



Appendix E
REQUEST FOR QUALIFICATIONS
CAMERON COUNTY REGIONAL MOBILITY AUTHORITY
GENERAL ENGINEERING CONSULTING SERVICES

Texas Family Code Certification:

Under Section 231.006, Family Code, the vendor or proposer certifies that the individual or business entity named proposal is not ineligible to receive the specified grant, loan, or payment and acknowledges that this contract may be terminated and payment may be withheld if this certification is inaccurate.

Business Entity Submitting Proposal: _____

Section 231.006, Family Code, requires a proposal for a contract paid from state funds to include the names and social security number of individuals owning 25% or more of the business entity submitting the bid.

1. In the spaces below please provide the names and social security number of individuals owning 25% or more of the business.

Name	Social Security Number
_____	_____
_____	_____
_____	_____
_____	_____

2. Please check the box below if no individual owns 25 or more of the business

(No individual own 25% or more of the business).



Except as provided by Section 231.302(d), Family Code, a social security number is confidential and may be disclosed only for the purpose of responding to a request for information from an agency operating under the provisions of Part A and D to Title IV of the Federal Social Security Act (42 USC Section 601-617 and 651-699).

Under Section 231.006, Family Code, the vendor or applicant certifies that the individual or business entity named in this contract, bid, or application is not ineligible to receive the specified grant, loan, or payment and acknowledges that this contract may be terminated and payment may be withheld if this certification is inaccurate.

The information collected on this form will be maintained by CCRMA with few exceptions, you are entitled on request to be informed about the information collected about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you also are entitled to receive and review the information. Under Section 559.004 of the Government Code, you are also entitled to have information about you corrected that you believe is incorrect.

Signature of participant

Date

Printed name of individual

Name of Proposer/Firm

Taxpayer Number/EIN of Proposer

System for Award Management (SAM.GOV)
Unique Entity ID