



**Education Service Center Region 12
Request for Proposals**

RFP – E160-2022-WC INSUR

1. SUBJECT OF PROPOSALS: Worker’s Compensation Insurance

2. LOCATION FOR SUBMISSION OF PROPOSALS:

Education Service Center Region 12
Attention: Terry M. Marak
2101 W. Loop 340
Waco, TX 76712
(Physical address for UPS, FedEx, etc.)

Education Service Center Region 12
Attention: Terry M. Marak
P. O. Box 23409
Waco, TX 76702
(Mailing address for U.S. Mail)

Phone – 254.297.1178

Email – tmarak@esc12.net

3. DEADLINE FOR SUBMISSION OF PROPOSALS:

Friday, May 20, 2022 at 10:00 a.m.

Proposals must be received no later than the above date and time. All proposals received after the above closing time, whether delivered in person or mailed, will not be considered.

Proposals must be sealed and clearly marked “Worker’s Comp Insurance Proposal”. Faxed or emailed proposals will not be accepted.

4. WITHDRAWAL OF PROPOSALS:

No proposal may be withdrawn after the above deadline except by mutual consent of the Owner and Proposer. Proposals may be withdrawn upon written request received from Proposer prior to the above deadline.

5. CONSIDERATION OF PROPOSALS:

The Education Service Center Region 12 (Center) shall have the right to accept or reject any or all proposals, or any part thereof and to waive any technicalities deemed to be in the best interest of the Center.

6. SIGNATURE ON PROPOSALS:

Proposals, to be valid, must be manually signed in ink by an authorized person. By such signature, Proposer agrees to strictly abide by the terms, conditions, and specifications embodied in the proposal.

7. PROPOSAL ERRORS:

All proposals shall be deemed final, conclusive, and irrevocable; and no proposal shall be subject to correction or amended for errors or miscalculation by the Proposer after the above deadline.

8. COST OF PROPOSALS PREPARATION/SUBMISSION:

The Center, by requesting proposals, does not accept any responsibility or obligation for costs incurred by the Proposers in preparation and/or submission of proposals.

9. SPECIFICATIONS:

The Center is seeking Worker's Compensation Insurance coverage for the year beginning September 1, 2022 and ending August 31, 2023 in accordance with the laws of the State of Texas. Loss runs for the previous four years and current year-to-date are provided in **Attachment 1**.

Payroll information for September 1, 2020 through August 31, 2021 and September 1, 2021 through March 31, 2022 is provided in **Attachment 2**.

10. SELECTION CRITERIA:

In selection of the vendor, the Center may consider:

- 1) Premium rates;
- 2) The reputation of the provider and of the provider's products and services;
- 3) The quality of the provider's products or services;
- 4) The extent to which the products or services meet the Center's needs;
- 5) The vendor's past relationship with the Center;
- 6) The impact on the ability of the Center to comply with laws relating to historically under-utilized businesses;
- 7) The total long-term cost to the Center to acquire the goods or services;
- 8) Any other relevant factor that a private business entity would consider in selecting a vendor.

11. FELONY CONVICTION NOTICE:

All proposers must complete the **Felony Conviction Notice** included as part of this document.

12. CONFLICT OF INTEREST QUESTIONNAIRE:

House Bill 914 of the 79th Legislature of the State of Texas added Chapter 176 to the Local Government Code. Chapter 176 requires vendors and other persons to file a Conflict of Interest Questionnaire, **Form CIQ**, if the person "contracts or seeks to contract for the sale or purchase of property, goods, or services with a local governmental entity; or is an agent of a person in the person's business with the local governmental entity."

Effective January 1, 2006, a person that contracts or seeks to contract for the sale or purchase of property, goods, or services with a local governmental entity must timely file a conflict of



interest questionnaire with the Education Service Center Region 12 no later than the seventh business day after the vendor begins contract discussions or negotiations with the Center or submits to the Center an application, response to a request for proposals or bids, correspondence, or another writing related to a potential agreement with the Center.

