



CITY OF CONROE - FIRE DEPARTMENT

0901-2022 REQUEST FOR QUALIFICATIONS

Annual Firefighter/Civilian Employee Medical Physicals/Wellness Exams

The Conroe Fire Department invites you to present a Submittal in response to this "Request for Qualifications" to perform comprehensive Annual Medical Physicals/Wellness Exams for its 163-emergency response/administration personnel and Pre-Employment Exams for employee applicants.

The Conroe Fire Department is a full career fire department providing Fire Suppression, First Response, Hazardous Material Response, Technical Rescue, Fire Inspection, and Fire Inspection services to the citizens of Conroe, Texas. For many years, the Conroe Fire Department has had a comprehensive and active employee wellness program which includes annual medical physicals and wellness exams/tests for all its emergency response personnel and administrative personnel.

The Conroe Fire Department appreciates your time and effort in preparing a Submittal. Please note that all Submittals must be submitted in a sealed envelope or container that is marked on the outside of the envelope or container with: Medical Physical/Wellness Exam Services – Conroe Fire Department. Submittals are to be submitted electronically through Vendor Registry (One complete response uploaded) or mailed or delivered to:

Conroe City Secretary
Attn: Soco Gorjon
300 West Davis, 3rd Floor
Conroe, TX 77301

FACSIMILIE AND EMAIL TRANSMITTALS WILL NOT BE ACCEPTED.

Submittals must be received on or before 2 p.m. (CST) on Thursday, September 1, 2022.
Submittals received after the Submittal date and time will not be considered.

By submitting a response to this RFQ, each firm acknowledges that they have read and fully understand this RFQ and have asked questions and received satisfactory answers from the Conroe Fire Department regarding any provisions of this RFQ to which clarification was desired.

I. SUBMITTALS

Submit one complete response electronically through Vendor Registry or in sealed envelopes or containers as noted on Page 1 and include one (1) original, three (3) complete copies and one (1) electronic copy (in PDF format) on CD or flash drive. Submittals must be completed in ink or be typewritten. Submittals submitted by facsimile (fax) or email shall NOT be accepted. Late Submittals will NOT be accepted.

To be considered responsive, Submittal must include the information requested. Submittal should be organized in the order as shown below.

Submittal Information Order:

- Respondent Qualification Statement
- Respondent Information Form
- Addenda Acknowledgement
- Client Reference Form
- Conflict of Interest Questionnaire (CIQ) (copy attached)
- State of Texas House Bill 89 Verification, SB 1395 Response, SB 19 Response, SB 13 Response. (copy attached)

Submittals must be received on or before 2 p.m. (CST) on Thursday, September 1, 2022. Submittals received after the Submittal date and time will not be considered.

II. ADDITIONAL SUBMITTAL INFORMATION

All Respondent communications, including questions and interpretations/clarifications of the requirements with regards to any portion of this RFQ should be directed in through Vendor Registry. www.vendorregistry.com

Addendums relating to this RFQ will be available on Vendor Registry by 4:00 p.m. on Monday, August 29, 2022. It shall be the Respondent's responsibility to ensure that they have received all Addenda in respect to this project. Respondents are advised that they must recognize, comply with, and attach a signed copy of the Addenda Acknowledgement.

A Respondent may withdraw a Submittal by providing written notice of the withdrawal to Conroe Fire Department, Deputy Chief Joe Craig, before the Submittal deadline. Written notice of withdrawal received after the Submittal deadline will require the Conroe Fire Department written consent to withdrawal the Submittal.

III. GENERAL

a. Confidential Information

Any information deemed to be confidential by the Respondent should be clearly noted on the pages where confidential information is contained; however, the Conroe Fire Department cannot guarantee that it will not be compelled to disclose all or part of any public record under the Texas Public Information Act, since information deemed to be confidential by the Respondent may not be considered confidential under Texas Law, or pursuant to a Court order.

b. Conflict of Interest (Attached)

CHAPTER 176 OF THE TEXAS LOCAL GOVERNMENT CODE: Updated through H.B. 1491, effective June 29, 2007, 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 (Conflict of Interest Questionnaire), the vendor or person's affiliation or business relationship that might cause a conflict of interest with a local government entity. A copy of the COI Questionnaire is attached as a matter of convenience; however, for more information about the code, visit www.statutes.legis.state.tx.us; Code=Local Government; Chapter=176.

