thirty (30) working days found. No other method of payment will be considered.

(18) Funds for this procurement have been provided through the City budget for this fiscal year only. City, on an annual basis, has the right to reconsider a contract during the budget process for the ensuing years if financial resources of City are insufficient to meet the liabilities of said contract. The award of a bid or contract hereunder will not be construed to create a debt of the City which is payable out of funds beyond the current fiscal year.

(19) The geographical location(s) of bidder’s facilities referenced **“Pre-Employment Drug & Alcohol Screenings and Medical Services”** given due consideration in determining the lowest responsible bidder. All items will be evaluated and awarded individually or in any combination thereof.

(20) The City of Mission reserves the right to waive or take exception to any part of the specifications when in the best interest of the City of Mission.

(21) Number of days required for completion/acceptance after receiving notice to proceed for each project under **“Pre-Employment Drug & Alcohol Screenings and Medical Services”** must be stated below. Failure to so state number of hours or days will obligate bidder to complete work within **twenty-four (24) hours from** initial request.

Work to be done as per: “Scope of Service”

Hours/Days to complete work as per request after receipt of purchase order: _____hours/days

(22) Bidders must comply with all applicable federal, state and local laws, rules, regulations and ordinances and statutes relating to purchasing in the State of Texas in addition to the requirements of this form.

(23) **Bidders are advised that they must be in compliance with the below mentioned law:**

CHAPTER 176 OF THE TEXAS LOCAL GOVERNMENT CODE

Effective January 1, 2006, Chapter 176 of the Texas Local Government Code requires that any vendor or person considering doing business with a local government entity disclose in the Questionnaire Form CIQ, the vendor or person’s affiliation or business relationship that might cause a conflict of interest with a local government entity. By law, this questionnaire must be filed with the records administrator of the City of Mission not later than the 7th business day after the date the person becomes aware of facts that require the statement be filed. See Section 176.006, Local Government Code. A person commits an offense if the person violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor.

For more information or to obtain Questionnaire CIQ go to the Texas Ethics Commission web page at www.ethics.state.tx.us/forms/CIQ.pdf.

IF YOU HAVE ANY QUESTIONS ABOUT COMPLIANCE, PLEASE CONSULT YOUR OWN LEGAL COUNSEL. COMPLIANCE IS THE INDIVIDUAL RESPONSIBILITY OF EACH PERSON OR

AGENT OF A PERSON WHO IS SUBJECT TO THE FILING REQUIREMENT. AN OFFENSE UNDER CHAPTER 176 IS A CLASS "C" MISDEMEANOR

(24) Disclosure of Interested Parties

Contractor is to comply with Government Code Section 2252.908 enacted by H.B. 1295, which prohibits a government entity or state agency from entering into certain contracts with a business entity unless the business entity submits a disclosure of interested parties. For more information go to the Texas Ethics Commission web page at: https://www.ethics.state.tx.us/whatsnew/elf_info_form1295.htm

(25) Termination of Contract: The City of Mission reserves the right to terminate the contract if, in the opinion of the City of Mission, the successful vendor's and/or contractors performance is not acceptable, if the City is being repeatedly overcharged, improperly charged, no funds available, or if the City wishes, without cause, to discontinue this contract. Termination will be in written form allowing a 30-day notice.

**City Of Mission
Pricing Schedule**

Bid Name/No.: “Pre-Employment Drug & Alcohol Screenings and Medical Services”/ 17-279-08-29

For any questions directly regarding the **“Pre-Employment Drug & Alcohol Screenings and Medical Services - Bid No. 17-279-08-29”**, please call or email:

