

CITY OF ALAMO HEIGHTS

6116 BROADWAY  
SAN ANTONIO, TEXAS 78209  
210-822-3331  
FAX 210-822-8197



DECEMBER 23, 2020

**CITY OF ALAMO HEIGHTS, TEXAS  
REQUEST FOR QUALIFICATIONS STATEMENTS  
FOR PROFESSIONAL CONSULTANT ENGINEERING DESIGN AND  
PROJECT MANAGEMENT SERVICES**

The City of Alamo Heights seeks the services of a qualified licensed professional engineer for the engineering design and project management services for the Austin Highway/lower Broadway improvement project.

Requests For Qualifications will be received **until 10:00 a.m., Friday, January 22, 2021** by the City Secretary at City Hall, 6116 Broadway. Requests For Qualifications shall be marked "Engineering Design and Project Management Services RFQ" on the outer sealed envelope.

Request For Qualifications packets may be obtained on the City's website [www.alamoheightstx.gov](http://www.alamoheightstx.gov). Questions may be directed to Jennifer Reyna, Assistant to City Manager at (210) 832-2209.

Elsa T. Robles  
City Secretary



**CITY OF ALAMO HEIGHTS  
REQUEST FOR QUALIFICATIONS (RFQ)  
PROFESSIONAL CONSULTANT ENGINEERING DESIGN AND PROJECT MANAGEMENT  
SERVICES**

The City of Alamo Heights, Texas is soliciting proposals from qualified firms to provide architectural and engineering design for the Austin Highway/lower Broadway Improvement Project.

| <u>City Contact</u>   | <u>Mailing/Physical Address</u>                                 |
|---|---|
| Jennifer Reyna<br>Phone: 210-832-2209<br><a href="mailto:jreyna@alamoheightstx.gov">jreyna@alamoheightstx.gov</a> | City of Alamo Heights<br>6116 Broadway<br>San Antonio, TX 78209 |

**Engineering Firm Statement of Qualifications Due to City of Alamo Heights  
by 10:00 AM, Central Daylight Time (CDT) on Friday, January 22, 2021**

**Questions Due to City no later than: Wednesday, January 13, 2021, 4:00 p.m. CDT**

## **SECTION I – INTRODUCTION**

### **A. BACKGROUND**

The City of Alamo Heights is a home-rule municipality that operates under a municipal charter that has been adopted or amended as authorized by Article XI, Section 5, of the Texas Constitution. The Alamo Heights City Charter was adopted in 1954 and then amended in November 2007 and May 2011. Pursuant to its provisions and subject only to the limitations imposed by the state constitution and by state law, all powers of the City are vested in the elective City Council, which enacts local legislation, adopts budgets, determines policies, and appoints the highest-level city officials. The City Council executes the laws and oversees the government of the city. The City is a full service City and provides a wide variety of services to citizens and visitors in the Alamo Heights area. Services include police, community development, building inspections, code enforcement, public works (owner and operator of water system and wastewater system), and general administrative activities.

The City of Alamo Heights follows a “Council-Manager” form of government as provided by the City Charter. Alamo Heights is governed by a Mayor and five (5) Councilmembers who serve staggered two-year term.

The City has three (3) boards and commission: the Planning & Zoning Commission, Board of Adjustment and Architectural Review Board.

## **B. PROJECT OVERVIEW**

The Scope of Services includes Project Management and Liaison services for the City in all aspects of the Austin Highway/Broadway improvement project. The total estimated budget for the project is \$31.6 million which includes \$13.25 million in General Obligation Bonds authorized by the Alamo Heights voters on November 3, 2020 and an estimated \$2.1 million in Certificates of Obligations paid from the City's water utility enterprise fund. The project is in collaboration with the San Antonio Metropolitan Planning Organization (MPO), San Antonio River Authority (SARA), and the Texas Department of Transportation (TxDOT). Planning of the project had begun since 2016. Overland Architects were hired in 2019 as the City's architect for landscape and streetscape design. TxDOT will serve as the project manager for the entire project. The successful firm will serve as a liaison between the City, TxDOT and all other agencies and contractors to ensure the City's goals are incorporated and implemented throughout the course of the project.

The Austin Highway/Lower Broadway Improvement Project consists of lower Broadway (Austin Highway to Burr .7 miles), including Broadway and Austin Highway for a total amount of 1.13 miles.

