

DICKINSON INDEPENDENT SCHOOL DISTRICT

Tom Mooney

Director of Purchasing

2218 FM 517

Dickinson, Texas 77539

Notice to Bidders

BID/PROPOSAL NUMBER: #20-04-1079
OPENING DATE: May 13, 2020
OPENING TIME: 10:00am
SUBJECT OF PROPOSAL: Purchase of Student Insurance

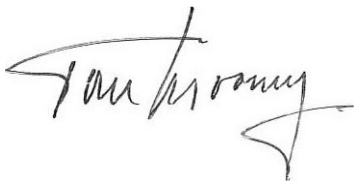
Proposals are solicited for student insurance plans as set forth herein. Complete and signed Proposal documents must be received at the Dickinson ISD Educational Support Center, Attention: Tom Mooney, 2218 FM 517, Dickinson, Texas 77539 before the opening date and time shown above. Please see special note on page 9 of 9 of specifications.

Proposals must be in a sealed envelope and marked properly with the Proposal Number and date and time of opening. Proposals received later than the specified time, whether delivered or mailed, will be disqualified and returned unopened to the bidder. **Please pay special attention to the State of Texas requirement for electronic filing of Form 1295 with the Texas Ethics Commission.**

The District reserves the right to reject any or all proposals, to accept any proposal deemed advantageous to the District, and to waive any informality in bidding.

If you have questions about the bid specifications contact tmooney@dickinsonisd.org or 281-229-6160.

Sincerely,

A handwritten signature in black ink, appearing to read "Tom Mooney", with a stylized flourish at the end.

Tom Mooney

General Conditions

Scope of the Proposal:

- 1.1 Purchase of student insurance.
- 1.2 This Proposal is in various parts: Notice to Bidders, General Conditions, Special Conditions, Specifications, Proposal Price Sheets, Bid Acknowledgement Form, Non-Collusive Bidding Certificate, Criminal Notification/Felony Conviction Notification, Conflict of Interest Form, W-9 Form, instructions for electronic filing of Form 1295 with the Texas Ethics Commission, and confirmations as per Texas House Bill 89 and Senate Bill 252.
- 1.3 The District may award a contract for any or all sections of this Proposal.
- 2.0 The use of the District's specifications is to be considered informative, giving the bidder the information as to the exact quality and value requirements. The bidder shall note in writing any deviations from specifications and shall submit those changed specifications as alternates.
- 3.0 In evaluating qualified bids/proposals the following considerations will be taken into account for award recommendations:
 - 3.0.1 The purchase price.
 - 3.0.2 The reputation of the vendor and of the vendor's goods and services.
 - 3.0.3 The quality of the vendor's goods or services.
 - 3.0.4 The extent to which the goods or services meet the District's needs.
 - 3.0.5 The vendor's past relationship with the District.
 - 3.0.6 The impact on the District to comply with laws and rules relating to historically underutilized businesses (HUBs).
 - 3.0.7 The total long term cost to the district to acquire the vendor's goods or services.
 - 3.0.8 For contracts for goods and services other than those related to telecommunications and information services, building construction and maintenance; whether the vendor or vendor's parent company or majority owner has its principal place of business in Texas, or employs at least 500 people in Texas.
 - 3.0.9 Compatibility of goods/products purchased with those already in the District.
 - 3.0.10 It is not the policy or practice of Dickinson ISD to purchase on the basis of low bid alone.
 - 3.0.11 Any other relevant factor included in the RFP or BID.

