

**EXHIBIT 3 - FORMS REQUIRED FOR SUBMISSION WITH PROPOSAL**

<b>EXHIBIT 3 A – BUSINESS OVERVIEW AND QUESTIONNAIRE FORM</b>				
<b>TABLE 1 – GENERAL INFORMATION</b>				
Organization Doing Business As:				
Business Address of Principle Office:				
Main Telephone Number:				
Fax Number:				
Web Site Address:				
Federal Tax Identification Number:				
MBE Status - Yes or No:				
Form of Business (check one):	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Individual	<input type="checkbox"/> Joint Venture
IF A CORPORATION				
Date of Incorporation:				
State of Incorporation:				
Chief Executive Manager's Name:				
President's Name:				
Vice President's Name(s):				
Secretary's Name:				
Treasurer's Name:				
IF A PARTNERSHIP				
Date of Organization:				
General or Limited Partnership?:				
IF AN INDIVIDUAL				
Name:				
Business Address:				
IF A JOINT VENTURE				
Name of Lead Joint Venture Manager:				
Name of Firm:				
Joint Venture Partner Manager(s):				
Name of Firm(s):				
Individuals Not Listed Above Having Significant Business Control:				
Indicators of Organization Size:				
Current Number Full Time Employees:		Estimate of Current Year's Revenue:		
Average Number of Projects per Year:		Average Project Construction Cost:		

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TABLE 2 – ORGANIZATIONAL EXPERIENCE			
Organization Doing Business As:			
Business Address of Principle Office:			
Main Telephone Number:			
Fax Number:			
Web Site Address:			
Organization Doing Business As:			
ORGANIZATIONAL HISTORY			
List of names that this organization has operated under over the history of the organization, including the names of related companies presently doing business:			
Names of Organization:	From Date	To Date	
List of companies, firms or organizations that own any part of the organization.			
Name of Companies, Firms or Organization:	Percent Ownership		
CONSTRUCTION EXPERIENCE			
1.	Years' experience in projects similar to the proposed project:		
	As a General Contractor:		As a Joint Venture Partner:
2.	Has this or a predecessor organization ever defaulted on a project or failed to complete any work awarded to it? If yes provide full details in a separate attachment. (Attachment #_____)		
3.	Has this or a predecessor organization been released from a bid or proposal in the past ten years? If yes provide full details in a separate attachment. (Attachment #_____)		
4.	Has this or a predecessor organization ever been disqualification as a bidder or Offeror by any local, state, or federal agency within the last five (5) years? If yes provide full details in a separate attachment. (Attachment #_____)		
5.	Is this organization or your proposed surety currently in any litigation or contemplating litigation? If yes provide full details in a separate attachment. (Attachment #_____)		
6.	Has this or a predecessor organization ever refused to construct or refused to provide materials defined in the contract documents? If yes provide full details in a separate attachment. (Attachment #_____)		
7.	Has your company, firm, corporation, or business implemented an Employee Health and Safety Program compliant with 29 CFR 1910 "General Industry Standards" <a href="https://www.osha.gov/pls/oshaweb/owasrch.search_form?p_doc_type=STANDARDS&amp;p_toc_level=1&amp;p_keyvalue=1910">https://www.osha.gov/pls/oshaweb/owasrch.search_form?p_doc_type=STANDARDS&amp;p_toc_level=1&amp;p_keyvalue=1910</a> and/or 29 CFR 1926 "General Construction Standards" <a href="https://www.osha.gov/pls/oshaweb/owasrch.search_form?p_doc_type=STANDARDS&amp;p_toc_level=1&amp;p_keyvalue=1926">https://www.osha.gov/pls/oshaweb/owasrch.search_form?p_doc_type=STANDARDS&amp;p_toc_level=1&amp;p_keyvalue=1926</a> as they apply to your Company's customary activities?		