A Conflict of Interest Questionnaire, Form CIQ, is included with this request for proposals (see **Attachment 3**) and is to be completed describing any affiliation of business relationship with any Education Service Center Region 12 Board Member, officer, or employee having involvement in purchasing goods or services. **If there are none, state so in the space provided.**

The following are Education Service Center Region 12 Board Members, officers, and employees authorized to recommend expenditure of money.

Bill Killian, Board Chairman
Sarah Lane, Secretary
John Turpin, Member
Gene Solis, Member
Jerry Maze, Executive Director
Charlene Simpson, Deputy Executive Director

Connie Z. White, Board Vice-Chairman
Rex Daniels, Member
Kerry Hansen, Member
Lindy Ermoian, Charter School Member
Terry M. Marak, Chief Financial Officer
Nick Brown, Deputy Executive Director



Felony Conviction Notification

State of Texas Legislative Senate Bill 1, Section 44.034, Notification of Criminal History, Subsection (a), states “a person or business entity that enters into a contract with a school district must give advance notice to the district if the person or an 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.”

Subsection (b) states “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) or misrepresented the conduct resulting in the conviction. The district must compensate the person or business for services performed before the termination of the contract.

This Notice is not required of a publicly held corporation.



I, the undersigned agent for the firm named below, certify that the information concerning notification of felony convictions has been reviewed by me and the following information is true to the best of my knowledge.

Vendor’s Name (Printed):



Authorized Company Official’s Name (Printed):



1. **Circle the letter preceding the appropriate statement and sign below.**
 - A. My firm is a publicly held corporation; therefore, this reporting requirement is not applicable.
 - B. My firm is not owned or operated by anyone who has been convicted of a felony.
 - C. My firm is owned or operated by the following individual(s) who has/have been convicted by a felony.



Felony Conviction Notice Continued

Name of Felon(s):

Details of Conviction(s):

Signature of Company Official:

Date:

Attachment #1



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Region XII Service Center

Worker's Compensation Claims

Claims Cost Detail

Policy Year: 9/1/2017-8/31/2018 As of: 2/28/2022 Activity Period: 2/1/2022-2/28/2022
 -----TOTALS AS OF 2/28/2022-----

| ClaimNo/Sts | Claimant Name/ Occupation | Date of Injury | Report Date | Injury Type | Occ Code | Current Paid | Paid | Reserves | Incurred | |
|---|---|----------------|-------------|----------------|-------------|---------------|-------------------|-------------------|-------------------|-------------------|
| 17004236-C | Clerical Multiple Physical Injuries Only TO Mult Body Parts : CELESTE WAS SITTING IN HER OFFICE CHAIR AND LEANED FORWARD TO PICK UP A PEN AND THE CHAIR SLIPPED OUT FROM UNDER HER. SHE FELL FLAT ON MY BACK ON THE TILE FLOOR. THE CHAIR RICOCHETED OFF HER FILING CABINET AND HIT THE BACK OF HER HEAD. SEE COMMENTS | 11/27/2017 | 11/28/2017 | INFO | 8810 | | | | | |
| | Lost Days: | 0 | | | | IND \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| | Restricted Days: | 0 | | | | MED \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| | | | | | | LEG \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| | | | | | | OTH \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| | | | | | | RHB \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| | | | | | | REC \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| 18001900-C | All Others Multiple Physical Injuries Only TO Mult Body Parts : ANNA STOOD UP, PROPPED HER LEFT FOOT ON THE CHAIR. THE CHAIR ROLLED AND SHE LOST HER BALANCE FALLING IN A TWISTED MOTION, TWISTING HER LEFT LEG AND HITTING HER HEAD ON THE BASE OF ANOTHER CHAIR. | 5/21/2018 | 5/21/2018 | M-O | 9101 | | | | | |
| | Lost Days: | 0 | | | | IND \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| | Restricted Days: | 0 | | | | MED \$0.00 | \$1,545.91 | \$0.00 | \$1,545.91 | |
| | | | | | | LEG \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| | | | | | | OTH \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| | | | | | | RHB \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| | | | | | | REC \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| | | | | | | \$0.00 | \$1,545.91 | \$0.00 | \$1,545.91 | |
| Summary Total For: Region XII Service Center - 17-18 | | | | | | | | | | |
| CLAIM COUNT | | | | | | IND | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Open | | | | | | MED | \$0.00 | \$1,545.91 | \$0.00 | \$1,545.91 |
| Closed | | | | | | LEG | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| TOTAL | | | | | | OTH | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| | | | | | | RHB | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Total Lost Days: | | | | | | REC | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Total Restricted Days: | | | | | | | \$0.00 | \$1,545.91 | \$0.00 | \$1,545.91 |