The scope of the improvement project includes complete street reconstruction; installation and replacement of curbs, sidewalks and other flatwork; installation and replacement of various water and sewer lines, , traffic signalization, and street lighting; storm water management and drainage; new streetscape and beautification.

Subject to having experience relevant to the noted scope of work, City of Alamo Heights invites engineering firms, individually or in collaborative teams, to submit qualifications for this work. It is expected that the prime consultant or members of their team have significant experience in engineering specifically in design of municipal assets, construction of streets, with expertise in making decisions related to storm water drainage, sanitary sewer, and flood plain management. Additionally, the successful firm with have extensive experience working with TxDOT and/or on state and federally funded projects. It is expected that the individuals overseeing and managing the project are currently qualified State of Texas licensed professional engineers.

## **C. SUBMITTAL REQUIREMENTS**

Respondent shall submit one (1) complete original proposal signed in ink, five (5) hard copies of the entire proposal, and an electronic version in a USB, in a sealed package clearly marked with the project name, "Engineering Design and Project Management Services RFQ," shall be marked on the front of the package.

Proposals must be received/delivered to, no later than **Friday, January 22, 2021 at 10:00 a.m.:**

Elsa Robles  
City Secretary  
6116 Broadway  
Alamo Heights, TX 78209

The City will not reimburse any expenses incurred by the responder including, but not limited to, expenses associated with the preparation and submission of the response and/or attendance at interviews.

Any submittals received after this time shall not be considered. Submittals sent by facsimile or email will not be accepted.

### **Addendum**

Should specifications be revised prior to the deadline for submission of the RFQ, the City will issue addendum addressing the nature of the change and post them on the City's website. Firms should acknowledge any addendum and return the form with their RFQ package. Firm is responsible for checking the City's website to determine if any addendum have been issued prior to submitting their RFQ response. Failure to consider all addenda will be at the firm's risk.

### **Rejection of Submissions**

**THE CITY OF ALAMO HEIGHTS RESERVES THE RIGHT TO REJECT ANY AND ALL PROPOSALS, TO WAIVE IRREGULARITIES, TO REQUEST ADDITIONAL INFORMATION FROM ALL RESPONDENTS, AND FURTHER RESERVES THE RIGHT TO SELECT THE PROPOSAL, WHICH FURTHERS THE BEST INTEREST OF THE CITY. THE CITY RESERVES THE RIGHT TO SHORT LIST RESPONDENTS AND BASE FINAL SELECTION RANKINGS ON PERSONAL INTERVIEWS. THIS SOLICITATION DOES NOT OBLIGATE THE CITY TO ENTER INTO AN AGREEMENT WITH ANY PROPOSER. THE CITY RESERVES THE RIGHT TO CANCEL THIS REQUEST FOR QUALIFICATIONS (RFQ) AT ANY TIME, AT ITS DISCRETION.**

### **Pre-Submittal Conference**

A pre-submittal conference will be held on **Tuesday, January 12, at 10:00 a.m.** via Zoom. Meeting details are: Dial # 1-346-248-7799 Meeting ID: 863 5974 4806 Password: 258451 or <https://us02web.zoom.us/j/86359744806?pwd=TXlxYUFMRFEwK1FpQU1xeE1mOVRtQT09>. This is not mandatory.

### **Award of the Contract**

Award of the contract shall be based on demonstrated competence and qualifications, so long as the professional fees are consistent with, and not higher than the published recommended practices and fees of the various professional associations and do not exceed any maximums provided by state law.

### **Communication/Clarification**

If any Respondent is in doubt as to the meaning of any part of this solicitation, a written request for clarification should be submitted to Jennifer Reyna, Assistant to the City Manager, [jreyna@alamoheightstx.gov](mailto:jreyna@alamoheightstx.gov) no later than **Wednesday, January 13, 2021 at 4:00 p.m.**

### **Evaluation Criteria**

The City will conduct a comprehensive, fair and impartial evaluation of all submittals received in response to this RFQ. The City may appoint a selection committee to perform the evaluation. Each submittal will be analyzed to determine overall responsiveness and qualifications under the RFQ. Criteria to be evaluated may include the items listed below. The selection committee may select all, some or none of the Respondents for interviews. If the City elects to conduct interviews, Respondents may be interviewed and re-scored based upon these same criteria, or other criteria to be determined by the selection committee. The City may also request additional information from Respondents at any time prior to final approval of a selected Respondent. The City reserves the right to select one, more than one, or none of the Respondents to provide services. Final approval of a selected

Respondent is subject to the action of the City of Alamo Heights City Council. Fees provided for in contracts or agreements shall not be made part of the RFQ Response and will not be considered until the highest qualified firm is selected for negotiation purposes.