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8.	Has your company, firm, corporation, partnership, or institution represented by the company, firm, corporation, partnership, or anyone acting in representation, received citations for violations of OSHA within the past three (3) years? If YES, please provide the following additional information: Date of offense, location of establishment inspected, category of offense, final disposition of offense, if any, and penalty assessed.	
9.	Has your company, firm, corporation, partnership, or institution represented by the company, firm, corporation, partnership, or anyone acting in representation received citations for violations of environmental laws or regulations, of any kind or type, within the past five (5) years? Citations include notice of violation, notice of enforcement, suspension/revocations of state or federal licenses, or registrations, fines assessed, pending criminal complaints, indictments, or convictions, administrative orders, draft orders, final orders, and judicial final judgements. If YES, please provide the following additional information: Date of offense, location of where offense occurred, type of offense, final disposition of offense, if any, and penalty assessed.	
10.	Has your company, firm, corporation, partnership, or institution represented by the company, firm, corporation, partnership, or anyone acting in representation ever been convicted, within the past ten (10) years, of a criminal offense which resulted in a serious bodily injury or death? If YES, please provide the following additional information: Date of offense, location of where offense occurred, type of offense, final disposition of offense, if any, and penalty assessed.	
11..	Has your company filed or been named in any litigation involving your company and the Owner on a contract within the last five (5) years under your current company name or any other company name? If so, provide details of the issues and resolution if available. Include lawsuits where Owner was involved. (Notice: Failure to disclose this information during proposal submission, and later discovered, may result in contract termination at SJRA's option.)	
12.	Please provide a history of all OSHA actions, advisories, etc., Contractor has received on all jobs worked in any capacity, prime, or subcontractor. The history shall be for the two-year period preceding the Bid Date of the Project.	
13.	Please provide a list of all on-the-job injuries, accidents, and fatalities suffered by any present or former employees of Contractor during the same two-year period.	
14.	If less than the two-year period, give the date Contractor started doing business.	

**THIS FORM MUST BE RETURNED WITH THE PROPOSAL RESPONSE**

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**EXHIBIT 3 B - CONFLICT OF INTEREST FORM**

**CONFLICT OF INTEREST QUESTIONNAIRE -**

**FORM CIQ**

**For vendor or other person doing business with local governmental entity**

**This questionnaire reflects changes made to the law by H.B. 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 government 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.

**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 7<sup>th</sup> 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 in this section is being disclosed.

\_\_\_\_\_  
Name of Officer

This section, (item 3 including subparts A, B, C & D), must be completed for each officer with whom the vendor 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 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 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 one percent or more?

Yes  No

D. Describe each employment or business and family relationship with the local government officer named in this section.

**4**  I have no Conflict of Interest to disclose.

**5**

\_\_\_\_\_  
Signature of vendor doing business with the governmental entity

\_\_\_\_\_  
Date

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**EXHIBIT 3 C – VERIFICATION FORM**

**VERIFICATION COMPANY DOES NOT BOYCOTT ISRAEL**

BEFORE ME, the undersigned authority, on this day personally appeared \_\_\_\_\_ [name], \_\_\_\_\_ [title] of \_\_\_\_\_ [Contractor], and, upon oath, after first being duly sworn, deposed and stated:

“My name is \_\_\_\_\_ and I am the \_\_\_\_\_ [title] of \_\_\_\_\_ [Contractor], hereinafter referred to in this verification as ‘Contractor’. The facts set forth herein are within my personal knowledge and are true and correct, and I am competent and authorized to make this verification on behalf of Contractor.

Contractor does not Boycott Israel; and

Contractor will not Boycott Israel during the term of this Agreement; and

‘Boycott Israel’ as used herein 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.”

Contractor:

\_\_\_\_\_

By: \_\_\_\_\_  
[Signature of Affiant]

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

SUBSCRIBED AND SWORN TO before me on this \_\_\_\_ day of \_\_\_\_\_, 201\_, by \_\_\_\_\_, \_\_\_\_\_ [title] of \_\_\_\_\_ [Contractor], known to me or proved through photo identification.

