PUBLIC NOTICE
BID # 08-2020-03A

The City of Mercedes, Texas, is accepting Sealed Proposals for **2 Heart Monitors** until 10:00 am, September 1, 2020. Bid product specification criteria is available and can be obtained on the City's website at www.cityofmercedes.com or at the Office of the City Manager, 400 South Ohio, Mercedes, Texas 78570. Please note "HEART MONITORS" on front of seal envelope.

Posted on this 18th day of August, 2019.
/s/ Joselynn Castillo, City Secretary
City of Mercedes, Texas

city of **mercedes**

City of Mercedes

BID PROPOSAL

2 Heart Monitors

TO: City of Mercedes, ATTN: Sergio Zavala
400 S. Ohio Avenue
Mercedes, TX 78570

FROM:

_____
(Name of Bidder as listed on License)

_____
(Address)

_____
(City, State, Zip Code)

_____
(Telephone)

_____
(Fax)

_____
(Name(s) of Bidder's Authorized Representative(s) & Title)

"NON-COLLUSION STATEMENT"

BY THE SIGNATURE BELOW, THE SIGNATORY FOR THE BIDER AFFIRMS THAT THEY ARE DULY AUTHORIZED TO EXECUTE THIS CONTRACT, THAT THIS COMPANY, FIRM, PARTNERSHIP OR INDIVIDUAL HAS NOT PREPARED THIS PROPOSAL IN COLLUSION WITH ANY OTHER BIDER, AND THAT THE CONTENTS OF THIS PROPOSAL AS TO PRICES, TERMS OR CONDITIONS OF SAID BID HAVE NOT BEEN COMMUNICATED BY THE UNDERSIGNED NOR BY ANY EMPLOYEE OR AGENT TO ANY OTHER PERSON ENGAGED IN THIS TYPE OF BUSINESS PRIOR TO THE OFFICIAL OPENING OF THIS BID. FURTHER, THE SIGNATORY AFFIRM, THAT THEY, OR ANY REPRESENTATIVE OF THE COMPANY, DID NOT CONTACT ANY EMPLOYEE OR MEMBER OF THE CITY COMMISSION OF THE CITY OF MERCEDES AT ANY TIME DURING THE SOLICITATION PROCESS FROM INITIAL ADVERTISEMENT THROUGH AWARD TO DISCUSS THE CONTENTS OF THIS PROPOSAL, OTHER THAN CITY MANAGER'S OFFICE PRIOR TO THE AWARDING OF THIS PROPOSAL. I UNDERSTAND THAT FAILURE TO OBSERVE THIS PROCEDURE MAY CAUSE THE BID TO BE REJECTED. I ALSO AFFIRM THAT NO OFFICER OR STOCKHOLDER OF THE RESPONDENT (BIDDER) IS A MEMBER OF THE STAFF, OR RELATED TO ANY EMPLOYEE OR MEMBER OF THE CITY COMMISSION OF THE CITY OF MERCEDES EXCEPT AS NOTED HEREIN:

_____

_____

By signing this bid, the vendor (Bidder) makes the assurance that vendor has not been debarred or suspended from conducting business with the U.S. Government according to Executive Order 12549 entitled "Debarment and Suspension."

COMPANY _____ EMPLOYER I.D. NO._____

ADDRESS_____

CITY, STATE, ZIP CODE _____

PHONE _____ FAX _____

EMAIL _____

BIDDER (SIGNATURE) _____

PRINTED NAME _____

POSITION WITH COMPANY _____

Product Specifications for Monitor/Defibrillator

The following specifications are for a portable multi-parameter monitor/defibrillator.

1. **Operating Modes**

1.1. AED Mode; the device shall function with automated ECG analysis and a prompted protocol for patients in cardiac arrest.

1.2. Manual Mode; the device shall provide manual defibrillation, synchronized cardio-version, and non-invasive pacing and ECG and vital sign monitoring.

1.3. Other Modes: Archive mode, Setup Mode, Service Mode and Demo Mode.

2. **User Interface**

2.1. **Controls**

2.1.1. All critical emergency therapy controls shall be grouped together in a logical orientation. Each control is dedicated to a single function to provide for fast, unambiguous access.