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.

c. Form Senate Bill 1295 – Certificate of Interested Parties (Attached)

In compliance with State of Texas Government Code, Section 2252.908, **the successful respondent awarded a contract by the City of Conroe must complete Form 1295 – “Certificate of Interested Parties”**; and must provide a signed and notarized printed copy of the form and a separate certification of filing. The form can be found at www.ethics.state.tx.us

d. House Bill No. 89 (Attached)

Respondent to supply documentation that certifies Respondent's firm is not currently engaged in, and agrees for the duration of the contract for goods or services with the Respondent's firm, not to engage in, the boycott of Israel as defined by Section 808.001 of the Texas Gov't Code, nor is it engaged in business with Iran, Sudan, or foreign terrorist organizations as identified by the Texas Comptroller's office under Sections 806.051, 807.051 or 2252.152 of the Texas Gov't Code.

e. Senate Bill 19 (Attached)

Respondent to supply documentation that they do not have a practice, policy, guidance or directive that discriminates against a firearm entity or firearm trade association; and, will not discriminate during the term of the contract against a firearm entity or firearm trade association.

f. Senate Bill 13 (Attached)

Respondent to supply documentation that they do not boycott energy companies; and, will not boycott energy companies during the term of the contract.

g. Confidentiality

It is a requirement of the Conroe Fire Department that medical information gathered from the physical exams remain confidential. The Deputy Chief of Training shall serve as the liaison with the Respondent. Communications regarding an individual's results as it pertains to the safety of the individual or the safety of coworkers within the department shall be shared with the Deputy Chief of Training and shall include the information necessary for the Conroe Fire Department to maintain a safe and effective workplace. Specific results, especially any results falling outside normal limits shall be shared as soon as possible with the individual.

Medical records shall remain confidential and be maintained by the Respondent. These records shall be used to establish on-going assessment and evaluation of individual progression from baseline data through time. This information will be accessible upon request by the individual.

- h. The selected respondent will be required to enter into a three-year contract with the Conroe Fire Department and provide and maintain the minimum insurance coverages required under the contract. Minimum insurance requirements are included as part of this Request for Qualifications.**

IV. SUBMITTAL EVALUATION

Written Submittals will be evaluated and rated by an Evaluation Committee made up of members of the Conroe Fire Department staff. The Submittals will be evaluated using a point system (100) on the following categories:

- Firm's ability to deliver services as specified in the Scope of Services - (35)
- Firm's experience in providing similar services to fire departments of the size and complexity of Conroe Fire Department - (25)
- Level of expertise and experience of the proposed project team – (20)
- Surveys of Past Performance - (20)

Upon Submittal evaluation and ranking, the Evaluation Committee will present a selection recommendation to the Fire Chief. Submittal selection will be subject to Fire Administration approval. If negotiations prove unsuccessful with selected Respondent, the next highest ranked firm will be contacted. The Conroe Fire Department reserves the right to reject any and all Submittals.

V. SCOPE OF WORK

Respondent must commit to delivering the below noted services with appropriately trained and qualified personnel for approximately 163 Conroe Fire Department personnel. **Services provided under Items 2 through 6 below must be performed at an approved location within 10 miles of the Conroe Fire Department Administration Offices.**

A. Incumbent/Uniformed Member

1. Laboratory analysis must include: (*must take place prior to physicals and reviewed during physicals*):
 - a. Chem 24
 - b. Complete blood count
 - c. Total lipid panel
 - d. Thyroid panel
 - e. Hemoglobin A1C
 - f. Glucose
 - g. Urinalysis
 - h. Hep B surface antibody

- i. HCV antibody
- j. Heavy metal urine
- k. Cholinesterase
- l. PSA prostate cancer marker – Men
- m. Testosterone metabolic marker – Men
- n. Ovarian cancer marker CA-125 – Women
- o. Colon Cancer Screening
- p. Chest X-Ray (every two years)
- q. QuantiFERON – TB Blood Test

Laboratory analysis should be completed in such a way for the results to be reviewed with the individual at the time of the exam. If multiple trips are involved, this should be identified in the Submittal for scheduling purposes.

