



## **City of Burleson**

# **REQUEST FOR PROPOSAL**

**Reference Number: 2020-006**

**Project Title: Emergency Housing and Living Assistance Program**

**Project Due Date: July 17, 2020**

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# CITY OF BURLESON REQUEST FOR PROPOSAL

**Date:** July 17, 2020

**RFP #: 2020-006**

**From:** Justin Scharnhorst, Purchasing Manager, City of Burleson  
817-42-9646  
[jscharnhorst@burlesontx.com](mailto:jscharnhorst@burlesontx.com)

## **1.0 INTRODUCTIONS:** City of Burleson Emergency Housing and Living Assistance Program

The City of Burleson – Johnson County, (otherwise known as the City) has received federal funding, from the State of Texas, under the Coronavirus Aid, Relief, and Economic Security Act (hereinafter "CARES ACT") to address and respond to the effects of the COVID-19 public health emergency. Providing emergency housing and living assistance where people have become unemployed or underemployed directly as a result of the COVID-19 public health emergency is an example of an expenditure made necessary by the COVID-19 public health emergency. This program is to provide funding assistance to residents of the City in default or near default on the residential lease or mortgage for their housing unit, or in danger of losing their housing unit due to the effects of the COVID-19 public health emergency, and to provide for assistance with food for families whose income has been disrupted by the COVID-19 public health emergency (hereinafter "Emergency Housing and Living Assistance Program" or "Program").

The first funding release of \$100,000 will become available on June 1, 2020. The City is responsible for overseeing the disbursement of these funds to residents through eligible nonprofits. The City is seeking proposals for the Emergency Housing and Living Assistance Program (EHLA), (the "Program"), to provide temporary financial assistance and food services to individuals and families, impacted by the COVID-19 pandemic, who are at risk of becoming homeless

EHLA funds are to provide temporary assistance as a bridge to long-term stability. It is important to note that EHLA is not a long-term housing assistance program.

**PROPOSALS DUE NO LATER THAN July 17, 2020, @ 2:00 P.M.**

**2.0 NOTICE TO AWARD:** Upon review of all PROPOSALS, Purchasing Manager will call awarded Vendor with a verbal 'NOTICE TO PROCEED. 'Notice to Proceed' may be followed by a Purchase Order or Contract. All terms and conditions contained herein will be applied. Additional terms and conditions may be submitted by the Vendor for City approval.

**3.0 ESTIMATED QUANTITIES:** The City does not guarantee to purchase any minimum or maximum quantity and does not contemplate purchasing exclusively during the term of the contract from the successful vendor.

**4.0 CERTIFICATION OF AGREEMENT:** Please indicate below that vendor's Agreement will be subject to and comply with all applicable federal, state, and local laws, ordinances, rules, and regulations.

**Yes, We agree**

**No, We do not agree**

**5.0 INSURANCE:** The Vendor, consistent with its status as an independent contractor, shall carry and shall require any of its subcontractors to carry, at least the following insurance in such form, with such companies, and in such amounts (unless otherwise specified) as City may require:

**5.1. Worker's Compensation and Employer's Liability Insurance,** including All States Endorsement, to the extent required by federal law and complying with the laws of the State of Texas;

**5.2. Commercial General Liability Insurance,** including Blanket Contractual Liability, Broad Form Property Damage, Personal Injury, Completed Operations/Products Liability, Premises Liability, Medical Payments, Interest of Employees as additional insureds, and Broad Form General Liability Endorsements, for at least One Million Dollars (\$1,000,000) Combined Single Limit Bodily Injury and Property Damage on an occurrence basis;

**5.3. Comprehensive Automobile Liability Insurance** covering all owned, non-owned or hired automobiles to be used by the Contractor, with coverage for at least One Million Dollars (\$1,000,000) Combined Single Limit Bodily Injury and Property Damage.

**6.0 TERM OF CONTRACT AND OPTION TO EXTEND:** Any contract resulting from this RFP shall be effective **through December 30, 2020, or when Federal funding expires.** The City anticipates that the contract shall be renewed under the availability of funds and at the discretion of the City. The following clauses shall be included in the contract:

**6.1. Option Clause:** It is agreed that City will have the option to extend the contract for up to two (2) additional years, in one-year intervals. To exercise this option, the City shall serve notice 30 days before contract termination or to the end of any one-year extension. The Option to Extend will not be considered if funding is unavailable or if the contractor's past performance is not within the industry standard.