2.1.2. Critical controls are color coded to enable clear visibility and to help the user distinguish each control for rapid access.

2.1.3. All controls are accessible on the front panel of the device while operating the unit in all typical settings including patient treatment and transport (i.e. equipped with carrying case).

2.1.4. All controls operate with a single press except the ON control, which requires the user to push and hold the ON button for a few seconds to turn the device off to prevent turning off the device inadvertently.

2.2. **Patient Connection**

2.2.1. Patient connections: All patient connections are visible and accessible on the front panel of the device while operating the unit in all typical settings including patient treatment and transport (i.e. equipped with carrying case) or when housed on a closed shelf.

2.2.2. Therapy Cable offers a solid, positive connection to device that is not vulnerable to shock or impact; it is easily inserted or removed with a gloved hand without the need for additional tools for quick replacement during patient use in case it becomes damaged.

2.2.3. ECG cable offers a solid connection and easy removal without side-to-side tension to preserve integrity of cable.

2.2.4. CO2 connector accepts sensors for intubated and non-intubated patient applications without additional adapters, to maximize clinical functionality. CO2 monitoring activates automatically when a sensor is connected.

2.2.5. SPO2/SPCO all use a common connection and include lock out for incompatible sensors. SPO2/SPCO monitoring activates automatically when a proper sensor is connected.

2.2.6. NIBP connector is self-locking and can be easily removed with one hand.

2.2.7. 100mm Printer access is available from the front of the device.

2.3. **Display**

2.3.1. The device active viewing area is 212 mm (8.4 in) diagonal; 171 mm (6.7 in) wide and 128mm (5.0 in) high.

2.3.2. The device display is dual-mode color backlit display with a resolution of 640 x 480 pixels.

2.3.3. The primary mode is a black background with color waveforms and text data. Waveforms and values are automatically color synchronized to real-time display of patient data to facilitate assessment at a glance (ex. blue pulse oximetry waveform matched with blue pulse oximetry value; green ECG waveform matched with green heart rate).

2.3.4. A secondary mode is black parameter and real time patient data on a white background, for clear viewing in bright sunlight. The user may toggle between primary and secondary viewing modes with each mode available in less than 1 second.

2.3.7. The device can be set up for display of up to three simultaneous waveforms.

2.3.8. The device includes a 'home screen' key which, when depressed, returns the display to normal patient monitoring mode without the need to cycle or backtrack through menus.

2.3.9. The display displays status of one or two batteries (including installed, active, low, require replacement, remaining capacities), Bluetooth connections and selected energy.

3. **Defibrillator**

3.1 Escalating energy levels up to 360J to maximize clinical options and treat the widest range of patients. The full range of energy levels are accessible at any time (except internal defibrillation), as limited by pre-determined patient impedance ranges.

3.2. The therapy cable has a length of 2.4m (8 ft), not including electrode assembly.

3.3. The charge time to 360 joules does not typically exceed 10 seconds.

3.4. The device can monitor the patient ECG for a potentially shockable rhythm and alert the operator, even while in Manual defibrillation mode.

3.5 CPR Coaching is provided by a Metronome. The compression: ventilation ratio can be set to adult with no airway, adult with airway, child with no airway or child with an airway. The Metronome is functional in both the AED and Manual Modes.

4. **External Defibrillation (AED Mode)**

4.1. The device is capable of being set up to power on in the AED mode.

4.2. The device can be set up to automatically and continuously monitor the patient ECG for a potentially shockable rhythm.

4.3. The device allows the operator to configure the output energy delivery sequence to be used during Advisory mode as 200/200/360 or 200/300/360 joules.

4.4. During AED mode when a shockable ECG rhythm is detected the device can be ready to deliver a shock within 20 seconds with a fully charged battery installed.

4.7. The device allows switching from AED mode to Manual mode with or without a password or not allowed based on local protocol.