\_\_\_\_\_  
Notary Public in and for the State of Texas  
My commission expires: \_\_\_\_\_

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**EXHIBIT 3 D- TGC 2252.152 CERTIFICATION FORM**

**CONTRACTS WITH COMPANIES ENGAGED IN BUSINESS WITH IRAN, SUDAN, OR FOREIGN TERRORIST ORGANIZATIONS PROHIBITED - CERTIFICATION**

I, \_\_\_\_\_, the undersigned \_\_\_\_\_ representative of \_\_\_\_\_ (Company or business name) being an adult over the age of eighteen (18) years of age, pursuant to Texas Government Code, Chapter 2252, Section 2252.152 and Section 2252.153, certify that the company named above is not listed on the website of the Comptroller of the State of Texas concerning the listing of companies that are identified under Section 806.051, Section 807.051 or Section 2253.153. I further certify that should the above-named company enter into a contract that is on said listing of companies on the website of the Comptroller of the State of Texas which do business with Iran, Sudan or any Foreign Terrorist Organization, I will immediately notify the San Jacinto River Authority's Purchasing Division.

\_\_\_\_\_  
Name of Company Representative (Print)

\_\_\_\_\_  
Signature of Company Representative

\_\_\_\_\_  
Date

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**EXHIBIT 3 E – VENDOR INFORMATION FORM**



**San Jacinto River Authority**  
General & Administrative  
1577 Dam Site Road  
Conroe, TX 77304

**VENDOR INFORMATION FORM**

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

**PO MAILING / PHYSICAL ADDRESS**

**ACCOUNTS RECEIVABLE ADDRESS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Emergency/ After Hrs #: \_\_\_\_\_

A/R Contact Name: \_\_\_\_\_  
A/R Telephone: \_\_\_\_\_  
A/R Fax: \_\_\_\_\_

Fax: \_\_\_\_\_

Accepts Procurement Card: Yes  No

E-Mail: \_\_\_\_\_

Web Site: \_\_\_\_\_

**NATURE OF BUSINESS**

Wholesale Dealer	Sales	<input type="checkbox"/> Manufacturer	Service (repairs, etc.)
Construction	Factory Rep.	Retail Dealer	Professional Services
Govt. Agency			

Please notify the San Jacinto River Authority Purchasing Department immediately of any changes, such as company name, address, telephone number, fax number, email address or change in insurance.

I have reviewed and understand the Insurance Requirements (if applicable) as listed on the following page.

\_\_\_\_\_  
**Signature**

Please attach a completed W-9 Form and return it with this Vendor Information Form.

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## EXHIBIT 3 F – TAXPAYER ID CERTIFICATION FORM

Form <b>W-9</b> (Rev. December 2014) Department of the Treasury Internal Revenue Service	<h3>Request for Taxpayer Identification Number and Certification</h3>	Give Form to the requester. Do not send to the IRS.
Print or type See Specific Instructions on page 2	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; check only <b>one</b> 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) > _____ <small>Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.</small> <input type="checkbox"/> Other (see instructions) > _____ <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	
	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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	
<b>Part I Taxpayer Identification Number (TIN)</b>		
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.		
Social security number		
OR		
Employer identification number		
<small>Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.</small>		
<b>Part II Certification</b>		
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.		
<b>Certification Instructions.</b> You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.		
<b>Sign Here</b>	Signature of U.S. person >	Date >
<b>General Instructions</b>		
Section references are to the Internal Revenue Code unless otherwise noted.		
<b>Future developments.</b> Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at <a href="http://www.irs.gov/fw9">www.irs.gov/fw9</a> .		
<b>Purpose of Form</b>		
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:		
<ul style="list-style-type: none"> <li>• Form 1099-INT (interest earned or paid)</li> <li>• Form 1099-DIV (dividends, including those from stocks or mutual funds)</li> <li>• Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)</li> <li>• Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)</li> <li>• Form 1099-S (proceeds from real estate transactions)</li> <li>• Form 1099-K (merchant card and third party network transactions)</li> </ul>		
<ul style="list-style-type: none"> <li>• Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)</li> <li>• Form 1099-C (canceled debt)</li> <li>• Form 1099-A (acquisition or abandonment of secured property)</li> </ul> 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 <i>What is backup withholding?</i> on page 2.		
By signing the filed-out form, you:		
1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),		
2. Certify that you are not subject to backup withholding, or		
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and		
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See <i>What is FATCA reporting?</i> on page 2 for further information.		