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Region XII Service Center

Worker's Compensation Claims

Claims Cost Detail

Policy Year: 9/1/2018-8/31/2019 As of: 2/28/2022 Activity Period: 2/1/2022-2/28/2022
 -----TOTALS AS OF 2/28/2022-----

| ClaimNo/Sts | Claimant Name/ Occupation | Date of Injury | Report Date | Injury Type | Occ Code | Current Paid | Paid | Reserves | Incurred |
|-------------|---|----------------|-------------|----------------|-------------|--------------|--------|------------|----------|
| 18002880-C | | 9/6/2018 | 9/6/2018 | M-O | 9101 | | | | |
| | All Others Laceration (Cut or Tear) TO Brain : JOHN WAS SITTING IN A ROLLING CHAIR AND LEANED BACK AND CHAIR TURNED OVER. THE BACK OF HIS HEAD HIT A METAL TOOLBOX THAT CUT A LONG GASH IN THE BACK OF HIS HEAD WITH BLEEDING. HIS ELBOWS HIT THE FLOOR. HE HAD A SLIGHT HEADACHE. HE WAS TAKEN TO BAYLOR | | | | | | | | |
| | Lost Days: 0 | | | | | | | | |
| | Restricted Days: 0 | | | | | | | | |
| | | | | | | IND | \$0.00 | \$0.00 | \$0.00 |
| | | | | | | MED | \$0.00 | \$1,674.40 | \$0.00 |
| | | | | | | LEG | \$0.00 | \$0.00 | \$0.00 |
| | | | | | | OTH | \$0.00 | \$0.00 | \$0.00 |
| | | | | | | RHB | \$0.00 | \$0.00 | \$0.00 |
| | | | | | | REC | \$0.00 | \$0.00 | \$0.00 |
| | | | | | | | \$0.00 | \$1,674.40 | \$0.00 |
| 18003472-C | | 10/9/2018 | 10/9/2018 | IND | 8868 | | | | |
| | Professional/ Admin All Other Specific Injuries, NOC TO Ear(s) : AT APPROX. 11:45 A.M. ON 10/9/18, EMPLOYEE WAS DRIVING HER PERSONAL VEHICLE GOING TO ACADEMY ISD TO PROVIDE PROFESSIONAL DEVELOPMENT TO ADMINISTRATORS. SHE TURNED OFF I-35 AND HEADED TOWARD ACADEMY, WHEN A VEHICLE PULLED OUT OF BUC-EE'S TEMPLE STORE | | | | | | | | |
| | Lost Days: 0 | | | | | | | | |
| | Restricted Days: 0 | | | | | | | | |
| | | | | | | IND | \$0.00 | \$0.00 | \$0.00 |
| | | | | | | MED | \$0.00 | \$909.14 | \$0.00 |
| | | | | | | LEG | \$0.00 | \$0.00 | \$0.00 |
| | | | | | | OTH | \$0.00 | \$6.39 | \$0.00 |
| | | | | | | RHB | \$0.00 | \$0.00 | \$0.00 |
| | | | | | | REC | \$0.00 | \$0.00 | \$0.00 |
| | | | | | | | \$0.00 | \$915.53 | \$0.00 |
| 19000085-C | | 1/7/2019 | 1/8/2019 | INFO | 8868 | | | | |
| | Professional/ Admin All Other Specific Injuries, NOC TO Knee : EMPLOYEE FELL WHEN ENTERING ESC BUILDING 2 NEAR THE REAR EMPLOYEE ENTRANCE. HE HIT A SLICK SPOT ON A PAINTED SURFACE WHERE THE PRIVATE ROAD AND SIDEWALK MEET, RESULTING IN MINOR FALL AND SCRAPING RIGHT KNEE. HE DID NOT SEEK MEDICAL ATTENTION. | | | | | | | | |
| | Lost Days: 0 | | | | | | | | |
| | Restricted Days: 0 | | | | | | | | |
| | | | | | | IND | \$0.00 | \$0.00 | \$0.00 |
| | | | | | | MED | \$0.00 | \$0.00 | \$0.00 |
| | | | | | | LEG | \$0.00 | \$0.00 | \$0.00 |
| | | | | | | OTH | \$0.00 | \$0.00 | \$0.00 |
| | | | | | | RHB | \$0.00 | \$0.00 | \$0.00 |
| | | | | | | REC | \$0.00 | \$0.00 | \$0.00 |
| | | | | | | | \$0.00 | \$0.00 | \$0.00 |
| 19000086-C | | 1/8/2019 | 1/8/2019 | INFO | 8868 | | | | |
| | Professional/ Admin | | | | | | | | |