4.8. The device allows switching from AED mode to pacing.

4.9.5. All configured monitoring functions such as NIBP, SpO2, SPCO and 12-lead ECG can be used in Advisory Monitoring.

5. **Manual Defibrillation Mode**

5.1. The device operates in manual mode using adult and pediatric hands-free pacing/defibrillation/ECG electrodes, adult standard paddles, or pediatric paddles.

5.2. The device can be set up to operate in Manual mode when it is turned on.

5.3. While in manual mode, the device allows the operator to select the following energy settings; 2, 3, 4, 5, 6, 7, 8, 9, 10, 15, 20, 30, 50, 70, 100, 125, 150, 175, 200, 225, 250, 275, 300, 325 and 360 joules or a user configurable sequence of 150-360 (1st shock), 150 - 360 (2nd shock), 150 - 360 joules (3rd shock).

6. **Synchronized Cardio-version**

6.1. The device allows for a shock to be automatically delivered that is synchronized to a patient's ECG.

6.2. An indicator is shown on the ECG QRS where the shock will be delivered.

7. **Pacer**

7.1. The device operates in demand and non-demand modes.

7.2. The device allows the user to program a preferred/default starting mode.

7.3. The device allows the operator to set the default rate and current values.

7.4. The device generates pacing pulses at a rate of 40 to 170ppm.

7.5. The device allows the operator to select the pacing output current from 0 to 200mA.

7.6. The device incorporates a pacing pause function which allows the operator to reduce the pacing rate by a factor of 4, to allow assessment of the patient's underlying ECG rhythm.

8. **ECG Monitor**

8.1. The device monitors patient ECG via the following means:

8.1.1. Three (3) wire cable for 3-lead ECG monitoring.

8.1.2. Five (5) wire cable for 7-lead ECG monitoring.

8.1.3. Ten (10) wire cable for 12-lead ECG acquisition. The cable should be multi-segmented (main trunk 4-wire section and 6-wire section) to facilitate multiple functionality and minimize replacement costs.

8.1.4. When the 6 chest electrodes are removed, the 10 wire cable functions as a 4-wire cable.

8.1.5. QUIK-COMBO® pacing/defibrillation/ECG electrodes for paddles monitoring.

8.2. Lead selection; the device shall provide the following monitoring options:

8.2.1. Leads I, II, III with the 3-wire cable.

8.2.2. Leads I, II, III, AVR, AVL, and AVF with the 4-wire cable (simultaneous acquisition).

8.2.3. Leads I, II, III, AVR, AVL, AVF and C with the 5-wire cable (simultaneous acquisition).

8.2.4. Leads I, II, III, AVR, AVL, AVF, VI, V2, V3, V4, V5, and V6 with the 10-wire cable (simultaneous acquisition).

8.3. The monitor allows the operator to adjust the ECG size using the following settings: 4, 3, 2.5, 2, 1.5, 1, 0.5, 0.25 cm/mV; (fixed at 1 cm/mV for 12-lead).

8.3.1. The monitor digitally displays patient heart rates from 20 to 300 bpm.

8.3.2. The monitor flashes a heart symbol for each patient QRS detected.

9. **12-Lead ECG Algorithm**

9.1. The device incorporate University of Glasgow 12-Lead ECG analysis program which allows the use of an interpretive algorithm for patients < 18 years of age

9.2. The analysis program includes interpretative statements to describe the 12-lead ECG including statements such as "Meets ST Elevation MI Criteria".

9.3. The 12-lead ECG provides information related to leads disconnected and noisy ECG and requires user interaction to proceed with acquiring a 12-lead ECG report and interpretation with noisy ECG data.

9.4. The device provides the option of printing the interpretation on the 12-Lead ECG report.

9.5. The device provides the option of printing the 12-Lead ECG report at 25mm/sec or 50mm/sec.

9.6. The 12-lead ECG report shall offer a 3-Channel Standard format with an optional 4-Channel Standard, 3-Channel Cabrera or 4-Channel Cabrera format.