**6.2. Budget Appropriations**

There is a total of \$230,680 available. For the first round of funding, \$100,000 will be available. If needed, remaining funds will be allocated to the agencies who have shown the most efficient and effective administration of the funds. The following amounts will initially be available in the listed categories. Funds may be reallocated between categories, depending on demand:

Mortgage/Rent/ Assistance Direct - \$190,000  
Food Distribution - \$19,709.09  
Administrative Costs – not to exceed 10% of the program total.  
Grand Total - \$230,680

Proposers must submit one proposal detailing a plan for each funding category that will be serviced (Rent/Mortgage, and Food Services) category, along with all of the documents required to be determined responsive.

Successful Proposers will be awarded EHLA funds that will provide direct assistance to eligible Clients; with up to 10% of awarded funds to be available for direct program delivery cost, on a reimbursable basis. Staff funded at 100% by EHLA are required to spend and document 100% of their time on EHLA activities.

Successful Proposer may not charge fees to EHLA program participants. Reimbursable expenses will not exceed 10% of the project in aggregate but must be validated by a per hour rate to be submitted to the City for validation before payment.

Successful Proposers must not make payments directly to program participants, but only to third parties, such as landlords or mortgage holders.

Who is not eligible?

- Households that have already received federal CARES Act money from another agency.
- Families living in units owned by immediate family members. Immediate family ties include (whether by blood, marriage, or adoption) the spouse, parent (including a stepparent), child (including a stepchild), brother, sister (including a stepbrother or stepsister), grandparent, grandchild, and in-laws.
- An assisted property may not be owned by the Proposer or the parent, subsidiary, or affiliated organization of the Proposer.

Financial assistance may not be used to pay for any mortgage cost or costs needed by homeowners to assist with any fees, taxes, or other costs of refinancing a mortgage to make it affordable.

## **7.0. Residents of City.**

Qualifications require residence to have suffered a loss of job or income of fifty percent (50%) or more and who are currently behind on their mortgage/rental and/or utility payments.

## **7.1. Definitions**

For this RFP, the following underlined terms shall be defined as follows:

Persons at Risk of Becoming Homeless (Clients): An individual or family currently in housing but at-risk of becoming homeless, due to the effects of the COVID 19 pandemic, in need of a temporary mortgage, rent, utility, or food assistance to prevent homelessness.

Agency Experience: Minimum of 24 months experience as of January 1, 2020, providing mortgage/rental and/or utility assistance, to persons at risk of becoming homeless.

Contract: The written document between the City and a service provider, which contains the terms and conditions of the agreement. The Contract includes a written statement of work or the specifications including special provisions and the proposal. Supplemental changes or agreements about the work, term, price, or other elements of the Contract shall also become a part of the Contract.

Proposal: The written proposal duly submitted to the City, by the person, persons, partnership, company, firm, association, or corporation to perform a contract for work described in the RFP specifications at a specified price.

Proposer: The person, persons, partnership, company, firm, association, or corporation that submits a written proposal for consideration to perform the work described in the RFP.

### **8.0 PROGRAM ELIGIBILITY**

It is not expected that all program participants will experience the same level of need or receive the same level of support. To receive EHLA services, individuals and families must meet the following minimum criteria:

- Individual or household must have an initial consultation, in person or remotely, with a case manager or authorized representative who can determine the appropriate level of assistance.
- Individual or household must provide documentation of a reduction in financial resources/income, of 50% or greater, due to the COVID-19 on or after March 1, 2020, and the status of the late rent/ mortgage or utility bills.

### **9.0 PROPOSER'S RESPONSIBILITY**

#### **9.1 Data Collection and Reporting Requirements**

The Proposer must maintain Client data and documentation of the event that caused the household's income to be reduced due to the COVID-19 Pandemic at time entry into the City EHLA Program.

Proposers must submit monthly reports to the City using the City's EHLA Monthly Report Form five business days after the month's end via electronic form.