Region XII Service Center

Worker's Compensation Claims

Claims Cost Detail

Policy Year 9/1/2018-8/31/2019 As of: 2/28/2022 Activity Period: 2/1/2022-2/28/2022 -----TOTALS AS OF 2/28/2022-----

Table with columns: ClaimNo/Sts, Claimant Name/Occupation, Date of Injury, Report Date, Injury Type, Occ Code, Current Paid, Paid, Reserves, Incurred. Includes injury description: Multiple Physical Injuries Only TO Mult Body Parts : EMPLOYEE TRIPPED ON THE RAISED SIDEWALK...

Table for claim 19001191-C: Professional/ Admin, All Other Specific Injuries, NOC TO Wrist(s) & Hand(s) : HAND AND FOREARM BEGAN HURTING AND GOING NUMB...

Table for claim 19001120-C: Professional/ Admin, Multiple Physical Injuries Only TO Mult Body Parts : RETURNING FROM LUNCH, WALKING DOWN THE STAIRS...

Table for claim 19001534-C: All Others, All Other Specific Injuries, NOC TO Lower Arm : WHEN RETRIEVING A HANDICAP TAG, TRACY'S RIGHT ARM GOT STUCK UNDER VEHICLE...



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Region XII Service Center

Worker's Compensation Claims

Claims Cost Detail

Policy Year: 9/1/2018-8/31/2019 As of: 2/28/2022 Activity Period: 2/1/2022-2/28/2022
 -----TOTALS AS OF 2/28/2022-----