9.7. The device offers the option of printing automatically on the acquisition of a 12-Lead.

9.8. The device includes trending of ST measurement after an initial 12-Lead analysis and automatically generates a 12-Lead ECG to alert the operator if any change in ST elevation or depression is detected.

9.9. The 12-Lead ECG algorithm distinguishes between adult and pediatric patients using different algorithms established by user-input age.

9.10. The 12 -Lead ECG algorithm distinguishes between male and female patients using different algorithms established by user-input gender.

10. **Pulse Oximetry (SPO2), Carbon Monoxide (SPCO)**

10.1. The device incorporates SPO2 and SPCO monitoring using Masimo® Rainbow® technology and compatible sensors.

10.2. The device is capable of displaying an IR (pleth) waveform.

11. **Noninvasive Blood Pressure (NIBP)**

11.1. The device is capable of displaying blood pressure values in mmHg.

11.2. The device measures Mean Arterial Pressure (MAP).

11.3. The device measures BP with accuracy of maximum mean error of ±5 mmHg.

11.4. The device typically performs a blood pressure measurement in 20 seconds.

11.5. The device measures Pulse rate in range: 30 to 240 PPM.

11.6. The device offers a choice of initial cuff inflation pressures.

11.7. The device can be set to perform automatic recurring measurements at the following set intervals - 2, 3, 5, 10, 15, 30, 60 minutes.

11.8. A range of disposable and reusable NIBP cuffs are available, including latex free.

11.9. NIBP cuffs are single bladder to facilitate placement independent of patient artery for rapid setup.

12. **Capnography (EtCO2 monitoring)**

12.1. The device incorporates capnography, using Medtronic Microstream® technology.

12.2. Capnography monitoring activates automatically upon connecting FilterLine® or Smart CapnoLine®.

12.3. The device allows monitoring of intubated and non-intubated patients without the need for additional equipment, adapters, or setup.

12.4. The device does not have any CO2 sensor external to the device due to external sensor vulnerability to damage and high replacement cost.

12.5. The device is capable of displaying CO2 value in kPa, Vol %, or mmHg.

12.6. The device uses disposable CO2 intubated and non-intubated sensors to eliminate risk of cross contamination between patients.

12.7. The device measure CO2 pressure in range: 0 to 99 mmHg (0 to13.2kPa).The device shall display CO2 waveform.

12.8. This waveform can be set up as part of pre-defined lead group with the option to display as a default.

13. **Alarms**

13.1. The device incorporates a Quick Set feature which activates default values for parameter and patient alarms. Alarms are established relative to baseline rate and specific to each vital sign.

13.2. The user may select a wide or narrow tolerance of alarms around baseline.

13.3. The user may select a range of silence periods for the alarms.

13.4. Audible tone is always provided for VF/VT alarm.

13.5. The device incorporates a VF/VT alarm which activates continuous patient surveillance of potentially shockable ECG rhythms during manual mode operation with therapy electrodes and through standard ECG electrodes.

14. **Trending**

14.1. The device offers on-screen trending with choice of HR, PR (SPO2), PR (NIBP), SPO2 (%), SpCO (%), CO2(ETCO2/FiCO2), RR (CO2), NIBP, or ST.

14.2. Trending is activated automatically for each vital sign used – no additional user intervention is required other than opting to view the trended data on-screen.

14.3. The device includes trending of ST measurement after an initial 12-lead analysis. A 12-lead ECG will automatically print to alert the operator following a series of consistent ST elevations or depressions.

14.4. A printed trend summary is available either on-demand or at the conclusion of the event summary.

15. **Printer**

15.1. The device prints a continuous strip of the displayed patient information.

15.2. The device includes a 100mm (3.9 in) thermal recorder that is easily accessible from the front of the device. Paper shall be of standard roll format to facilitate replacement and minimize waste.

15.3. The device allows the operator to set up automatic printing of waveform events as they occur, in any combination.

16. **Data Management**

16.1. The device captures and stores patient data, events (including waveforms and annotations), continuous ECG waveform and diagnostic 12-Lead ECG reports in internal memory.