#### **9.2 Client Intake/Case Management**

The Proposer must interview and verify the Proposals and experience of the case manager or case managers. The Proposer must also supervise the case manager.

Case managers must ensure that Clients are:

- Evaluated and assessed for needs.
- Providing appropriate verification that the Client lives within the City of Burleson and Johnson County, not within the City of Fort Worth or Tarrant County.
- Referred to other agencies to provide wrap-around social services.
- The case manager must obtain/secure all documentation necessary to prove the event that occurred during COVID- 19 that has caused the reduction in income, verification of rent/mortgage assistance due, income eligibility, and verification of non- retirement assets of program participants.

### **10.0 CITY'S RESPONSIBILITY**

The City will provide technical assistance to successful Proposer on local requirements.

Funds for a mortgage and rental assistance will be granted 50% at contract signing, with the remaining dispersed upon the completion of expenditures of initial funding. The direct costs of program delivery (10%) will be disbursed on a reimbursable basis. The City will pay Proposer on a cost-reimbursement basis for eligible activities. Support documentation for expenses associated with the activity and City Monthly EHLA report must be submitted.

The City will provide the necessary forms for Clients to complete electronically and to report on Clients assisted with EHLA funds.

To encourage Accountability, the City will monitor, at a minimum monthly, successful Proposer's collection of eligibility documentation.

To encourage Transparency the City staff will require Proposer (appropriate staff) to attend meetings as needed.

To ensure both Accountability and Transparency City will closely monitor successful Proposer's data collection, documentation of selection process, and documentation of how funding decisions were made.

## **11.0 INSTRUCTIONS TO PROPOSERS**

Proposers must have sufficient finances and resources to provide the services requested in the RFP. Costs directly related to the implementation of the grant, including case manager's salaries and benefits, will be reimbursed at an amount not to exceed 10% of the grant amount (direct services provided). All other funds must be expended directly to benefit the Client. All costs must be identified in the Proposal. All Proposers must be able to legally conduct business in the state of Texas. This section, "Instructions to Proposers", outlines the general conditions under which the Proposal shall be made as well as for instructions on how to prepare and submit the proposal to the City. It also outlines the procedure that will be followed in selecting the successful Proposals and in completing a contract award.

### **11.1 Eligible Activities:**

For this RFP, EHLA funds will be utilized for the provision of (1) financial assistance and (2) distribution of food gift cards.

Agencies that receive EHLA funds will be not required to provide a dollar-for-dollar match. No match is required.

EHLA grant amounts may be used for one or more of the following activities:

### **11.2 Financial Assistance:**

Financial assistance is limited to the following activities: short-term rental and mortgage assistance, utility payments (excluding municipal services such as water), food distribution. Assisted property may not be owned by the subgrantee or the parent, subsidiary, or affiliated organization of the subgrantee.

Short-term rental, and mortgage, may not exceed 4 months with a maximum award of \$1,400 provided per Household. Initial funding cannot exceed four (4) months of documented expenses, not to exceed \$1,400 per month or \$1,400 in total. Subsequent assistance may be given. No participant may receive more than 4 months of total assistance or \$5,600, whichever is less. **NO MORE THAN \$5,600 MAY BE PROVIDED TO A HOUSEHOLD, REGARDLESS OF ELIGIBILITY IN ALL THREE ASSISTANCE CATEGORIES.**

Staff salaries for staff providing any of the services identified in the Financial Assistance category may be charged to this category. Timesheets must be kept to account for the time spent in this category.

Direct Program costs, including staff salaries and benefits, and may not exceed 10% of Direct Services provide to Clients and must be approved by the Cities, on a reimbursable basis.

### **11.3 Food Assistance:**

Food assistance may be provided in the form of food vouchers from a food pantry or a store for not more than \$146.00 per month up to four months per family.