| ClaimNo/Sts | Claimant Name/ Occupation | Date of Injury | Report Date | Injury Type | Occ Code | Current Paid | Paid | Reserves | Incurred |
|---|---|----------------|-------------|----------------|-------------|--------------|-------------|----------|-------------|
| | Lost Days: | 0 | | | LEG | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| | Restricted Days: | 0 | | | OTH | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| | | | | | RHB | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| | | | | | REC | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| | | | | | | \$0.00 | \$651.00 | \$0.00 | \$651.00 |
| 19002057-C | Professional/ Admin All Other Specific Injuries, NOC TO Foot : WE WERE @ GROUP DYNAMIX FOR SUMMER CAMP W/OUR STUDENTS. WE WERE JUMPING ON AN INFLATABLE TRAMPOLINE LIKE APPARATUS THAT IS FILLED W/AIR BELOW. WHEN A LARGE GROUP OF STUDENTS JUMPED UP MY HEEL SLAMMED DOWN ON THE CONCRETE. I FELT IMMEDIATE PAIN. | 6/18/2019 | 6/18/2019 | M-O | 8868 | | | | |
| | Lost Days: | 0 | | | IND | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| | Restricted Days: | 0 | | | MED | \$0.00 | \$2,435.24 | \$0.00 | \$2,435.24 |
| | | | | | LEG | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| | | | | | OTH | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| | | | | | RHB | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| | | | | | REC | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| | | | | | | \$0.00 | \$2,435.24 | \$0.00 | \$2,435.24 |
| 19002409-C | Professional/ Admin All Other Specific Injuries, NOC TO Facial Bones : WHILE TRYING TO RETRIEVE A FOLDER FROM THE COMPANY VEHICLE, SHE OPENED THE VEHICLE DOOR QUICKLY AND FORCEFULLY - STRIKING HER FOREHEAD ON LEFT SIDE ABOVE HER EYEBROW. HER SPEECH WAS SLURRED FOR A SHORT TIME, HOWEVER DID NOT SEEK MEDICAL ATTENTION. | 8/14/2019 | 8/14/2019 | INFO | 8868 | | | | |
| | Lost Days: | 0 | | | IND | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| | Restricted Days: | 0 | | | MED | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| | | | | | LEG | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| | | | | | OTH | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| | | | | | RHB | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| | | | | | REC | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Summary Total For: Region XII Service Center - 18-19 | | | | | | | | | |
| | CLAIM COUNT | | | | IND | \$0.00 | \$7,872.00 | \$0.00 | \$7,872.00 |
| | Open | 0 | | | MED | \$0.00 | \$23,773.16 | \$0.00 | \$23,773.16 |
| | Closed | 9 | | | LEG | \$0.00 | \$4,470.35 | \$0.00 | \$4,470.35 |
| | TOTAL | 9 | | | OTH | \$0.00 | \$6.39 | \$0.00 | \$6.39 |
| | | | | | RHB | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| | | | | | REC | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| | Total Lost Days: | 0 | | | | \$0.00 | \$36,121.90 | \$0.00 | \$36,121.90 |
| | Total Restricted Days: | 0 | | | | \$0.00 | \$36,121.90 | \$0.00 | \$36,121.90 |



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Region XII Service Center

Worker's Compensation Claims

Claims Cost Detail

Policy Year
9/1/2019-8/31/2020

As of: 2/28/2022

Activity Period: 2/1/2022-2/28/2022

-----TOTALS AS OF 2/28/2022-----

| ClaimNo/Sts | Claimant Name/ Occupation | Date of Injury | Report Date | Injury Type | Occ Code | Current Paid | Paid | Reserves | Incurred |
|---|---|----------------|-------------|----------------|-------------|--------------|--------|----------|----------|
| 19002796-C | Clerical All Other Specific Injuries, NOC TO Knee : MOVING A BIN OFF A SHELF IN THE LITERACY LIBRARY AND BIN OF BOOKS FELL AND HIT THE OUTSIDE OF HER RIGHT KNEE. HER KNEE WAS NOT RED OR DID NOT HURT - NO MEDICAL ATTENTION WAS SOUGHT. | 9/9/2019 | 9/9/2019 | INFO | 8810 | | | | |
| | Lost Days: 0 | | | | | | | | |
| | Restricted Days: 0 | | | | | | | | |
| | | | | IND | | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| | | | | MED | | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| | | | | LEG | | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| | | | | OTH | | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| | | | | RHB | | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| | | | | REC | | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| | | | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Summary Total For: Region XII Service Center - 19-20 | | | | | | | | | |
| | CLAIM COUNT | | | IND | | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| | Open | 0 | | MED | | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| | Closed | 1 | | LEG | | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| | TOTAL | 1 | | OTH | | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| | | | | RHB | | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| | | | | REC | | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| | Total Lost Days: | 0 | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| | Total Restricted Days: | 0 | | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 |



Region XII Service Center

Worker's Compensation Claims

Claims Cost Detail

Policy Year
9/1/2020-8/31/2021

As of: 2/28/2022

Activity Period: 2/1/2022-2/28/2022

-----TOTALS AS OF 2/28/2022-----

Table with columns: ClaimNo/Sts, Claimant Name/Occupation, Date of Injury, Report Date, Injury Type, Occ Code, Current Paid, Paid, Reserves, Incurred. Includes claim details for 21000492-C and a summary of costs by injury type (IND, MED, LEG, OTH, RHB, REC).