16.2. The device allows the operator to enter the following patient information: Last Name, First Name, Incident ID, Patient ID, Age and Gender

16.3. The device allows stored reports to be retrieved for transmission to a remote location. Transmitted reports must be received by a personal computer (PC) with appropriate software installed.

16.4. The total memory capacity of the device is at least 400 single waveform events or 360 minutes of continuous ECG. Maximum memory capacity for a single patient includes up to 200 single waveform reports and 90 minutes of continuous ECG.

16.5. Memory is internal rather than by removable cards, to eliminate replacement cost issues and to protect data integrity/patient confidentiality.

17. **Data Management Architecture**

17.1. When transferring data, the device outputs data in a format compatible with hospital cardiology information systems.

17.2. The data transferred from the device can be transferred and managed using Web-based distribution and management. The data center is managed by the manufacturer on a 24/7 basis.

18. **Communications**

18.1. The device is capable of transferring data records via a direct connection to a PC.

18.2. The device is capable of transferring data records by an internal Bluetooth to other Bluetooth devices.

18.3 The device is capable of transferring data records via cloud to cloud integration.

18.4. The device provides the option of transmitting 12-Lead ECG reports to a personal computer installed with appropriate software via a cellular or wi-fi connection.

18.5. The device and communication system supports the following 12-lead features: Alert at the receiving end that a 12-lead ECG has arrived, Transmission to multiple locations, Auto forwarding of 12-

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lead ECG report, Sharing of electronic 12-lead report via email, Acknowledgement of successful transmission at the device.

19. **Power**

19.1. Battery Options; the device operates using Lithium-ion, rechargeable batteries.

19.2. The device operates with one or two batteries; it operates from only one battery at a time, monitors the state of each battery and automatically switches to the second battery when a low battery is detected for the first battery, without interruption of functional operation.

19.3. Operating Time; two (2) new fully charged Lithium-ion batteries provide the following prior to shut-down at 20 C (68 F):

19.3.1. Monitoring typical 360 minutes, minimum 340 minutes

19.3.2. Pacing typical 340 minutes, minimum 320 minutes

19.3.3. Defibrillation (360 J) typical 420 shocks minimum 400 shocks

19.4. The device displays battery icons at the top display area for each battery placed in the device. The battery icons indicate the state of battery charge and which of the two batteries is being used to supply power to the device. Low battery status is indicated with a low battery icon, flashing battery icon and a low battery message warning message.

19.5.The Lithium-ion batteries have four horizontal bars, or battery charge indicators that indicate when the individual battery has: greater than 70% charge (four bars), greater than 50% charge (three bars), greater than 25% charge (two bars), and 25% or less charge (one bar).

19.6. When both batteries reach a low battery condition, the device emits an audible voice prompt to replace the battery.

20. **Maintenance**

20.1. Each time the monitor/defibrillator is powered on, it performs internal self-tests to check that internal electrical components and circuitry work properly.

20.2. The defibrillator stores the results of all user-initiated self-tests in a test log.

20.3. When the defibrillator is on and a problem is detected that requires immediate service, such as a malfunctioning charging circuit, the Service LED is illuminated.

20.4. The defibrillator performs an automatic self-test daily at 03:00 (3:00 A.M.), if not in use. During the automatic self-test, the defibrillator turns itself on (ON LED illuminates) briefly, completes self-test, stores the self-test results in a test log and turns itself off.

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20.5. The device is capable of a manual user test that includes charging and discharging the defibrillator, and printing a report.

20.6. The device has provision to transfer the test log report to a PC by a cable or by wireless means.

20.7. The device has provisions to upgrade for future AHA specifications.

20.8. The device offers a user replaceable screen protector.

20.9. The device offers a removable/Interchangeable shock-absorbing handle.

21. **Physical Characteristics**

21.1. The device does exceed the following weight limits: Full featured monitor/defibrillator with new roll of paper and two batteries installed 9.1 kg (20.1 lb)

21.2. The device does exceed the following dimensions:

21.2.1. Height: 31.7cm (12.5 in).

21.2.2. Width: 40.1cm (15.8 in).

21.2.3. Depth: 23.1cm (9.1 in).

22. Environmental conditions for operation as specified

22.1. The device operates from 0° to 45°C (32° to 113°F). It operates from -20° to 0° C (-4° to 32° F) or 45° to 60°C (113° to 160°F) for 1 hour after storage at room temperature.