- 2. Comprehensive medical exam to include:
 - a. Detailed medical history
 - b. Hands on physical exam
 - c. Vital signs
 - d. Occupational hearing and vision screening
 - e. Skin cancer screening
 - f. Consultation with review of results
- 3. Cardiopulmonary evaluation to include: (firefighters only)
 - a. Cardiac treadmill stress test with EKG
 - b. OSHA type respiratory questionnaire
 - c. Pulmonary function test
- 4. Ultrasound imaging to include:
 - a. Echocardiogram (heart with function)
 - b. Carotid arteries with CIMT vascular age
 - c. Aorta and aortic valve
 - d. Internal organs - liver, pancreas, gall bladder, kidneys, and spleen
 - e. Testicular and prostate – Men
 - f. Ovaries and uterus – Women
 - g. Bladder
 - h. Thyroid
- 5. Quantitative fit testing (for firefighters only)
 - a. SCBA Mask
 - b. N95 HEPA Mask
- 6. Fitness Analysis
 - a. Metabolic analysis with body fat
 - b. Strength, endurance, and flexibility analysis

- c. Diet and nutritional recommendations
 - d. Personal exercise prescription
7. (Firefighter Only) Written medical clearance issued to the Conroe Fire Department for each individual to perform emergency response services in compliance with National Fire Protection Association Standard 1582.
 8. (Firefighter only) Written respiratory protection clearance issued to the Conroe Fire Department for each individual to wear positive and negative pressure respiratory protection in compliance with OSHA respiratory protection standard, 29CFR1910.134.

B. Candidate/New Hire (firefighter only)

For the Candidates/New Hire the determination is whether the individual is medically sound to perform as a member in a training or emergency operational environment without presenting a significant risk to the safety and health of the candidate or others. This is broken into two categories:

Category A Medical Condition - Anything in this category would preclude hire.

Category B Medical Condition – A condition that, based on severity or degree, could preclude hire.

Definitions of medical conditions in Category A and Category B are contained in NFPA 1582 Standard on Comprehensive Occupational Medical Program for Fire Departments.

The Pre-employment physical/medical evaluation shall include:

1. Detailed Medical History
2. Comprehensive physical examination and evaluation of the following:
 - a. Head & Neck
 - b. Eyes and Vision (occupational vision screening)
 - c. Ears and Hearing (occupational hearing examination and testing)
 - d. Dental
 - e. Nose, Oropharynx, Trachea, Esophagus, and Larynx
 - f. Lungs and Chest Wall
 - g. Heart and Vascular system
 - h. Abdominal Organs and Gastrointestinal System
 - i. Reproductive System
 - j. Urinary System
 - k. Spine and Axial Skeleton
 - l. Extremities
 - m. Neurological Disorders
 - n. Skin (cancer screening)

- o. Blood and Blood-Forming Organs
 - p. Endocrine and Metabolic Disorders
 - q. Systemic Diseases and Miscellaneous Conditions
 - r. Tumors and Malignant Diseases
 - s. Psychiatric Conditions
 - t. Chemicals, Drugs, and Medications
3. Laboratory Analysis
- a. Chem 24
 - b. Complete blood count
 - c. Total lipid panel
 - d. Thyroid panel
 - e. Hemoglobin A1C
 - f. Glucose
 - g. Urinalysis
 - h. Hep B surface antibody
 - i. HCV antibody
 - j. Heavy metal urine
 - k. Cholinesterase
 - l. PSA prostate cancer marker – Men
 - m. Testosterone metabolic marker – Men
 - n. Ovarian cancer marker CA-125 – Women
 - o. Colon Cancer Screening
 - p. Chest X-Ray (every two years)
 - q. QuantiFERON – TB Blood Test

Laboratory analysis should be completed in such a way for the results to be reviewed with the individual at the time of the exam. If multiple trips are involved, this should be identified in the Submittal for scheduling purposes.

