



BID SUBMISSION SUPPLEMENT

This supplement includes four (4) separate forms that must be completed by the bidding entity:

1. **Business Questionnaire** (pages 2-3)
2. **Responsible Respondent Questionnaire** (pages 4-6)
3. **Disclosure** (pages 7-11)
4. **Subcontracting Form** (pages 12-18)

Each section must be completed according to the individual instructions within each document.

CPS Energy reserves the right to reject responses with incomplete Bid Submission Supplement sections.



CPS ENERGY BUSINESS QUESTIONNAIRE

Website address: www.cpsenergy.com

Questions should be directed to (210) 353-2474, or e-mailed to supplierdevelopment@cpsenergy.com

1. Name of business:

Doing business as:

(Other business name, if applicable)

Contact person and title:

2. Business mailing address:

City:

State:

Zip Code:

3. Business telephone number:

Business e-mail address for POs, Bid Solicitations, Request for Quotations:

4. Check appropriate box for Type Classification:

☐ Non-Profit Organization

☐ Chamber of Commerce

☐ Federal/State/City Agency

☐ Municipality

☐ College/University

☐ Sole Proprietor/Partnership

☐ Historically Black College/University or Minority Institution

☐ Sole Proprietor/Partnership

Please see reverse or second page for definitions for the following questions:

5. Does your company maintain a business office in the San Antonio Metropolitan Statistical Area? ☐ Yes ☐ No

If yes: Address:

City:

State:

Zip Code:

6. What is the gender of the majority owner (owns at least 51% of company): ☐ Male ☐ Female ☐ N/A

7. Size: ☐ Emerging Small Business ☐ Small Business ☐ Large Business

(If you are having difficulty determining your size status please call SBA at 1-800-U-ASK-SBA or (202) 205-6618 for assistance.)

8. Is your company certified by the SBA? ☐ Yes ☐ No

If certified by any agency, please provide the name of that agency:

9. Number of Employees:

10. Primary NAICS Code:

If the NAICS Code is unknown, please refer to www.sba.gov/size or provide a description of your materials and/or services:

11. Please check the following applicable boxes and attach all corresponding certification:

☐ HUB Zone (Historically Underutilized Business Zone)** ☐ Veteran-Owned ☐ Service-Disabled Veteran

****Must Provide SBA Certification Certificate**

12. Identify majority owner's ethnicity (owns at least 51% of company): ☐ African American ☐ Asian American

☐ Caucasian American

☐ Hispanic American

☐ Native American

☐ Not Applicable (N/A),

☐ Other: Specify

Under 15 U.S.C. 645(d), any person who misrepresents a firm's status shall (1) be punished by a fine, imprisonment, or both; (2) be subject to administrative remedies; and (3) be ineligible for participation in programs conducted under the authority of the Small Business Act.

Printed name and Title:

Signature:

Date:

THIS FORM IS APPLICABLE FOR A ONE (1) YEAR PERIOD. IT IS YOUR RESPONSIBILITY TO NOTIFY US IF YOUR SIZE OR OWNERSHIP STATUS CHANGES DURING THIS ONE (1) YEAR PERIOD. YOU CAN SUBMIT ANY STATUS CHANGES TO SUPPLIERDEVELOPMENT@CPSENERGY.COM. PLEASE LIST ON THIS FORM, OR AN ATTACHED SHEET, ALL OTHER BUSINESS NAMES AND LOCATIONS THAT ARE AFFILIATED WITH YOUR FIRM, E.G., BRANCH LOCATIONS, ETC.

CPS ENERGY BUSINESS QUESTIONNAIRE

LOCAL BUSINESS PROGRAM DEFINITIONS

LOCAL BUSINESS: Businesses that maintain a business office in the San Antonio Metropolitan Statistical Area, as identified in the 2012 Economic Census, U.S. Department of Commerce Economics and Statistics Administration U.S. Census Bureau. The San Antonio Metropolitan Statistical Area includes the following counties: Atascosa, Bandera, Bexar, Comal, Guadalupe, Kendall, Medina, and Wilson.

EMERGING SMALL BUSINESS ENTERPRISE (ESBE): An SBE eligible business structure for the purpose of making a profit, which is independently owned and operated by individuals legally residing in, or that are citizens of, the United States or its territories, whose annual revenues and number of employees are no greater than 25% of the small business size standards for its industry, as established by the U.S. Small Business Administration.

SMALL BUSINESS PROGRAMS AS STATED ON FEDERAL ACQUISITION REGULATION (FAR) PART 19

DISADVANTAGED BUSINESS: Business which is unconditionally owned and controlled by one or more socially and economically disadvantaged individuals who are of good character and citizens of the United States, and which demonstrates potential for success.