### **11.4 Ineligible Activities:**

Ineligible activities include, but are not limited to, direct payment to individuals, financial assistance or services to pay for expenses that are available through other CARES Act programs, including childcare and employment training. Funds may not be used to pay for construction or rehabilitation; credit card bills or other consumer debt; car repair or other transportation costs; travel costs; medical or dental care or medicines; clothing and grooming; home furnishings; pet care; entertainment activities; work or education-related materials; and cash assistance to program participants. Funds may not be used to develop the discharge-planning program in mainstream institutions such as hospitals, jails, or prisons. Funds may not be used to pay for certifications, licenses, and general training classes. Programs may not charge fees to EHLA program participants. All funds

(checks, no cash) must be issued to a third party, such as a landlord.

EHLA funds shall not be utilized for direct payments to individuals; to support inherently religious activities such as worship or religious instruction; or to rehabilitate or repair buildings such as sanctuaries, chapels, and other rooms that a congregation uses as its principal place of worship.

EHLA funds shall not be used for application for Federal funds or un-programmed funds. EHLA funds shall not be used for recruitment or on-going training of staff, depreciation, advertisement, entertainment, conferences, or retreat, public relations, advertising, bad debts/late fees, or mortgage payments of the sub-recipient organization.

### **11.5 Proposal Contents:**

All responses to the RFP will be submitted electronically to <https://burlesontx.bonfirehub.com/login> by 2:00 P.M. on Friday, July 17, 2020, and will include the following information:

Complete Organization Information, Form 1.

A copy of the 2018 tax return (990) to prove non-profit status.

Organization History and Experience Narrative

Provide a clear and concise description of your Organization and relevant experience providing program services as of January 1, 2020.

Summarize the history and purpose of the Organization to include the number of years in service. The organization must have at least Twenty Four (24) months of prior experience in providing the services requested in this RFP.

Provide names and/or position titles of persons responsible for the administration of this grant.

### **Staffing and Licensing:**

Include information on current staff size and the educational background and work experience of key program and administrative management staff. State the qualifications of staff members who will carry out the operations of the Program. If staff positions need to be filled, explain when and how they will be filled. Staff funded at 100% by this Program can work only with EHLA Clients and must maintain a timesheet that documents and substantiate work performed. Staff funded at less than 100%, must document the number of hours worked on the program or the agency must have a cost allocation plan in place to distribute expenses among various funding sources.

### **Plan:**

Describe how your organization will make decisions on program participation and funding.

Describe how your organization will perform in administering the EHLA services and in meeting the purpose of the EHLA funds. Describe how the effectiveness of program operations and assistance rendered to program participants will be evaluated. Describe how often the evaluation will occur and how data will be used to make improvements to the EHLA program.

Describe your organization's capacity and experience that will enable you to effectively operate the EHLA funded program. Also, explain why the proposed application should be funded.

- Agency must demonstrate the ability to serve at least 35 families over 4 months.
- Program Budget
- A complete budget for EHLA funds, including all funding sources.

### **11.6 Other Funding Sources:**

Identify all other funding sources (s) dedicated to the Program and tell whether those funds are committed. Other funding sources dedicated to the Program should be sufficient to cover the cost of the Program not proposed to be paid by the City funding in the Program-Budget. Also, identify the use of any volunteers and how they will be solicited and trained.

### **11.7 Financial Statements:**

Include a copy of financial statements for the current fiscal year including the most recent quarter preceding the Proposer's submission in response to this RFP.

### **11.8 Coordination of Efforts:**

Describe what types of services your organization will coordinate with other service providers to meet the various needs of persons to be served with EHLA funds.

### **11.9 Proposal Evaluation:**

A proposal may be declared non-responsive if any of the items listed on the Responsiveness Checklist are not received, a standard which the City believes necessary to accomplish the goal in the procurement of services requested in this RFP.

### **11.10 Proposal Selection:**

The City may determine that zoom meetings or conference calls are required to make proposal selections.

The award, if any, shall be to the responsible Proposer, whose Proposal most demonstrates administrative capacity.

The contract award is subject to approval and funding by the City. The City reserve the right to begin contract negotiation with one or more of the finalists. The Proposer could be required to execute a contract with the City Attorney's Office. This RFP does not commit the City to award any contract, and the City reserves the right to reject any Proposals or waive irregularities.

## **12.0 EHLA REQUIREMENTS**

Proposer understands that the successful Proposer will be provided funding under the RFP with EHLA funds received from the City and agrees to comply with all applicable city, state, and federal laws, EHLA regulations, and all other regulations as determined by the City.