4. Cardiopulmonary evaluation to include:
- a. Cardiac treadmill stress test with EKG
 - b. OSHA type respiratory questionnaire
 - c. Pulmonary function test
5. Ultrasound imaging to include:
- a. Echocardiogram (heart with function)
 - b. Carotid arteries with CIMT vascular age
 - c. Aorta and aortic valve
 - d. Internal organs - liver, pancreas, gall bladder, kidneys, and spleen
 - e. Testicular and prostate – Men
 - f. Ovaries and uterus – Women
 - g. Bladder
 - h. Thyroid

6. Quantitative fit testing
 - a. SCBA Mask
 - b. N95 HEPA Mask

7. Fitness Analysis
 - a. Metabolic analysis with body fat
 - b. Strength, endurance, and flexibility analysis
 - c. Diet and nutritional recommendations
 - d. Personal exercise prescription

8. Written medical clearance issued to the Conroe Fire Department for each individual to perform emergency response services in compliance with National Fire Protection Association Standard 1582.

9. Written respiratory protection clearance issued to the Conroe Fire Department for each individual to wear positive and negative pressure respiratory protection in compliance with OSHA respiratory protection standard, 29CFR1910.134.

VI. QUALIFICATION STATEMENTS

To the extent possible, Submittals should be prepared on 8-1/2" x 11" paper and bound or stapled and should not exceed 20 pages (resumes not included in the page limit). Supplemental information and examples of aggregate and or individual report formats may be attached to the Submittal as appendices.

A cover letter should be included with the Submittal identifying one contact person by name, address, telephone number, fax number and email address, who will be designated as customer service representative, and briefly outline how the firm will meet the needs for conducting Annual Firefighter/Administrative Staff Medical Physicals/Wellness Exams and Pre-Employment Exams for the Conroe Fire Department.

Submittals should include a historical summary of the firm's experience in conducting Fire Service specific baseline medical evaluations and key business data about the organization.

The Respondent will identify the staff (including all subcontractors) that will provide the services defined in this RFQ.

Ensure the physician(s) administering the physicals is a licensed Doctor of Medicine, F.N.P., P.A. or osteopathy who has completed residency training in an accredited medical training program and/or is American Boards of Medical Specialties (ABMS) or American Osteopathic Association (AOA) Board certified or international equivalent.

Identify a Project Manager as a primary contact with The Deputy Chief for the duration of the contract, and a consistent point of contact for scheduling exams and other work scope matters.

For each member of the team, describe the role that she/he will serve. Indicate those members of the team who will work closely with The Deputy Chief.

Please indicate the members of your project team who are sub-contractors (if any) to your organization. Include the ratio of staff to subcontractors in your proposed project team.

Provide a short resume for each of the key medical and management project staff members and medical providers as appendices. Resumes should be no longer than one (1) page and should contain the following information about each project member:

- Position with the Company and work location
- Years with the Company
- Education, Licenses, and Certifications
- Work experience related to purpose of contract

Submittals shall outline:

- Proven practices and procedures that will be used to perform the services
- Assurance of primary Health Care Provider qualification
- Plan detail of evaluation activities, including confidentiality of records
- program or procedure(s) recommendations
- Plan for maintaining written documentation regarding follow-up/referral, program or procedure(s) recommendation
- Provide a separate document, signed by the official representative of the provider, of assurance that confidentiality requirements are acknowledged and shall be met.

The Submittal should identify a minimum of three (3) references, with a maximum of five (5), from other governmental agencies, particularly other fire departments, for similar scope of work services within the past five (5) years. Utilizing the Reference Form provided, include contact names and telephone numbers, indicate how long your firm has provided occupational medical exam services to these clients, and the approximate number and type of exams conducted in each organization.

[REMAINDER OF PAGE INTENTIONALLY LEFT BLANK]

RESPONDENT INFORMATION FORM

Full Legal Company Name:

Company Street Address:

Company Mailing Address:

Company Telephone Number: _____ Fax Number: _____

County: _____ Minority Owned: _____ No. of Employees: _____

Corporation ____ Partnership ____ Proprietorship ____ L.L.C. ____ L.L.P. ____

Year Established ____ No. of Years in Business ____ Federal ID No. _____

Principals:

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

RESPONDENT ADDENDA ACKNOWLEDGEMENT

Respondent has read and fully understands this RFQ and has asked questions and received satisfactory answers from the Conroe Fire Department regarding any provisions of this RFQ to which clarification was desired.