Evaluation Criteria:

Qualifications and Relative Experience (40%)

Team Composition (30%)

Responsiveness to RFQ (15%)

Previous Project Performance (15%)

## **SECTION II – SCOPE OF WORK**

The consultant is required to provide professional engineering services to evaluate conceptual and schematic designs, design development, construction documents and specification, cost estimate and construction administration (services) for the Project on behalf of the City. All improvements must comply with the Americans with Disabilities Act and Texas Health and Human Services Department Codes. All materials used must meet or exceed the City of Alamo Heights building codes.

For the purposes of the resulting contract to this RFQ, Project Management shall consist of serving as the owner's representation on all work necessary to design, procure and manage the process of completing the Austin Highway/lower Broadway Improvement project.

**Remainder of Page Intentionally Left Blank**

## **SECTION III – STATEMENT OF QUALIFICATIONS (SOQ) CONTENTS, PROVISIONS AND REQUIREMENTS**

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### **RFQ/PROPOSAL FORMAT, CONTENTS AND EVALUATION CRITERIA**

The RFQ has been structured to provide specific requirements which function as a standardized framework for the evaluation of prospective Proposer's qualifications.

The responses to this RFQ must be made in accordance with the format set forth in this Section. Only RFQs that have been determined to be responsive will be considered. Failure to adhere to the following format may cause rejection of the RFQ as non-responsive.

#### **1. Cover Letter**

The RFQ shall contain a cover letter and introduction, which includes the company name and address, name and telephone number of individuals authorized to represent the Proposer regarding all matters related to the RFQ/proposal and any contract subsequently awarded to the Proposer. This letter shall be signed by any person(s) authorized to bind the company to all commitments made in the RFQ.

If the Proposer is a partnership, the RFQ must be signed in the name of the partnership by a general partner thereof. If the Proposer is a corporation, the RFQ must be signed on behalf of the corporation by two authorized officers (Chairman of the Board of Directors, President or Vice-President and a Secretary, Treasurer or Chief Financial Officer) or an officer authorized by the Board of Directors to execute such documents on behalf of the corporation. All signatures above must be original and in ink on at least one copy of the RFQ submitted to the City.

#### **2. Table of Contents**

Clearly identify the materials by section and page number.

#### **3. Team Capability**

The Proposers' capability to perform all of the work and recent experience in projects comparable to the proposed scope of work.

#### **4. Key Personnel/Qualification of Staff**

The Proposer's key personnel professional qualifications, experience, availability for the proposed project; their reputation, professional integrity and competence. Specific emphasis should be placed on the primary contact, team expertise leaders, and sub-consultants being used on the project.

#### **5. Quality of Similar Projects**

The Proposer's capability to meet aggressive schedules and deadlines; quality of similar previous projects and their capability to complete similar plans without having major cost escalations or overruns. Provide at least five project descriptions and references from previous projects.

## **6. Understanding the Scope of Work**

The Proposer's understanding of the project and potential challenges.

## **7. Familiarity**

Proposer should demonstrate their understanding of the project, the project needs, work required, and any local issues or concerns. Proposer must provide a brief statement of qualifications and experience in the following areas:

- a) Engineering certifications
- b) Engineering designs
- c) Complete street reconstruction
- d) Replacement of water and sewer lines and storm water drainage improvements
- e) Prior experience with like community projects in municipalities

## **8. References**

Name, title, address, telephone number and email address of three (3) former or current clients who have, within the last five years, contracted with the Proposer for services similar to those described in this RFQ.