- 4.0 Contracts for purchase will be put into effect by means of a purchase order executed by the DISD Business Office after proposals have been awarded. All contracts and agreements between merchants and the District shall adhere to the statutes of the Uniform Commercial Code, official text. The parties agree that the laws of the State of Texas shall govern the rights of the parties and the validity and interpretation of any purchase order contract or service agreement.
- 5.0 Dickinson Independent School District will pay all invoices for accepted merchandise or service no later than 30 days from date of acceptance or delivery as set forth in the specifications for this bid.
- 6.0 All deliveries (if applicable) shall be freight prepaid F.O.B. destination (inside delivery) to the appropriate site in Dickinson ISD. Bids shall include freight and delivery charges. All deliveries are to be made between 8am and 3pm Monday through Friday. Title does not transfer to the District until appropriately received. Bid prices must include all related costs for delivery to the appropriate site or sites in the District. No tailgate deliveries will be accepted. Delivery sites will be noted on purchase orders or separate written instructions.
- 7.0 Quantities required are substantially correct but the District's estimate of anticipated needs is subject to change depending upon budgetary adjustments. The District reserves the right to purchase more or less than the estimated quantities on a unit basis at the unit bid price unless otherwise specified by the bidder.
- 8.0 Pricing on purchases shall remain firm for the duration of the contract or as specified by the bidder.
- 9.0 The District is exempt from all Federal, State, and Local taxes.
- 10.0 Dickinson ISD does not accept faxed or email bids. An original signature on the Bid Acknowledgement Form and the Proposal Price List included in the sealed envelope is the only acceptable form of proposal submittal.
- 11.0 In the event of any claim by any unsuccessful bidder concerning or relating to the issue of "equal or better," or "equal," or "non-specified alternate," the unsuccessful bidder agrees, at his own cost and expense, to defend such claim or claims and agrees to hold Dickinson ISD free and harmless from any loss or damage arising from this transaction.
- 12.0 All proposals shall be deemed conclusive and irrevocable, and no proposal shall be subject to correction or amendment for errors or miscalculations by the bidder.
- 13.0 Bidders are invited to be present at the opening of the proposals on the date and time specified, however are not required to be present.
- 14.0 The District reserves the right to award contracts for any, all, or none of the parts and/or items of the proposal request.

Proposal #20-04-1079

Special Conditions

- 1.0 Purchase of student insurance.
- 2.0 The District reserves the right to award this proposal for any, all, or none of the parts and/or items of this bid request and to award the proposal in the best interest of the Dickinson ISD.
- 3.0 The term of this contract is one year with an option for three additional years.
- 4.0 Any quantities are estimates and could vary. Dickinson ISD reserves the right to purchase additional items as needed at the proposal price unless the bidder indicates that this is not acceptable.
- 5.0 If at any time the vendor awarded this proposal fails to fulfill or abide by the terms, conditions, or specifications of this proposal, or fails to meet the quality standards of Dickinson ISD for the goods or service, Dickinson ISD reserves the right to cancel the contract and/or re-issue the Request for Proposal.
- 6.0 Bidders must complete, sign, and return all applicable forms: Bid Acknowledgment Form, Proposal Price Sheet, Non-Collusive Bidding Certificate, Criminal Notification Form, W-9 Form, Conflict of Interest Form, a copy of Form 1295 once it has been electronically filed with The State of Texas Ethics Commission, and Texas House and Senate confirmations.
- 7.0 Dickinson ISD does not award proposals for low price only. Additional criteria (as per General Conditions) will be used in the best interest of Dickinson ISD.

The
remainder
of
this
page
purposefully
left
blank.

Acknowledgment Form

The undersigned bidder's agent hereby proposes and agrees to furnish supplies or service in compliance with the specifications at the prices quoted.

If you cannot comply with any of the items or terms of the Proposal, please state your reasons here: _____

Vendor/Company Name:

Address:

Phone:

Fax:

Email: _____

Bidder Representative's Name: _____

Signature of Company Official Authorizing Bid/Proposal: _____

Printed Name of Company Official: _____

Official Position: _____

Date: _____

SPECIFICATIONS
FOR PROPOSAL 20-04-1079 STUDENT ATHLETIC INSURANCE COVERAGE
AND
CATASTROPHIC STUDENT ATHLETIC COVERAGE
FOR
DICKINSON INDEPENDENT SCHOOL DISTRICT
2020-2021

District Information:

Dickinson Independent School District employs approximately 1,800 people. We currently have thirteen campus sites, including one high school serving grades 9-12, two junior high schools serving grades 7 and 8, three middle schools serving grades 5 and 6, seven elementary schools serving grades pre-K through 4, and two alternative schools serving all grade levels. Dickinson High School is a class 6-A high school for UIL purposes with an enrollment of 3,142 students. Our junior high school enrollment is 1,893 and total district enrollment is approximately 11,641 students.

A. Name of Insured: Dickinson Independent School District

B. Effective Date and Policy Term for Blanket & Catastrophic Insurance:

- a. Effective Date: August 1, 2020
- b. Policy Term: One (1) Year
- c. Optional: Multi Year Agreement for 3 additional years

C. Student Coverage Voluntary (applications to be sent to campuses):

24-Hour: Up to \$25,000, \$0 deductible, for injuries sustained during the year. The coverage will be a **PRIMARY POLICY**. Specify if the plan is accepted on FULL ASSIGNMENT through a PPO or special network group. (See Section 1, FORMAL QUOTE.)