Respondent must initial next to each addendum received to verify receipt:

Addendum #1: _____

Addendum #2: _____

Addendum #3: _____

Signature

Email

Name (please print)

Date

Company

Phone

CLIENT REFERENCE FORM

REFERENCE ONE	
Entity Name	
Contact Person	
Telephone Number	
E-mail Address	
Provided services to this entity for how long?	
Approx. number & type of exams conducted for this entity? <i>(you may write about this on a separate sheet and attach it)</i>	

REFERENCE TWO	
Entity Name	
Contact Person	
Telephone Number	
E-mail Address	
Provided services to this entity for how long?	
Approx. number & type of exams conducted for this entity? <i>(you may write about this on a separate sheet and attach it)</i>	

REFERENCE THREE	
Entity Name	
Contact Person	
Telephone Number	
E-mail Address	
Provided services to this entity for how long?	
Approx. number & type of exams conducted for this entity? <i>(you may write about this on a separate sheet and attach it)</i>	

CLIENT REFERENCE FORM CONTINUED

REFERENCE FOUR	
Entity Name	
Contact Person	
Telephone Number	
E-mail Address	
Provided services to this entity for how long?	
Approx. number & type of exams conducted for this entity? <i>(you may write about this on a separate sheet and attach it)</i>	

REFERENCE FIVE	
Entity Name	
Contact Person	
Telephone Number	
E-mail Address	
Provided services to this entity for how long?	
Approx. number & type of exams conducted for this entity? <i>(you may write about this on a separate sheet and attach it)</i>	

MINIMUM INSURANCE REQUIREMENTS

Contractor agrees to maintain and require its subcontractors to maintain at all times during the agreement/contract term the following coverages at no less than the limits indicated:

<u>Worker's Compensation Insurance</u>	Statutory
Employers Liability	\$100,000
 <u>Automobile Liability</u> (Including Owned and Non-Owned autos)	 \$500,000 each occurrence Combined Single Limits or Equivalent
 <u>Commercial General Liability</u>	
Combined Single Limits for Bodily Injury and Property Damage: Each occurrence for premises/operations:	
Broad form CGL liability coverage	\$1,000,000
Products/Operations aggregate	\$1,000,000
Advertising Injury	\$1,000,000
General Aggregate	\$2,000,000
 <u>Umbrella Liability</u>	 \$1,000,000 each occurrence \$1,000,000 annual aggregate \$ 25,000 self-insured retention

Coverage must be written on an Occurrence (not claims made) basis with companies acceptable to the City of Conroe, must stipulate that no take-out endorsements are included on the General Liability policy, and each policy providing coverage hereunder shall contain provisions that no cancellation or material reduction in coverage in the policy shall become effective except upon thirty (30) days prior written notice thereof to the City of Conroe who shall be named as additional insured with respect to liability imposed upon it resulting from the performance of Work under this Agreement/Contract. There shall be no right of subrogation against the City of Conroe and this waiver of subrogation shall be endorsed upon the policies. Prior to the commencement of services, Supplier shall furnish certificates evidencing compliance with all requirements herein. **The limits of such insurance shall in no way be construed as limiting Contractor's obligation to completely defend, indemnify and hold harmless the City of Conroe.**

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

OFFICE USE ONLY

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

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

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

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

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

5 Check only if there is NO Interested Party.

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

 Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

ADD ADDITIONAL PAGES AS NECESSARY

CONFLICT OF INTEREST QUESTIONNAIRE

For vendor doing business with local governmental entity

FORM CIQ

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

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

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

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

OFFICE USE ONLY

Date Received

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

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

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

Name of Officer

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

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

Yes No

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

Yes No

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

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

7

Signature of vendor doing business with the governmental entity

Date

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.

