TEXAS
Health and Human Services

Exhibit D

Respondent's Information, Disclosures, and Financial Form

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Respondent's Information, Disclosures, and Financial Form

Part 1: Authorized Respondent	Part 2: Respondent's Primary Contact
Person Signing the Contract: ***(Please see requirements for signatory in Exhibit A)*** Name:_____ Title:_____ Mailing Address:_____ _____ Telephone:_____ Fax:_____ E-mail:_____	**Primary Contact for Proposal Questions:** Name:_____ Title:_____ Mailing Address:_____ _____ Telephone:_____ Fax:_____ E-mail:_____

Part 3: Respondent and Contractor Information
(Provide the following information. Attach additional pages if necessary.)

1. Organization's Legal Name:_____

2. Doing Business As:_____

3. Physical Address:_____

4. Mailing Address:_____

5. Texas Taxpayer Number: _____

6. Legal Status (check one): ☐ For-Profit Entity or ☐ Non-Profit Entity

7. Business Structure (check one): ☐ Sole Proprietorship ☐ Partnership* ☐ Joint Venture ☐ Limited Partnership ☐ Other (Specify): _____ ☐ Limited Liability Partnership ☐ Limited Liability Company ☐ Corporation

   **If the General Partnership operates under an assumed name, then please include an assumed name certificate for the county or counties where the proposed Work will occur or where the business premise is maintained.*

8. State of Incorporation or Formation: _____

9. Name of the Parent Entity if Contractor is a subsidiary organization *(if Applicable)*: _____
   _____

10. State of Incorporation or Formation of Parent Entity and file or registration number of state of formation *(if Applicable)*: _____
    _____

Have you attached additional pages for Part 3? ☐ Yes or ☐ No

Part 4: Former Employees of a State Agency

(Identify all respondent or subcontractor personnel who have worked for HHSC or another Texas health and human services agency in the past two years. Attach additional pages if necessary.)

1. Name of former state employee: _____

2. Job title at termination of state employment: _____

3. Date of termination of state employment: _____

4. Annual rate of compensation at termination: _____

5. Description of job responsibilities while state employee: _____

6. If the former state employee worked on matters relating to this Solicitation, describe those matters:

Have you attached additional pages for Part 4? ☐ Yes or ☐ No

Part 5: Conflicts of Interest

(Describe all facts or circumstances that may give rise to a potential conflict of interest, and describe all measures the respondent and its subcontractors will take to ensure that these facts or circumstances do not create an actual conflict of interest. Attach additional pages if necessary.)

Have you attached additional pages for Part 5? ☐ Yes or ☐ No

Part 6: Financial Stability & Risk (Evaluation Criterion 3.1 and 3.2)
(Please provide relevant details regarding the following risks. If the answer to any is yes, provide an explanation with all pertinent details)

1. Is your company currently for sale? ☐ Yes or ☐ No
   Explanation: _____
   _____
   _____
   _____

2. Is your company involved in any transaction to expand or become acquired by another business entity? ☐ Yes or ☐ No
   Explanation: _____
   _____
   _____
   _____

3. Is your company currently in default under any contract or other obligation? ☐ Yes or ☐ No
   Explanation: _____
   _____
   _____
   _____

4. Has a bonding company ever been required to finance completion of a project? ☐ Yes or ☐ No
   Explanation: _____
   _____
   _____
   _____

5. Has your company experienced claims on its payment or performance bonds in the last 2 years?
   ☐ Yes or ☐ No
   Explanation: _____
   _____
   _____
   _____

6. Has your company had any job site incidents in the last 2 years that resulted in death? ☐ Yes or ☐ No
   Explanation: _____
   _____
   _____
   _____

7. What is your firm's maximum bonding capacity?*

   Individual Project $_____
   Aggregate $_____

   **Attach a letter of intent from a surety company indicating Respondent's financial solvency, adequate capitalization, and ability to obtain performance and payment bonds for the entire construction cost of the proposed project. The information submitted must indicate Respondent's total bonding capacity, available bonding capacity and current backlog.*

Part 7: Litigation

(Disclose all pending, resolved, or completed litigation, mediation, arbitration, or other alternative dispute resolution procedure involving the respondent within the past 36 months. Include the cause number, court, parties' names, subject matter, relief sought, amount in controversy, and final disposition or status. Provide the same information for all subcontractors. Attach additional pages if necessary.)

_____
_____
_____
_____
_____
_____
_____
_____
_____

Have you attached additional pages for Part 7? ☐ Yes or ☐ No

Part 8: Texas Public Information Act (PIA)

(Complete this part if you assert one or more parts of the proposal are excepted from disclosure under the PIA. Attach additional pages if necessary.)

1. Proposal Section:_____

2. PIA Exception*:_____

   **The most commonly asserted exception is Texas Government Code §552.110 (trade secret, or commercial or financial information confidential by law).*

3. Explanation of Why the Exception Applies: _____

Have you attached additional pages for Part 8? ☐ Yes or ☐ No