## **9. Insurance**

The Proposer/Firm and their sureties shall indemnify and save harmless the City and all its officials, agents, and their employees from all suits, actions or claims of any character, name and description brought for, or on account of any injuries or damages received or sustained by any person or persons or property, by or from said Respondent or his employee or by or in consequences of any negligence in safeguarding the work or by or in consequence of any negligence recovered under the Worker's Compensation Laws or any other law, ordinance, order or decree. Prior to contract execution, as further and additional evidence of such indemnification, each Proposer/Firm shall furnish Certificates of Insurance providing that their interests are adequately covered, and policies must be endorsed to Waive Subrogation Rights and naming the City of Alamo Heights as "additional insured" and have Cancellation Provisions extended to thirty (30) days in writing

## **10. Additional Data**

Include any other data the Proposer considers essential to the evaluation of the RFQ.

## **11. Addendum Acknowledgment**

The RFQ/proposal shall contain an acknowledgment of receipt of all amendments and/or addenda to the RFQ, if any.

## **12. Interviews**

If interviews are conducted, the City will develop a list of questions to be answered by each Engineering Firm interviewed, and provide additional instructions to be followed. The City will rank and determine the highest qualified Engineering Firm upon completion of the interviews

### **13. Negotiation Process**

At the conclusion of the evaluation process, the City of Alamo Heights will rank candidates by order of highest qualifications and attempt to negotiate with the most highly qualified firm selected to negotiate a fee. If a mutually satisfactory agreement cannot be reached with the selected provider, negotiations will be formally terminated, and the City will proceed with negotiations with the next most highly qualified provider until a mutually satisfactory agreement is reached.





**CITY OF ALAMO HEIGHTS**  
**6116 BROADWAY**  
**ALAMO HEIGHTS, TEXAS 78209**

**FORM 1**  
**SUBMITTAL COVER / SIGNATURE SHEET**

|                         |  |   |
|-------------------------|--|---|
| <b>ISSUE DATE:</b>      | December 23, 2020  | <b>Request For Qualification<br/>Engineering Design and<br/>Management Services</b> |
| <b>DATE OF CLOSING:</b> | <b>January 22, 2021</b>  | <b>DEPARTMENT:</b>  |
| <b>TIME OF CLOSING:</b> | <b>(No later than)<br/>10:00 a.m. CDT</b>                                | ADMINISTRATION  |
| <b>SUBMIT TO:</b>       | <b>City of Alamo Heights<br/>6116 Broadway<br/>San Antonio, TX 78209</b> | PROFESSIONAL<br>SERVICES  |

**READ AND SIGN BELOW. UNSIGNED COVER SHEETS WILL NOT BE ACCEPTED.**

|  |                         |
|--|-------------------------|
| Legal Name of Firm:  |                         |
| Address:   |                         |
| City:  |                         |
| State:   | Zip Code:               |
| Contact Person:  |                         |
| Office Phone Number:   | Alternate Phone Number: |
| E-Mail Address:  | Fax Number:             |
| <p>I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, information contained in this submittal reflects accurately data regarding my organization/firm, work to be performed, and estimates of planned/delivered services. By signing this cover sheet, the undersigned agrees that, if awarded a contract in response to this RFQ, Respondent will be able and willing to comply with all representations made by Respondent in Respondent's Submittal and during the Solicitation process.</p> <p>The undersigned certifies that he/she is authorized to bind the organization. All provisions in Respondent's submittal, shall remain valid for 120 days following the deadline date for submissions or, if Respondent is awarded a contract, throughout the entire term of the contract.</p> |                         |

\_\_\_\_\_  
Signature of Authorized Individual

\_\_\_\_\_  
Typed Name of Authorized Individual

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed Title of Authorized Individual

## FORM 2

### SUBMITTAL CHECKLIST AND TABLE OF CONTENTS

The materials and information listed on this checklist shall be submitted as part of the submittal. Failure to submit any of the requested materials or provide adequate explanation may eliminate the submittal from consideration.