22.2. The non-operating temperature range of the device is -30° to +70°C (-22° to 158°F) except therapy electrodes and batteries.

22.3. The device operates in relative humidity from 5 to 95%, non-condensing.

22.4. The device meets vibration per MIL-STD-810E Method 514.4, Propeller Aircraft - category 4 (figure 514.4-7 spectrum a) Helicopter - category 6 (3.75 Grms), Ground Mobile - category 8 (3.14 Grms) EN 1789: Sinusoidal Sweep, 1 octave/min, 10-150 Hz, ±0.15 mm/2 g.

22.5. The device operates after 5 drops on each side from 18 inches onto a steel surface EN 1789: plus a 30-inch drop onto each of 6 surfaces.

22.6. The device operates after a functional shock per IEC 60068-2-27 and MIL-STD-810E shock requirements 3 shocks per face at 40 g, 6 ms half-sine pulses.

22.7. The device operates after 1000 bumps at 15 g with pulse duration of 6 msec.

22.8. The device is dust- and splash-proof (IP44) per IEC 529.

22.9. The device meets EMC emissions standards: EN 60601-1-2:2001 Medical Equipment - General Requirements for Safety - Collateral Standard: Electromagnetic Compatibility - Requirements and Tests, EN 60601-2-4:2003: (Clause 36) Particular Requirements for the Safety of Cardiac Defibrillators and Cardiac Defibrillator-Monitors.

22.10. The device withstands 60 hour exposure to the chemicals: Betadine (10% Povidone-Iodine solution), Coffee, Cola, Dextrose (5% Glucose solution), Electrode Gel/Paste (98% water, 2% Carbopol 940), HCL (0.5% solution, pH=1), Isopropyl Alcohol and NaCl (0.9% solution). Cosmetic discoloration of the paddle well shorting bar shall be allowed following exposure to HCL (0.5% solution).

23. **Preventative Maintenance and Service**

23.1 All preventative maintenance, service and repairs must be completed by a certified field service representative who is solely employed by the manufacture and can repair on site in most circumstances. Contracting out the preventative maintenance, service and repairs to a third party is not allowed.

23.2 Service agreement must include one annual on-site 30-point, computer-assisted performance inspection ensuring the devices meets the factory specifications including quality assurance documentation.

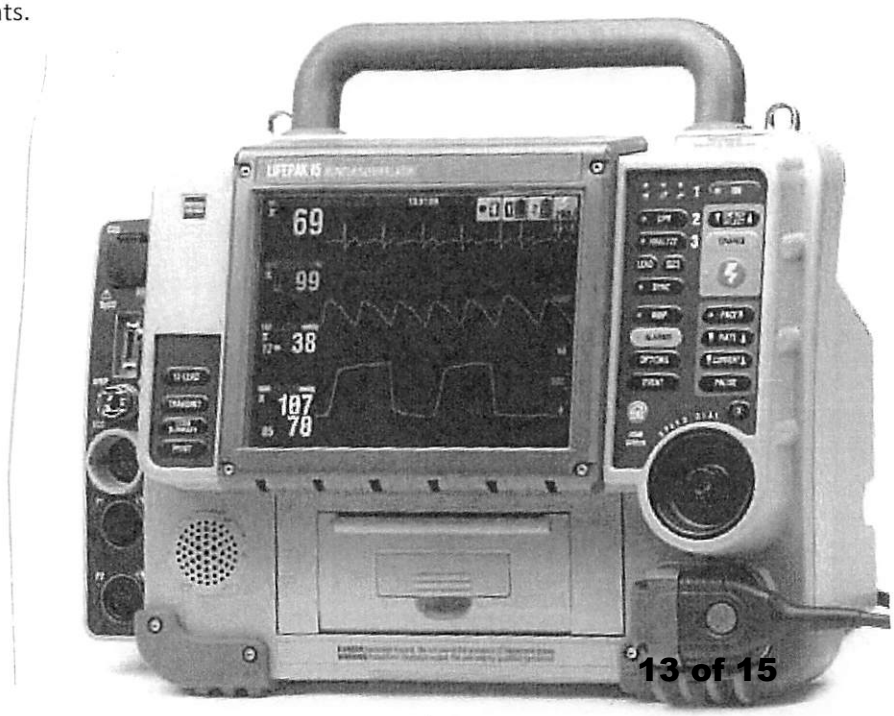
23.3 Loaner devices must be included as part of the service agreement at no additional cost.