At School: Up to \$25,000, \$0 deductible, for injuries that occur at school or school sponsored activities (including travel to and from school), including all sports, except varsity football. This plan will be **PRIMARY**. Specify if plan is accepted on FULL ASSIGNMENT through a PPO or special network group. (See Section II, FORMAL QUOTE.)

Voluntary Varsity Football Coverage: Up to \$25,000 for injuries sustained while practicing or participating in interscholastic varsity football. Benefit coverage will meet requirements as outlined in the "at school" plan. (See Section III, FORMAL QUOTE.)

Voluntary Extended Dental: Pays Usual and Customary to \$25,000 for injuries to sound teeth. (See Section IV, FORMAL QUOTE.)

D. Catastrophic: Dickinson ISD will purchase blanket catastrophic accident insurance for those students participating in all UIL sports and activities including athletics, band, cheerleading, and dance. There will be a \$25,000 deductible with indemnity amount of no less than \$1,000,000. The deductible period will be two (2) years and have a five (5) year minimum benefit period. (See Section V, FORMAL QUOTE.)

- E. Blanket Coverage – Interscholastic Sports and Activities: A \$25,000 maximum policy with \$0 deductible for injuries sustained while practicing or participating in any UIL event, including athletics, band, cheerleading and dance. The blanket policy will cover all UIL activities including athletics, band, cheerleading, and dance in grades K-12 (a list of student names will not be provided). The policy will be excess and have an effective date of August 1, 2020 and expire July 31, 2021, or later if available. We request that benefits be accepted on full assignment through a PPO or special network group. Coverage must include Blanket Plan for all Vocational classes, ROTC, and FFA. (see Section VI, FORMAL QUOTE.)
- F. Special Risk: Pricing is requested for Special Olympics and Special Education. The rates can be quoted under Section VI of the formal quote. We request that benefits be taken on FULL ASSIGNMENT or fully covered under a PPO or special network group. (See Section VII, FORMAL QUOTE.)
- G. Please show process necessary to maintain HIPAA and FERPA compliance. (See Section VIII, FORMAL QUOTE.)
- H. Treatment of a Covered Person: Treatment must be initiated by a licensed physician within 90 days of the date of injury. Ambulance expenses must be for the first trip to a hospital, not to the nearest hospital.

General Information: Dickinson ISD has approximately 11,641 students.

Ten Year Claims History:

<u>School Year</u>	<u>Claims</u>	<u>Loss Ratio</u>
2010-11	\$59,814	94%
2011-12	\$49,842	72%
2012-13	\$40,543	54%
2013-14	\$49,280	71%
2014-15	\$48,783	70%
2015-16	\$63,588	94%
2016-17	\$91,636	135%
2017-18	\$54,103	74%
2018-19	\$69,873	95%
2019-20	\$49,945	62%

Proposals Must Include the Following:

1. Formal Quote with pricing effective August 1, 2020.
2. Errors and Omissions Coverage, minimum \$1,000,000.
3. List of all schools insured 2019-2020.
4. Resume including number of years experienced in student athletic insurance.
5. Copy of plan benefits including exceptions.
6. List of providers that accept benefits on FULL ASSIGNMENT or PPO Network.
7. Willingness to add appropriate providers to the list.
8. Copy of multi-year agreement.
9. Explanation of how the PPO or special network functions.
10. Copy of Texas policy.
11. Special Quote for cost per participant in Special Olympics.
12. Description of HIPAA/FERPA compliance.

Remainder
Of
Page
Intentionally
Left
Blank

Full Assignment			Full Assignment			Full Assignment			Out of Network					
BENEFITS			U&C			PPO			Network			Other		
Yes	No	Paid	Yes	No	Paid	Yes	No	Paid	Yes	No	Paid			
Plan Maximums														
Hospital Room														
Hosp. Inpatient														
Misc. Expenses														
Hosp. Outpatient														
Emergency Care														
E.R. Physician														
Hosp. Outpatient Surgery														
Doctor Visits														
Physician Surgical														
Assistant Surgeon														
24-Month Pin Removal														
MRI/CAT/Bone														

Full Assignment				Full Assignment			Full Assignment			Out of Network		
BENEFITS		U&C		PPO			Network			Other		
	Yes	No	Paid	Yes	No	Paid	Yes	No	Paid	Yes	No	Paid
Anesthesia Expenses												
Pvt. Duty Nurse												
Outpatient Physical Therapy												
Outpatient Xray												
Lab Procedures												
Dental Injuries												
Ambulance												
Motor Vehicle												
EEG/EKG												
Durable Medical Equipment												
Prescriptions												
Glasses/ Hearing Aids												
Field Trips												
Diagnostic Surgery												
Vocational												
Power Lifting												

If you submit a U&C plan, can you guarantee that all covered benefits will be paid in full?