Summary Total For: Region XII Service Center - 20-21

Summary table with columns: CLAIM COUNT, Injury Type, Current Paid, Paid, Reserves, Incurred. Includes rows for Open, Closed, and TOTAL claim counts, and Total Lost Days and Total Restricted Days.



Region XII Service Center

Worker's Compensation Claims

Claims Cost Detail

Policy Year: 9/1/2021-8/31/2022 As of: 2/28/2022 Activity Period: 2/1/2022-2/28/2022
 -----TOTALS AS OF 2/28/2022-----

| ClaimNo/Sts | Claimant Name/ Occupation | Date of Injury | Report Date | Injury Type | Occ Code | Current Paid | Paid | Reserves | Incurred |
|-------------|--|----------------|-------------|----------------|-------------|---------------|----------------|---------------|----------------|
| 21002830-C | | 9/30/2021 | 9/30/2021 | IND | 9101 | | | | |
| | All Others Laceration (Cut or Tear) TO Soft Tissue : TOM FELL DURING A SEIZURE AND HIT HIS FACR ON A DESK. | | | | | | | | |
| | Lost Days: | 0 | | | | IND \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| | Restricted Days: | 0 | | | | MED \$0.00 | \$40.00 | \$0.00 | \$40.00 |
| | | | | | | LEG \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| | | | | | | OTH \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| | | | | | | RHB \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| | | | | | | REC \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| | | | | | | \$0.00 | \$40.00 | \$0.00 | \$40.00 |

Summary Total For: Region XII Service Center - 21-22

| CLAIM COUNT | | IND | | MED | | LEG | | OTH | | RHB | | REC | |
|------------------------|----------|---------------|---------------|---------------|----------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|----------------|
| Open | 0 | \$0.00 | \$0.00 | \$0.00 | \$40.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Closed | 1 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| TOTAL | 1 | \$0.00 | \$0.00 | \$0.00 | \$40.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$40.00 |
| Total Lost Days: | 0 | | | | | | | | | | | | |
| Total Restricted Days: | 0 | | | | | | | | | | | | |

Summary Total For: Region XII Service Center

| CLAIM COUNT | | IND | | MED | | LEG | | OTH | | RHB | | REC | |
|------------------------|-----------|---------------|--------------------|---------------|--------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|--------------------|
| Open | 0 | \$0.00 | \$8,795.52 | \$0.00 | \$25,935.14 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$8,795.52 |
| Closed | 14 | \$0.00 | \$4,470.35 | \$0.00 | \$4,470.35 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$4,470.35 |
| TOTAL | 14 | \$0.00 | \$13,265.87 | \$0.00 | \$30,405.49 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$13,265.87 |
| Total Lost Days: | 0 | | | | | | | | | | | | |
| Total Restricted Days: | 0 | | | | | | | | | | | | |

Attachment #2

**Education Service Center Region 12
RFP – E160-2022-WC INSUR**

**Payroll Information
9/1/2020 – 8/31/2021**

| Classification of Operations | Actual Payroll for Period (9/1/2020 – 8/31/2021) | Number of Employees |
|-------------------------------------|---|----------------------------|
| 8810 Clerical | \$651,499.00 | 19 |
| 8868 Professional/Administration | \$15,580,210.00 | 275 |
| 9101 All Others | \$236,934.00 | 15 |
| Total Payroll | \$16,468,643.00 | 309 |

**Payroll Information
9/1/2021 – 8/31/2022
*Totals as of 3/31/2022***

| Classification of Operations | Actual Payroll for Period (9/1/2021 – 3/31/2022) <i>Totals as of 3/31/2022</i> | Number of Employees <i>Totals as of 3/31/2022</i> |
|---|---|--|
| 8810 Clerical | \$449,650.00 | 18 |
| 8868 Professional/Administration | \$9,665,792.00 | 262 |
| 9101 All Others | \$153,209.00 | 13 |
| Total Payroll <i>as of 3/31/2022</i> | \$10,268,601.00 | 293 |