Materials shall be included in the submittal in the order identified on the checklist. Identify the corresponding page numbers in the space provided.

| Page No.  | Form No. | Form Title                                |
|---|----------|---|
|   | Form 1   | Submittal Cover/ Signature Sheet          |
|   | Form 2   | Submittal Checklist and Table of Contents |
|   | Form 3   | Consultant's Qualification Statement      |
|   | Form 4   | W-9 Form                                  |
|   | Form 5   | Conflict of Interest Questionnaire        |
| ITEMS TO BE SUBMITTED:  |          | Labeled As                                |
| Proof of Insurance (Copy of most current Certificate and letter from Insurance Provider)  |          | Attachment 1                              |
| Job descriptions and resumes for key employees  |          | Attachment 2                              |
| Organizational Chart(s) of firm's organizational structure that clearly identifies the team assigned to each project and the chain of command |          | Attachment 3                              |
| Letters of Reference  |          | Attachment 4                              |

**FORM 3**  
**CONSULTANT'S QUALIFICATION STATEMENT**

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

(NOTE: Co-Respondents are two or more entities proposing as a team or joint venture with each signing the contract, if awarded. Sub-contractors are not Co-Respondents and should not be identified here. If this proposal includes Co-Respondents, provide the required information in this Item #1 for each Co-Respondent by copying and inserting an additional block(s) before Item #1.2. If Joint Venture or Partnership, attach Joint Venture or Partnership Agreement.)

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

Principal Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No. : \_\_\_\_\_ Fax No: \_\_\_\_\_

Email Address: \_\_\_\_\_

List here, any other names under which Respondent has operated within the last 10 years.

\_\_\_\_\_

- 1.2 **Business Structure:** Check the box that indicates the business structure of the Respondent.

☐ Individual or Sole Proprietorship If checked, list Assumed Name, if any: \_\_\_\_\_

☐ Partnership

☐ Corporation If checked, check one: ☐ For-Profit ☐ Nonprofit

Also, check one: ☐ Domestic ☐ Foreign

☐ Other If checked, list business structure: \_\_\_\_\_

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

Yes ☐ No ☐

- 1.4 Is Respondent authorized and/or licensed to do business in Texas?

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

\_\_\_\_\_

\_\_\_\_\_

- 1.5 Where is the Respondent's corporate headquarters located? \_\_\_\_\_

- 1.6 **Local Operation:** Does the Respondent have an office located in San Antonio, Texas?

Yes ☐ No ☐ If "Yes", respond to a. and b. below:

a. How long has the Respondent conducted business from its San Antonio office?

Years \_\_\_\_\_ Months \_\_\_\_\_

b. State the number of full-time employees at the San Antonio office. \_\_\_\_\_

- 1.7 **County Operation:** If the Respondent does not have a San Antonio office, does the Respondent have an office located in Bexar County, Texas?

Yes ☐ No ☐ If "Yes", respond to a. and b. below:

a. How long has the Respondent conducted business from its Bexar County office?

Years \_\_\_\_\_ Months \_\_\_\_\_

b. State the number of full-time employees at the Bexar County office. \_\_\_\_\_

- 1.8 **Organizational Chart:** Attach a one page copy of your business organizational chart, complete with names and titles, identify as Attachment 1.8.

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

Yes ☐ No ☐

If "Yes", identify the public entity and the name and current phone number of a representative of the public entity familiar with the debarment or suspension, and state the reason for or circumstances surrounding the debarment or suspension, including but not limited to the period of time for such debarment or suspension.

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- 1.10 **Surety Information:** Has the Respondent ever had a bond or surety canceled or forfeited?

Yes ☐ No ☐

If "Yes", state the name of the bonding company, date, amount of bond and reason for such cancellation or forfeiture.

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

Yes ☐ No ☐

If "Yes", state the date, court, jurisdiction, cause number, amount of liabilities and amount of assets.

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## 2. EXPERIENCE

2.1 How many years has your current organization been doing business as a professional architectural or engineering firm? \_\_\_\_\_ years.

2.2 How many years have you been doing professional architectural or engineering work under previous business name(s)? \_\_\_\_\_ years.

2.3 **Statement on President's Executive Orders:** Has your firm previously performed work subject to the President's Executive Orders Numbers 11246 and 11375 or any preceding similar executive orders (Numbers 10925 and 11114)?

Yes ☐ No ☐

Contractors/Consultants/Vendors on work paid by federal funds will be required to comply with the President's Executive Order No. 11246, "Equal Employment Opportunity," as amended by Executive Order No. 11375, "amending executive order 11246 relating to equal employment opportunity," and as supplemented by regulations at 41 CFR part 60, Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department Of Labor.