23.4 Battery charger repair or replacement must be included in the service agreement at no additional cost.

23.5 Replace up to three (3) lithium-ion batteries in accordance with the device operating instructions or upon failure per year per device must be included at no additional cost.

24. **Other**

24.1. Device is designed to help the operator meet HIPAA (Health Insurance Portability and Accountability Act of 1996) requirements.



INSTRUCTIONS FOR CONFLICTS OF INTEREST QUESTIONNAIRE [Form CIQ]

H.B. 914, passed during the 2005 Texas legislative session, as amended by H.B. 1491 passed in 2007, requires certain persons who wish to conduct business or be considered for business with a city to file a "conflict of interest questionnaire." The Texas Ethics Commission (TEC) created the conflict of interest questionnaire (FORM CIQ). These laws are codified in Chap. 176 of the Texas Local Government Code.

What vendors/persons are subject to Chapter 176?

- The word "person" includes a partnership, corporation or other corporate body, including those performing professional services. Partnerships or corporations act through individuals, but it is the partnership or corporation that would be seeking to do business with the city. If the "person" seeking to do business with the city is a sole proprietorship, then just the name of the "person" is needed.
- Any "person" who contracts or seeks to contract for the sale or purchase of property, goods, or services with a local governmental entity
- An agent of a "person" who contracts or seeks to contract for the sale or purchase of property, goods, or services with a local governmental entity
- A vendor shall file a completed conflict of interest questionnaire if the person has a business relationship with a local governmental entity and:
  (1) has an employment or other business relationship with an officer of that local governmental entity, or a family member of the officer that results in taxable income exceeding $2,500 during the 12 month period preceding the date a contract is executed or a contract is being considered; or
  (2) has given an officer of that local governmental entity, or a family member of the officer, one or more gifts with the aggregate value of more than $250 in the 12 month period preceding the date a contract is executed or a contract is being considered

What triggers the requirement to file a "conflict of interest questionnaire"?

When a person begins (1) contract discussions or negotiations with the city or (2) submits an application, response to request for proposals or bids, correspondence, or another writing related to a potential agreement, Form CIQ must be completed. Whether the person initiates the discussion or the city initiates the discussions, Form CIQ must be completed. Even if the vendor has no affiliation or business relationship with an officer or employee of the city, Form CIQ must be completed and submitted

To what type of contracts does the bill apply?

Any written contract and any implied contract, such as purchase orders, procurement card purchases, utility purchases, or any exchange of money or other consideration for some service or property. The monetary amount or value of the contract/purchase does not matter.

When must a vendor file the conflict of interest questionnaire?

No later than seven days after the date the person: (a) begins contract discussions or negotiations with the city, or (b) submits an application or response to a request for proposals or bids, correspondence, or another writing related to a potential agreement with a city, or (c) becomes aware of an employment relationship with a local government officer or family member of the officer, or (d) becomes aware of a qualifying gift..

What has to be revealed?

Section 176.006 requires disclosure of a person's employment or business relationships. This includes each employment or business relationship with a corporation or other business entity with respect to which a local government officer services as an officer or director or holds an ownership interest of 10% or more.

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).

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_____ _____
Signature of vendor doing business with the governmental entity Date

Form provided by Texas Ethics Commission www.ethics.state.tx.us Revised 11/30/2015

Please sign and return with your proposal