Crissy Cantu, Purchasing Buyer: ccantu@missiontexas.us
Telephone: (956) 580-8667

#	QUANTITY	ITEM DESCRIPTION	UNIT PRICE	Results Turnaround Time (TAT)	METHOD OF PROVIDING RESULTS (Check all that apply)
1	1 ea	Medical Physicals: Should include complete medical history and examinations for the following: <input type="checkbox"/> Health History <input type="checkbox"/> Musculoskeletal <input type="checkbox"/> Respiratory <input type="checkbox"/> Vital Signs <input type="checkbox"/> Abdomen, tenderness, abnormal masses <input type="checkbox"/> Head <input type="checkbox"/> Eyes <input type="checkbox"/> Ears, nose and throat <input type="checkbox"/> Skin and lymphatic <input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Neurological Evaluation	\$ _____/ea	_____ Hours	<input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Verbal
2	1 ea	Pre-Placement Screenings: Should evaluate the applicant’s physical ability to perform essential job functions as described in a specific job description provided by the City of Mission and should ensure the physical attributes of the candidate matching the physical requirements of the position being filled. The components of the Pre-Placement Screening should consist of the following: <input type="checkbox"/> Cardiovascular Assessment <input type="checkbox"/> Strength Abilities <input type="checkbox"/> Range in Motion <input type="checkbox"/> Dexterity <input type="checkbox"/> Agility and Flexibility Assessment	\$ _____/ea	_____ Hours	<input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Verbal
3	1 ea	Urine Drug Screenings: Should be performed for NON-DOT positions by a Clinical Reference Laboratory, and should include testing for the following substances (5 panel): <input type="checkbox"/> Amphetamines <input type="checkbox"/> Barbituates <input type="checkbox"/> Cocaine Metabolites <input type="checkbox"/> Opiates <input type="checkbox"/> Marijuana Metabolites	\$ _____/ea	_____ Hours	<input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Verbal

**CITY OF MISSION
EXECUTION OF OFFER (CONTINUED)
BID NAME: PRE-EMPLOYMENT DRUG AND ALCOHOL SCREENINGS AND MEDICAL
SERVICES /REQUEST FOR BID NO.: 17-279-08-29**

(1.) What are your normal hours of operation? _____

(2.) Are you available after hours? _____ If so, what hours? _____

(3.) Are you available on Saturdays? _____ If so, what hours? _____

(4.) Are there any additional fees? _____ If so, what are the fees? _____

(5.) Do you offer on-site testing? _____

(6.) Do you refer "positive results" to MRO? _____

(7.) Do you offer "split sample" Non-DOT testing? _____
If so what are fees? _____

(8.) Do you provide training? _____

If so, list training:

(a.) _____	Training fee?	\$ _____
(b.) _____	Training fee?	\$ _____
(c.) _____	Training fee?	\$ _____
(d.) _____	Training fee?	\$ _____
(e.) _____	Training fee?	\$ _____
(f.) _____	Training fee?	\$ _____
(g.) _____	Training fee?	\$ _____

(9.) Do you provide "referral forms/pads"? _____

(10.) Do you have various collection sites? _____

If so, list locations (address, city and phone number):

- (a.) _____
- (b.) _____
- (c.) _____
- (d.) _____
- (e.) _____
- (f.) _____

(11.) What is turn-around time for results? _____ days _____ hours

(12.) What is your billing cycle? _____

(13.) If awarded, what is the maximum contract term? _____ (14.) HUB vendor? _____

**CITY OF MISSION
EXECUTION OF OFFER (CONTINUED)
BID NAME: PRE-EMPLOYMENT DRUG AND ALCOHOL SCREENINGS AND MEDICAL
SERVICES /REQUEST FOR BID NO.: 17-279-08-29**

Historical Usage: Approximately 220 screenings. These historical quantities may or may not reflect the amount of service for this year.

Renewal Terms: The City of Mission shall reserve the option to renew this order for an additional two (2) consecutive, one (1) year periods at the end of the service period. A bidder may offer a fixed maximum percentage of escalation for each of the additional two years. The amount of escalation will be taken into consideration in evaluation of the bid. State maximum percentage of escalation as follows:

* _____ % 1st year renewal term: October 1, 2018 – September 30, 2019

* _____ % 2nd year renewal term: October 1, 2019 – September 30, 2020

***IF NO PERCENTAGE OF ESCALATION IS INCLUDED A ZERO PERCENTAGE WILL BE ASSUMED.**

For any questions regarding the “Pre-Employment Drug and Alcohol Screenings and Medical Services”, you may call, fax or email to the following:

Crissy Cantu, Buyer: ccantu@missiontexas.us

Telephone: (956) 580-8667

Fax: (956) 580-8798

Company Name: _____
Owner or President Name: _____
Company Address: _____
City, State, Zip Code: _____
Telephone Number: _____
Fax Number: _____
Email: _____
Federal Tax ID or SSN Number: _____

**Company Representative’s Signature

Date

Company Representative’s Name (Please Print)

Company Representative’s Title

****Signature on this form indicates agreement with “Instruction to Bidders-General Terms and Conditions”**

City Of Mission
Vendor Acknowledgment Form - Non-Collusive Bidding Certification
Bid Name/No.: "Pre-Employment Drug & Alcohol Screenings and Medical Services"/ 17-279-08-29

I/We have read instructions to bidder and specifications. My/Our bid conforms to all bid specifications, conditions, and instructions as outlined by *CITY OF MISSION*.

Signing the Acknowledgment Form confirms that our company will enter into a binding contract with CITY OF MISSION for item(s) awarded to our company. I/We have read instructions to bidder and specifications.

The undersigned Bidder, by signing and executing this bid, certifies and represents to the CITY OF MISSION that Bidder has not been offered, conferred or agreed to confer any pecuniary benefit, as defined by §1.07(a)(6) of the Texas Penal Code, or any other thing of value as consideration for the receipt of information or any special treatment or advantage relating to this bid; the Bidder also certifies and represents that Bidder has not offered, conferred or agreed to confer any pecuniary benefit or other things of value as consideration for the recipient's decision, opinion, recommendation, vote or other exercise of discretion concerning this bid; the Bidder certifies and represents that Bidder has neither coerced nor attempted to influence the exercise of discretion by any officer, trustee, agent or employee of the CITY OF MISSION concerning this bid on the basis of any consideration not authorized by law; the Bidder also certifies and represents that Bidder has not received any information not available to other bidders so as to give the undersigned a preferential advantage with respect to this bid; the Bidder further certifies and represents that Bidder has not violated any state, federal or local law, regulation or ordinance relating to bribery, improper influence, collusion or the like and that Bidder will not in the future offer, confer, or agree to confer any pecuniary benefit or other thing of value to any officer, trustee, agent or member of the CITY OF MISSION in return for the person having exercised the person's official discretion, power or duty with respect to this bid; the Bidder certifies and represents that it has not now and will not in the future offer, confer, or agree to confer a pecuniary benefit or other thing of value to any officer, trustee, agent or member of CITY OF MISSION in connection with information regarding this bid, the submission of this bid, the award of this bid or the performance, delivery or sale pursuant to this bid.

Date: _____
Company Name: _____
Signature: _____
Title: _____

Note: This form, along with the Execution of Offer, must be filled in and submitted with the sealed bid.

**City of Mission
Addenda Checklist**

Bid Name/No.: Pre-Employment Drug & Alcohol Screenings and Medical Services / 17-279-08-29

Bid of: _____
(Bidder Company Name)

To: City of Mission

Ref.: "Pre-Employment Drug & Alcohol Screenings and Medical Services"/ 17-279-08-29

Ladies and Gentlemen:

The undersigned Bidder hereby acknowledges receipt of the following Addenda to the captioned RFB (initial if applicable).

No. 1 _____ No. 2 _____ No. 3 _____ No. 4 _____ No. 5 _____

Respectfully submitted,

Bidder: _____

By: _____

(Authorized Signature for Bidder)

Name: _____

Title: _____

Date: _____

GENERAL BUSINESS QUESTIONNAIRE
(SUPPLIES, SERVICES AND CONSTRUCTION)

This questionnaire, the requested list of references and the authorization to release financial information are used in part to assist in determining a potential contractor's responsibility. Offerors shall submit the General Business Questionnaire information within two (2) work days from the date of notification by the City, or with the offer, if so indicated in the Table of Contents page 2 of the Solicitation, Offer and Award Form. All information must be current and traceable. Each venturer of a joint venture must submit a separate signed form.

City of Mission reserves the right to make additional inquiries based on information submitted, or the lack thereof. Questions concerning this questionnaire or the authorization form should be directed to the contact person identified on the Solicitation, Offer and Award Form. In cases where a question does not apply or if unable to respond, offeror should refer to the item number, repeat the question, and indicate N/A (Not Applicable) or N/R (No Response), as appropriate. Offeror will explain the reason when responding N/A or N/R.