Building Locations & Approximate Number of Employees

| Building | Location | Number of Employees |
|--|--|----------------------------|
| ESC Region 12 Buildings 1 and 2 | 2101 West Loop 340 Waco, TX 76712 | 167 |
| ESC Region 12 Building 3 | 5749 Bagby Ave. Waco, TX 76712 | 16 |
| Baylor Research and Innovation Collaborative (BRIC) | 100 Research Parkway, Suite 3260 Waco, TX 7674 | 3 |
| HOT Workforce | 801 Washington Avenue, Suite 700 Waco, Texas 76701 | 16 |
| Off-site working in districts | | 81 |
| Remote Working | | 5 |

Attachment #3

CONFLICT OF INTEREST QUESTIONNAIRE

For vendor doing business with local governmental entity

FORM CIQ

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

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

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

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

OFFICE USE ONLY

Date Received

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

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

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

Name of Officer

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

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

Yes No

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

Yes No

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

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

7

Signature of vendor doing business with the governmental entity

Date

CONFLICT OF INTEREST QUESTIONNAIRE

For vendor doing business with local governmental entity

A complete copy of Chapter 176 of the Local Government Code may be found at <http://www.statutes.legis.state.tx.us/Docs/LG/htm/LG.176.htm>. For easy reference, below are some of the sections cited on this form.

Local Government Code § 176.001(1-a): "Business relationship" means a connection between two or more parties based on commercial activity of one of the parties. The term does not include a connection based on:

- (A) a transaction that is subject to rate or fee regulation by a federal, state, or local governmental entity or an agency of a federal, state, or local governmental entity;
- (B) a transaction conducted at a price and subject to terms available to the public; or
- (C) a purchase or lease of goods or services from a person that is chartered by a state or federal agency and that is subject to regular examination by, and reporting to, that agency.

Local Government Code § 176.003(a)(2)(A) and (B):

(a) A local government officer shall file a conflicts disclosure statement with respect to a vendor if:

(2) the vendor:

(A) has an employment or other business relationship with the local government officer or a family member of the officer that results in the officer or family member receiving taxable income, other than investment income, that exceeds \$2,500 during the 12-month period preceding the date that the officer becomes aware that

(i) a contract between the local governmental entity and vendor has been executed;
or

(ii) the local governmental entity is considering entering into a contract with the vendor;

(B) has given to the local government officer or a family member of the officer one or more gifts that have an aggregate value of more than \$100 in the 12-month period preceding the date the officer becomes aware that:

- (i) a contract between the local governmental entity and vendor has been executed; or
- (ii) the local governmental entity is considering entering into a contract with the vendor.

Local Government Code § 176.006(a) and (a-1)

(a) A vendor shall file a completed conflict of interest questionnaire if the vendor has a business relationship with a local governmental entity and:

(1) has an employment or other business relationship with a local government officer of that local governmental entity, or a family member of the officer, described by Section 176.003(a)(2)(A);

(2) has given a local government officer of that local governmental entity, or a family member of the officer, one or more gifts with the aggregate value specified by Section 176.003(a)(2)(B), excluding any gift described by Section 176.003(a-1); or

(3) has a family relationship with a local government officer of that local governmental entity.

(a-1) The completed conflict of interest questionnaire must be filed with the appropriate records administrator not later than the seventh business day after the later of:

(1) the date that the vendor:

(A) begins discussions or negotiations to enter into a contract with the local governmental entity; or

(B) submits to the local governmental entity an application, response to a request for proposals or bids, correspondence, or another writing related to a potential contract with the local governmental entity; or

(2) the date the vendor becomes aware:

(A) of an employment or other business relationship with a local government officer, or a family member of the officer, described by Subsection (a);

(B) that the vendor has given one or more gifts described by Subsection (a); or

(C) of a family relationship with a local government officer.