Yes

No

Official Signature _____ Date _____

FORMAL QUOTE

Having carefully examined the Bid Notice, General and Special Conditions, Specifications and other forms, the proposer agrees to furnish goods and/or services in strict compliance with the specifications and conditions at the prices quoted unless noted in writing.

Section I – Voluntary Coverage 24 Hour

Term One Year

Full Assignment

Coverage up to \$25,000

PPO

Deductible None

Other

Primary

Yes

PREMIUM _____

Section II – Voluntary Coverage At School

Term One Year

Full Assignment

Coverage up to \$25,000

PPO

Deductible None

Other

Primary

PREMIUM _____

Section III – Varsity Football Only

Term One Year

Full Assignment

Coverage up to \$25,000

PPO

Deductible None

Other

Primary

PREMIUM _____

Section IV – Dental

Term One Year	Full Assignment
Coverage up to \$25,000	PPO
Deductible None	Other
Primary	
PREMIUM _____	

Section V – Catastrophic

Maximum Coverage \$ _____	Full Assignment
Benefit Period One Year	PPO
Deductible \$25,000	Other
Benefits Payable for _____	
PREMIUM _____	

Section VI – Blanket Coverage for Interscholastic Sports & Activities

Term One Year	Full Assignment
Coverage up to \$25,000	PPO
Deductible None	Other
Primary	
PREMIUM _____	

Section VII – Special Risk

Term One Year	Full Assignment
Coverage up to \$25,000	PPO
Deductible None	Other
Primary	
PREMIUM _____	

Section VIII – HIPAA & FERPA Compliance

PREMIUM _____	
----------------------	--

Proposals will be received by Tom Mooney, Director of Purchasing, Dickinson Independent School District, 2218 FM 517, Dickinson , Texas 77539. **Proposals must be received by 10am, May 13, 2020, to be opened at that time. Proposals must be in a sealed envelope and marked properly with the proposal number and date and time of opening. Any proposal received later than the specified time, whether delivered in person or mailed, shall be disqualified. Late proposals will be returned to the proposer unopened.** It is anticipated that the contract for student insurance will be awarded June 1, 2020. The Dickinson ISD Board of Trustees will be the sole judge of quality and suitability, and may reject any or all proposals. Alternative insurance plans will be considered to best serve Dickinson ISD.

****Special note regarding delivery of proposals:** Due to the closure of schools during the Covid19 Pandemic, it is unknown if DISD will be closed when proposals are due May 13. It is recommended that proposals be mailed US Mail to the DISD, 2218 FM 517, Dickinson, Texas address, as we are getting our mail daily. However, in the event that a proposal must be delivered to our offices on the morning of May 13, I (Tom Mooney) will be in the building. Call my cell phone at 713-824-0972 and I will accept the delivery (up to 10am) at the front door of the DISD Administration Building at 2218 FM 517.

Remainder

Of

Page

Intentionally

Left

Blank

Non-Collusive Bidding Certification:

By submission of this bid or proposal, the Bidder certifies that:

- a. This proposal has been independently arrived at without collusion with any other bidder or with any competitor.
- b. This bid or proposal has not been knowingly disclosed and will not be knowingly disclosed prior to the opening of bids or proposals for this project to any other bidder, competitor, or potential competitor.
- c. No attempt has been or will be made to induce any other person, partnership, or corporation to submit or not to submit a bid or proposal.
- d. The person signing this bid or proposal certifies that he has fully informed himself regarding the accuracy of the statements contained in this certification, and under the penalties being applicable to the bidder as well as to the person signing in its behalf.

ACKNOWLEDGMENT BY SIGNATURE: _____

Felony Conviction Notification:

The State of Texas Legislative Senate Bill No. 1, Section 44.034, Notification of Criminal History of Contractor, states:

- a. A person or business entity that enters into a contract with a school district must give advance notice to the district if the person, owner, or operator of the business entity has been convicted of a felony. The notice must include a general description of the conduct resulting in the conviction of a felony.
- b. A school district may terminate a contract with a person or business entity if the district determines that the person or business entity failed to give notice as required by subsection (a)(misrepresented the conduct resulting in the conviction.) The district must compensate the person or business entity for services performed before the termination of the contract.
- c. This section does not apply to a publicly held corporation.

Please check one of the boxes and sign the form in the appropriate space.