2.4 **Litigation Disclosure:** Failure to fully and truthfully disclose the information required by this Litigation Disclosure may result in the disqualification of your bid/proposal from consideration or termination of the contract, once awarded.

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

Yes ☐ No ☐

Have you or any member of your Firm or Team been terminated (for cause or otherwise) from any work being performed for the City of Alamo Heights or any other Federal, State or Local Government, or Private Entity?

Yes ☐ No ☐

Have you or any member of your Firm or Team been involved in any claim or litigation with the City of Alamo Heights or any other Federal, State or Local Government, or Private Entity during the last ten (10) years?

Yes ☐ No ☐

If you have answered "Yes" to any of the above questions, please indicate the name(s) of the person(s), the nature, and the status and/or outcome of the information, indictment, conviction, termination, claim or litigation, as applicable. Any such information should be provided on a separate page and submitted with your bid/proposal as Attachment 2.5.

2.5 **Firm's Availability:** When can firm start work? \_\_\_\_\_  
Is there any concurrent commitment that would impede progress on this project, i.e. other jobs?

Yes ☐ No ☐ If yes, describe:

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2.6 Complete and attach **RELEVANT EXPERIENCE LIST**.

2.7 **Equipment & Facilities:** List any special equipment or facilities available to do the required work accurately and expeditiously.

2.8 **Principal to be in charge of this project:**

Name of the Principal \_\_\_\_\_

Number of years employed with this organization \_\_\_\_\_

Amount of time per week devoted to this project: \_\_\_\_\_

List education, registration and experience

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2.9 **Architect/Engineer to be in charge of this project as Project Manager:**

Name of the proposed Architect/Engineer: \_\_\_\_\_

Number of years of project management experience (including previous employment): \_\_\_\_\_

Number of years employed with this organization \_\_\_\_\_

Names of similar projects of this organization where employed as project manager and name of owner (add space as necessary)

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2.10 Education, registration and experience

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2.11 Other ARCHITECTS, ENGINEERS, or PARA-PROFESSIONALS employed by respondent's organization to be involved in this project. List name of each individual, their education, registration, experience, and describe their area of responsibility.

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2.12 List subcontractors' specific staff to be involved in this project. List name of firm, name of individual, education, registration, experience, and describe their area of responsibility.

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### **3. FINANCIAL**

- 3.1 **Financial Statement.** Attach a financial statement, preferably audited, including your organization's latest balance and income statement showing current assets, net fixed assets, other assets, current liabilities and other liabilities. Clearly indicate name and address of firm preparing financial statement, and date thereof. If the financial statement is not for the identical organization named in this **CONSULTANT'S QUALIFICATION STATEMENT**, explain the relationship and financial responsibility of the organization whose financial statement is provided (parent, subsidiary, etc.).

# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

**1** Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**CITY OF ALAMO HEIGHTS**

**2** Business name/disregarded entity name, if different from above

**3** Check appropriate box for federal tax classification; check only **one** of the following seven boxes:  
☐ Individual/sole proprietor or single-member LLC  
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ \_\_\_\_\_  
**Note.** For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.  
☒ Other (see instructions) ▶ **MUNICIPALITY**

**4** Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  
 Exempt payee code (if any) **3**  
 Exemption from FATCA reporting code (if any) \_\_\_\_\_  
*(Applies to accounts maintained outside the U.S.)*

**5** Address (number, street, and apt. or suite no.)  
**6116 BROADWAY**

**6** City, state, and ZIP code  
**SAN ANTONIO, TEXAS 78209**

**7** List account number(s) here (optional)

Requester's name and address (optional)

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

**Social security number**

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

**or**

**Employer identification number**

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 7 | 4 | - | 6 | 0 | 0 | 2 | 0 | 6 | 9 |
|---|---|---|---|---|---|---|---|---|---|

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

**Sign Here**      Signature of U.S. person ▶      Date ▶

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

• Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)

• Form 1099-C (canceled debt)

• Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



# FORM 5

## CONFLICT OF INTEREST QUESTIONNAIRE For vendor doing business with local governmental entity

## FORM CIQ

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

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

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

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

### OFFICE USE ONLY

Date Received

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

**2**

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

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

Name of Officer

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

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

Yes

No

B. Is the vendor receiving or likely to receive taxable income, other than investment of income, from or at the direction 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 as of the officer one or more gifts 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