### **12.1 Records Retention and Audit Requirements**

The successful Proposer shall comply with the audit requirements set forth below. During the term of the contractual agreement and for three (3) years following termination of the contract or until completion of any litigations, claims or audits, whichever is later, Proposer agrees to provide the City any of their duly authorized representatives, with access to all books accounts, records, reports, files, and other papers or property.

The City may, at its sole discretion, request repayment of funds to the Proposer or subgrantee pending receipt and acceptance of required reports.

## **12.2 Monitoring Reviews**

The City will conduct at minimum monthly monitoring reviews of the successful Proposer's program and fiscal operations per the Cities Compliance and Evaluation Guidelines.

## **12.3 Information on Request for Proposal (RFP)**

Pre-proposal and Informational Conferences

The City shall hold a virtual, pre-proposal, informational conference with potential Proposers concerning our requirements. Be advised, however, that verbal agreements or representations are not binding on the city. The meeting will be July 10 at 9:00 a.m. CST. Call or email the Purchasing Manager at [jscharnhorst@burlesontx.com](mailto:jscharnhorst@burlesontx.com), or 817-426-9646 to receive an invitation to the Microsoft Team's Meeting.

## **13.0 DISQUALIFICATION OF PROPOSERS:**

- Lack of administrative capacity or experience to manage the grant
- Reason to believe collusion exists among the Proposers;
- The Proposer is involved in any litigation against the City of Burleson; or
- Reason to believe a conflict of interest exists.

## **14.0 SUMMARY OF HOUSEHOLD REQUIREMENT**

- Rental, mortgage assistance for expenses incurred after March 1, 2020
- Residents will be able to apply online and will be assigned to a nonprofit
- The program is NOT first-come, first-serve. The program runs through December 30, 2020
- Document hardship
- Unemployment verification
- Last three pay stubs - after March 1, 2020- documenting a minimum 50% decrease in pay
- Furlough letter
- Personal Identification - TDL, Social security, passport or another official document
- A resident of the City of Burleson – Johnson County
- Document mortgage and rental expenses

## **15.0 CRITERIA FOR FOOD ASSISTANCE**

- Residents will apply directly with nonprofits
- "Participating" nonprofits will review documentation, process applications and will approve or deny payment

Organization Information

<p>1. Legal Name of Organization: Mailing Address (if different from physical address):  Contact Person:  Phone:  Title:  E-Mail:</p>	
<p>2. Program Title:</p>	
<p>3. Organizational Structure: (Check applicable box)  D Public Agency  D Private, Non-profit                      D Private, For-profit  D Partnership or Joint Venture        D Other:  Organization Federal Tax ID Number: 3a. SAMS Number:  DUNS Number:  (Agency not required to have items under 3a. but will be expected to</p>	
<p>4. Agency Approval: By signing below, Authorized Signature certifies that Organization has read the entire RFP and provided true and correct information in Organization's Proposal submission. The signer of this form certifies that he/she is authorized to bind the Organization.</p>	
<p>5. Attach a copy of IRS letter of 2018</p>	

FORM 2

AGENCY NAME: \_\_\_\_\_

**4 Month Cost Allocation**

Organization Administer City of Burleson Residential COVID grant:						
Client List Tracked						
Week of	, 2020					
List of Clients Administered				Appd \$/Monthly Assistance		Date
				Rental/Mortgage	Food	Food Housing Admin Total
1						0
2						
3						
4						
5						
6						
7						
8						
9						
10						

**Timesheet**

Organization Administer City of Burleson Residential COVID grant:								
Timesheet								
Week of	, 2020							
Date:	ex. 8/7							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	List of Clients Administered during week
7:00 AM								1
8:00 AM								2
9:00 AM								3
10:00 AM								4
11:00 AM								5
								6
								7
								8
								9
								10

# Attachment A - Emergency Housing and Living Assistance Program

## Proposal and Evaluation Criteria - Evaluation Sheet

Type of assistance willing to distribute:

(Select): Housing Assistance \_\_\_\_  
Utility Assistance \_\_\_\_  
Food Distribution \_\_\_\_

### PROPOSER INFORMATION:

Organizational History 10%

- Proposer provided a description of the services provided by the agency.
- Proposer provided a history of the agency.
- Proposer provided a description of experience on similar projects.