_____ My firm is a publicly held corporation. Therefore this reporting requirement is not applicable.

_____ My firm is not owned nor operated by anyone who has been convicted of a felony.

_____ My firm is owned and operated by the following individual(s) who has/have been convicted of a felony.

Name(s) of felons: _____

Date(s) of convictions(s): _____

ACKNOWLEDGMENT BY SIGNATURE: _____

CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor doing business with local governmental entity

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

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

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

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

OFFICE USE ONLY

Date Received

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

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

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

Name of Officer

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

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

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

7

Signature of vendor doing business with the governmental entity

Date

Request for Taxpayer Identification Number and Certification

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

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-				-	
or									
Employer identification number									
				-					

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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 for Part II, later.

Sign Here	Signature of U.S. person ►	Date ►
-----------	----------------------------	--------

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

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, later.

DICKINSON INDEPENDENT SCHOOL DISTRICT

Certificate of Interested Parties — Form 1295

Dickinson ISD is required to comply with House Bill 1295, which amended the Texas Government Code by adding Section 2252.908, Disclosure of Interested Parties. Section 2252.908 prohibits Dickinson ISD from entering into a contract resulting from this RFP with a business entity unless the business entity submits a Disclosure of Interested Parties — Form 1295 to Dickinson ISD at the time the business entity submits the signed contract. Dickinson ISD is requesting that the business entity include a copy of the submitted Form 1295 along with other documents being provided to Dickinson ISD in the proposal. The Texas Ethics Commission has adopted rules requiring the business entity to file form 1295 electronically with the Texas Ethics Commission.

As a "business entity," all vendors must electronically complete, print, sign, and submit Form 1295 with their proposals or contracts even if no interested parties exist,

Proposers must file Certificate of Interested Parties — Form 1295 with the Texas Ethics Commission using the following online application: <https://www.ethics.state.tx.us/filinginfo/1295/>.

- Proposers must use the filing application on the Texas Ethics Commission's website to enter the required information on Form 1295.
- Proposers must print a copy of the completed form, which will include a certification number.
- The Form 1295 must be printed and signed by an agent of the business entity.
- The completed form 1295 with the certification number must be filed with Dickinson ISD by including a copy of the completed form with the proposal response.
- Dickinson ISD must acknowledge receipt of the filed Form 1295 by notifying the Texas Ethics Commission of the receipt of the filed Form 1295 no later than the 30th day after the date the contract binds all parties.
- After Dickinson ISD acknowledges the Form 1295, the Texas Ethics Commission will post the completed form 1295 to its website within seven (7) business days.

Instructions to Vendors:

1. Texas Ethics Commission website: <https://www.ethics.state.tx.us> and click on LOGIN to Electronic Filing Application.
2. Click the option if you do not currently have a user ID.
3. Register and complete Form 1295 — include the proposal number and RFP name.
4. Print a copy of the submitted Form 1295 with certification number.
5. Include a copy of the completed and signed Form 1295 with the proposal response to Dickinson ISD.

Resources:

https://www.ethics.state.tx.us/resources/FAQs/FAQ_Form1295.php

<https://www.ethics.state.tx.us/filinginfo/videos/Form1295/FirstLogin-Business/Form1295Login-Business.html>

<https://www.ethics.state.tx.us/filinginfo/videos/Form1295/CreateCertificate/CreateCertificate.html>

DICKINSON INDEPENDENT SCHOOL DISTRICT

Confirmation for All Bids/RFPs to be Considered

As required by Texas House Bill 89 and Chapter 2270 of the Texas Government Code and as per Texas Senate Bill 252 and Chapter 2252 Texas Government Code:

Responding vendors must verify that the vendor is not a company identified on the Texas Comptroller's list of companies known to have contracts with, or provide supplies or services to, a foreign organization designated as a Foreign Terrorist organization by the U.S. Secretary of State.

_____	_____	_____
Company Official/Title	Printed Name	Date

If (a) Vendor is not a sole proprietorship; (b) Vendor has ten (10) or more full-time employees; and (c) this Agreement has a value of \$100,000 or more, the following certification shall apply, otherwise, this certification is not required. Pursuant to Chapter 2270 of the Texas Government Code, the Vendor hereby certifies and verifies that the Vendor, including any affiliate, subsidiary, or parent company of the Vendor, will not boycott Israel during the term of this Agreement. For purposes of this Agreement, the term "boycott" shall mean and include refusing to deal with, terminating business activities with, or otherwise taking action that is intended to penalize, inflict economic harm on, or limit commercial relations 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.

_____	_____	_____
Company Official/Title	Printed Name	Date