_____ (“Company or Business Name”)
House Bill 89 Verification

I, _____ (Person name), the undersigned representative of _____(Company or Business Name) hereafter referred to as “Company”; being an adult over the age of eighteen (18) years of age, after being duly sworn by the undersigned notary, do hereby depose and verify under oath that the company named-above, under the provisions of Subtitle F, Title 10, Government Code Chapter 2270:

1. Does not boycott Israel currently; and
2. Will not boycott Israel during the term of the contract.

Pursuant to Section 2270.001, Texas Government Code:

1. *“Boycott Israel” means refusing to deal with, terminating business activities with, or otherwise taking any action that is intended to penalize, inflict economic harm on, or limit commercial relations specifically with Israel, or with a person or entity doing business in Israel or in an Israeli-controlled territory, but does not include an action made for ordinary business purposes; and*
2. *“Company” means a for-profit sole proprietorship, organization, association, corporation, partnership, joint venture, limited partnership, limited liability partnership, or any limited liability company, including a wholly owned subsidiary, majority-owned subsidiary, parent company or affiliate of those entities or business associations that exist to make a profit.*

DATE

SIGNATURE OF COMPANY REPRESENTATIVE

On this the ____ day of _____, 20____, personally appeared _____, the above-named person, who after by me being duly sworn, did swear and confirm that the above is true and correct.

NOTARY SEAL

NOTARY SIGNATURE

Date

**CITY OF CONROE
PURCHASING DEPARTMENT**

SENATE BILL 252 CERTIFICATION

On this day, I, _____, the Purchasing Representative for the City of Conroe, Texas, pursuant to Chapter 2252, Section 2252.152 of the Texas Government Code, certify that I did review the website list prepared, maintained, and made available to the City of Conroe by the Comptroller of the State of Texas of companies known to have contracts with or provide supplies or services to Iran, Sudan or any foreign terrorist organization. I have ascertained that the below-named company is not contained on said list of companies that do business with Iran, Sudan or any Foreign Terrorist Organization.

Company Name

RFP or Vendor number

CERTIFICATION CHECK PERFORMED BY:

Purchasing Representative

Date

(bb) for any traditional business reason that is specific to the customer or potential customer and not based solely on an entity's or association's status as a firearm entity or firearm trade association.

4. "Firearm" means a weapon that expels a projectile by the action of explosive or expanding gases.
5. "Firearm accessory" means a device specifically designed or adapted to enable an individual to wear, carry, store, or mount a firearm on the individual or on a conveyance and an item used in conjunction with or mounted on a firearm that is not essential to the basic function of the firearm. The term includes a detachable firearm magazine.
6. "Firearm entity" means:
 - (A) a firearm, firearm accessory, or ammunition manufacturer, distributor, wholesaler, supplier, or retailer; and
 - (B) a sport shooting range as defined by Section 250.001, Local Government Code.
7. "Firearm trade association" means any person, corporation, unincorporated association, federation, business league, or business organization that:
 - (A) is not organized or operated for profit and for which none of its net earnings inures to the benefit of any private shareholder or individual;
 - (B) has two or more firearm entities as members; and
 - (C) is exempt from federal income taxation under Section 501(a), Internal Revenue Code of 1986, as an organization described by Section 501(c) of that code.

DATE

SIGNATURE OF COMPANY REPRESENTATIVE

On this the ____ day of _____, 20__, personally appeared _____, the above-named person, who after by me being duly sworn, did swear and confirm that the above is true and correct.

NOTARY SEAL

NOTARY SIGNATURE

DATE

Senate Bill 13 Verification

I, _____ (Person name), the undersigned representative of _____ (Company or Business Name) hereafter referred to as "Company"; being an adult over the age of eighteen (18) years of age, after being duly sworn by the undersigned notary, do hereby depose and verify under oath that the company named-above, under the provisions of Subtitle F, Title 10, Government Code Chapter 2274:

- (1) does not boycott energy companies; and
- (2) will not boycott energy companies during the term of the contract.

Pursuant to Section 2274.001, Texas Government Code:

- 1. "Boycott energy company" has the meaning assigned by Section 809.001.
- 2. "Company" has the meaning assigned by Section 809.001, except that the term does not include a sole proprietorship.

DATE

SIGNATURE OF COMPANY REPRESENTATIVE

On this the ____ day of _____, 20__, personally appeared _____, the above-named person, who after by me being duly sworn, did swear and confirm that the above is true and correct.

NOTARY SEAL

NOTARY SIGNATURE

DATE