Qualifications and Staffing 20%

- Describe your organization's capacity and experience that will enable you to effectively operate the EHLA funded program.
- Proposer indicated that case management will be provided by one (1) or more Full-time caseworkers and at least three (3) years of experience providing case management.

Work Plan 30%

- Describe how your organization will perform in administering the EHLA services and in meeting the purpose of the EHLA funds.
- Describe how the effectiveness of program operations and assistance rendered to program participants will be evaluated.
- Describe how often the evaluation will occur and how data will be used to make improvements to the EHLA program.
- Describe your organization's capacity and experience that will enable you to effectively operate the EHLA funded program.

Overall quality of proposal 20%

- Proposal was legible single-spaced and was easy to read (i.e. headings).
- Documentation/length of recordkeeping

Previous Grant Experience 20%

- List any previous grant that was applied for, and received. Including total funding amount.

Attachment B – Request for Proposal  
Emergency Housing and Living Assistance Program  
Responsiveness Checklist

**Name of Project:** \_\_\_\_\_

Your Request for Proposal (RFP) will be reviewed for responsiveness. Please complete this form with signature and date and submit with your proposal.

To be considered responsive, all of the following items must be included in the RFP. If an RFP does not contain any one of these items, it will be considered to be non-responsive, and will not be considered for funding. The Applicant will be notified of that determination in writing.

***Proposers are strongly encouraged to review the list below and the RFP requirements, to ensure that the Proposal includes each of these items.***

**Name of Proposer:** \_\_\_\_\_

Description of Item	Yes or No
Forms 1 -Organization Information	
2018 Tax Return 990	
Organization History and Experience Narrative <i>(evidencing at least 36 months of experience in assisting the homeless or those at risk of being homeless)</i>	
Names and/or position titles of persons responsible for the administration of this grant.	
Work Plan	
Program Budget (Form 2)	
List of Funding Sources (\$5,000 +)	
Current financial statements (most recent quarter and YTD)	
Attachment A - Proposal Evaluation Criteria - Section 1 Completed by Applicant	
Attachment B - Responsive Checklist	
Attachment - Zip Codes	

This Proposal is: [  ] Responsive                      [  ] Non-responsive

Staff Signature:

\_\_\_\_\_ Date: \_\_\_\_\_

**Attachment D – Vendor Information**

**RFP#2020-006 Emergency Housing and Living Assistance Program**

**1. SUBMITTING VENDOR INFORMATION:**

Vendor Company Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Texas Certified Vendor # (CMBL): \_\_\_\_\_ HUB: Yes No (*circle one*)  
Vendor Physical Address: \_\_\_\_\_  
Vendor Mailing Address: \_\_\_\_\_  
Owner Name (please print): \_\_\_\_\_ TIN: \_\_\_\_\_  
Owner Phone: \_\_\_\_\_ Owner Email: \_\_\_\_\_

**2. SUBMITTAL REQUIREMENTS:** Proposals must be submitted electronically through Bonfire and received by **July 17, 2020, at 2:00 p.m.** Please visit <https://burlesontx.bonfirehub.com/login> and register for this free service. Once an account is created, the proposal can be submitted electronically via Bonfire by selecting the appropriate Identification and following submittal instructions.

3. Compliance with HB 89: Proposer agrees per HB 89 vendor shall not boycott Israel at any time while providing products or services to the City of Burleson.  
 **Yes, we agree**                       **No, we do not agree**                       **N/A**
4. Compliance with SB 252: Proposer agrees per SB 252 vendor shall not do business with Iran, Sudan, or a foreign terrorist organization while providing products or services to the City of Burleson.  
 **Yes, we agree**                       **No, we do not agree**

## Attachment E – Form CIQ

### **INFORMATION REGARDING VENDOR CONFLICT OF INTEREST QUESTIONNAIRE**

**WHO:** The following persons must file a Conflict of Interest Questionnaire with the City if the person has an employment or business relationship with an officer of the City that results in taxable income exceeding \$2,500 during the preceding twelve-month period, or an officer or a member of the officer's family has accepted gifts with an aggregate value of more than \$250 during the previous twelve-month period and the person engages in any of the following actions:

1. contracts or seeks to contract for the sale or purchase of property, goods or services with the City, including any of the following:
  - a. written and implied contracts, utility purchases, purchase orders, credit card purchases and any purchase of goods and services by the City;
  - b. contracts for the purchase or sale of real property, personal property including an auction of property;
  - c. tax abatement and economic development agreements;
2. submits a bid to sell goods or services, or responds to a request for proposal for services;
3. enters into negotiations with the City for a contract; or
4. applies for a tax abatement and/or economic development incentive that will result in a contract with the City

**EXCLUSIONS:** A questionnaire statement need not be filed if the money paid to a local government official was a political contribution, a gift to a member of the officer's family from a family member; a contract or purchase of less than \$2,500 or a transaction at a price and subject to terms available to the public; a payment for food, lodging, transportation or entertainment; or a transaction subject to rate or fee regulation by a governmental entity or agency.

**WHAT:** A person or business that contracts with the City or who seeks to contract with the City must file a "Conflict of Interest Questionnaire" (FORM CIQ) which is available online at [www.ethics.state.tx.us](http://www.ethics.state.tx.us) and a copy of which is attached to this guideline. The form contains mandatory disclosures regarding "employment or business relationships" with a municipal officer. Officials may be asked to clarify or interpret various portions of the questionnaire.

**WHEN:** The person or business must file:

1. the questionnaire – no later than seven days after the date the person or business begins contract discussions or negotiations with the municipality or submits an application, responds to a request for proposals or bids, correspondence, or other writing-related to a potential contract or agreement with the City; and
2. an updated questionnaire – within seven days after the date of an event that would make a filed questionnaire incomplete or inaccurate.

It does not matter if the submittal of a bid or proposal results in a contract. The statute requires a vendor to file a FORM CIQ at the time a proposal is submitted or negotiations commence.

**ENFORCEMENT:** Failure to file a questionnaire is a Class C misdemeanor punishable by a fine not to exceed \$500. It is an exception to prosecution that the person files a FORM CIQ not later than seven business days after the person received notice of a violation.

**NOTE:** The City does not have a duty to ensure that a person files a Conflict of Interest Questionnaire.

# CONFLICT OF INTEREST QUESTIONNAIRE

## FORM CIQ

For vendor or other person doing business with local governmental entity

### OFFICE USE ONLY

Date Received

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.

**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

Adopted 06/29/2007

Attachment F: No Intent to Submit Form

If your firm has chosen not to submit a response for this procurement, please complete this form and submit to:

**City of Burleson**  
**Purchasing Manager**  
**141 West Renfro**  
**Burleson, Texas 76028**  
**Phone / Fax: 817-426-9646**  
Via email to [jschamhorst@burlesontx.com](mailto:jschamhorst@burlesontx.com)

Please check all items that apply:

- |   |   |
|---|---|
| <input type="checkbox"/> Do not sell the item(s) required                               | <input type="checkbox"/> Cannot provide Insurance required              |
| <input type="checkbox"/> Cannot be competitive  | <input type="checkbox"/> Cannot provide Bonding required                |
| <input type="checkbox"/> Cannot meet specifications highlighted in the attached request | <input type="checkbox"/> Cannot comply with Indemnification requirement |
| <input type="checkbox"/> Job too large  | <input type="checkbox"/> Job too small                                  |
| <input type="checkbox"/> Do not wish to do business with the City of Burleson           | <input type="checkbox"/> Other: _____                                   |
| <input type="checkbox"/> Cannot submit electronically                                   |   |

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

Authorized Officer Name (Please print): \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

I learned of this Request for Proposal by the following means:

- |   |   |
|---|---|
| <input type="checkbox"/> City Advertisement | <input type="checkbox"/> City E-mail Notification |
| <input type="checkbox"/> Website            | <input type="checkbox"/> Cold Call to City        |
| <input type="checkbox"/> Mailed Me a Copy   | <input type="checkbox"/> Other                    |
| <input type="checkbox"/> Bonfire            |   |