1. Name of Offeror ("Business"): _____

2. List name(s) and business address of officers and directors for corporations, partners for partnerships, and venturers for joint ventures (attach additional pages as necessary).

3. Number of years in business under present business name: _____

4. If applicable, list all other names under which the Business identified above operated in the last 5 years.

5. Annual Gross Revenue (Past year): (M represents millions, K represents thousands)
\$100K or less \$100K-\$500K \$500K-\$1M \$1M-\$5M \$5M-\$10M
\$10M-\$16M \$16M or Over

6. Will bidder/proposer provide a copy of its financial statements for the past two (2) years, if requested by City of Mission? Yes No

7. Number of current employees: _____

8. Has the Business, or any officer or partner thereof, failed to complete a contract? Yes No

9. Is any litigation pending against the Business? Yes No

10. Is offeror currently for sale or involved in any transaction to expand or to become acquired by another business entity? If yes, offeror needs to explain the expected impact, both in organizational and directional terms. Yes No

11. Has the Business ever been declared "not responsible" for the purpose of any governmental agency contract award? Yes No
12. Has the Business been debarred, suspended, proposed for debarment, declared ineligible, voluntarily excluded, or otherwise disqualified from bidding, proposing, or contracting? Yes No
13. Are there any proceedings pending relating to the Business' responsibility, debarment, suspension, voluntary exclusion, or qualification to receive a public contract? Yes No
14. Has the government or other public entity requested or required enforcement of any of its rights under a surety agreement on the basis of a default or in lieu of declaring the Business in default? Yes No
15. Is the Business in arrears on any contract or debt? Yes No
16. Has the Business been a defaulter, as a principal, surety, or otherwise? Yes No
17. Have liquidated damages or penalty provisions been assessed against the Business for failure to complete work on time or for any other reason? Yes No
18. Does offeror have a contingency plan or disaster recovery plan in the event of a disaster? If so, then Bidder will provide a copy of the plan. Yes No
19. Does offeror have quality assurance program? If yes, offeror will describe its quality assurance program, its quality requirements, and how they are measured. Yes No
20. If a "yes" response is given under questions 9 through 19, please provide a detailed explanation including dates, reference to contract information, contacts, etc. (attach additional pages as necessary).

I, individually and on behalf of the business named in this Business Questionnaire, do by my signature below, certify that the information provided in this questionnaire is true and correct. I understand that any false statements or misrepresentations regarding the Business named above may result in: 1) termination of any or all contracts which City of Mission has or may have with the Business; 2) disqualification of the Business from consideration for contracts; 3) removal of the Business from City of Mission's vendors' list; or/and 4) legal action(s) applicable under federal, state, or local law.

Name: _____ Title: _____

Signature: _____ Date: _____

(Owner, CEO, President, Majority Stockholder or Designated Representative)

LIST OF REFERENCES FOR SIMILAR PROJECTS

Use additional pages as necessary.

1. Project:
Date of Completion (if applicable):
Contact Person:
Company Name:
Address:
Telephone Number:
Fax Number:
E-mail Address:

2. Project:
Date of Completion (if applicable):
Contact Person:
Company Name:
Address:
Telephone Number:
Fax Number:
E-mail Address:

3. Project:
Date of Completion (if applicable):
Contact Person:
Company Name:
Address:
Telephone Number:
Fax Number:
E-mail Address:

4. Project:
Date of Completion (if applicable):
Contact Person:
Company Name:
Address:
Telephone Number:
Fax Number:
E-mail Address:

CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor or other person doing business with local governmental entity

This questionnaire reflects changes made to the law by H.B. 1491, 80th Leg., Regular Session.

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

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

1 Name of person 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 the originally filed questionnaire becomes incomplete or inaccurate.)

3 Name of local government officer with whom filer has employment or business relationship.

Name of Officer

This section (item 3 including subparts A, B, C & D) must be completed for each officer with whom the filer has an employment or other 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.

4

Signature of person doing business with the governmental entity

Date