1. WHO IS SOCIALLY DISADVANTAGED?

- a) *General.* Socially disadvantaged individuals are those who have been subjected to racial or ethnic prejudice or cultural bias within American society because of their identities as members of groups and without regard to their individual qualities. The social disadvantage must stem from circumstances beyond their control.
- b) *Members of designated groups.* 1) There is a rebuttable presumption that the following individuals are socially disadvantaged: Black Americans, Hispanic Americans, Native Americans (American Indians, Eskimos, Aleuts or Native Hawaiians), Asian Pacific Americans (persons with origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China (including Hong Kong), Taiwan, Laos, Cambodia (Kampuchea), the Philippines, Vietnam, Korea, Samoa, Guam, U.S. Trust Territory of the Pacific Islands, or Northern Mariana Islands) and Subcontinent Asian Americans (with origins from India, Sri Lanka, Pakistan, the Maldives Island, Bhutan, Nepal and Bangladesh) are presumed to be disadvantaged by ethnicity.
- c) *Those who meet all the requirements of 13 C.F.R. Part 124.*

2. WHO IS ECONOMICALLY DISADVANTAGED?

- a) *General.* Economically disadvantaged individuals are socially disadvantaged individuals whose ability to compete in the free enterprise system has been impaired due to diminished capital and credit opportunities as compared to others in the same or similar line of business who are not socially disadvantaged.
- b) *Those who meet all the requirements of 13 C.F.R. Part 124.*

WOMAN-OWNED SMALL BUSINESS: A small business—

- a) Which is at least 51% owned by one or more women; or, in the case of any publicly owned business, at least 51% of the stock of which is owned by one or more women; and
- b) The management and daily business operations are controlled by one or more women.

HUBZONE SMALL BUSINESS: A small business that appears on the List of Qualified HUBZone Small Business and maintained by the SBA.

*HUBZone means a Historically Underutilized Business Zone, which is an area located within one or more qualified census tracts, qualified non-metropolitan counties, or lands within the external boundaries of an Indian reservation.

VETERAN-OWNED SMALL BUSINESS: A small business—

- a) Not less than 51% of which is owned by one or more veterans (as defined at 38 U.S.C. 101 (2)) or, in the case of any publicly owned business, not less than 51 percent of the stock of which is owned by one or more veterans, and
- b) The management and daily business operations of which are controlled by one or more veterans.

SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS: A small business—

- a) Not less than 51% of which is owned by one or more service-disabled veterans or, in the case of any publicly owned business, not less than 51% of the stock of which is owned by one or more service-disabled veterans, and
- b) The management and daily business operations of which are controlled by one or more service-disabled veterans, or in the case of a veteran with permanent and severe disability, the spouse or permanent caregiver of such veteran.
- c) Served veteran means a veteran, as defined in 38 U.S.C. 101 (2), with a disability that is service-connected, as defined in 38 U.S.C. 101 (16).

THE NORTHAMERICAN INDUSTRY CLASSIFICATION SYSTEM (NAICS) is the standard used by Federal statistical agencies in classifying business establishments for the purpose of collecting, analyzing, and publishing statistical data related to the U.S. business economy.

(Please visit the U.S. SBA web site www.sba.gov/regulations/ for more information.)



RESPONSIBLE RESPONDENT QUESTIONNAIRE

Questions

The Respondent and each entity holding an equity stake in such Respondent shall respond either “yes” or “no” to each of the following questions. If the response is “yes” to any question(s), a detailed explanation of the circumstances shall be provided. Failure to either respond to the questions or provide adequate explanations may preclude consideration of the Proposal and require its rejection. The term “**affiliate**” shall mean any entity which owns a substantial interest in or is owned in common with the entity signing the form, or any entity in which the entity signing the form owns a substantial interest.

Within the past five years, has the identified entity, any affiliate, or any officer, director, responsible managing officer or responsible managing employee of such entity or affiliate who has a proprietary interest in such entity:

1. Been disqualified, debarred, removed or otherwise prevented from bidding or proposing on or completing a federal, state or local contract anywhere in the United States or any other country?

Yes No

2. Been convicted by a court of competent jurisdiction of any criminal charge of fraud, bribery, collusion, conspiracy or any act in violation of state, federal or foreign antitrust law in connection with the bidding or proposing upon, award of or performance of any contract with any public entity?

Yes No

3. Had filed against it, him or her, any criminal complaint, indictment or information alleging fraud, bribery, collusion, conspiracy or any action in violation of state or federal antitrust law in connection with the bidding or proposing upon, award of or performance of any contract with any public entity?

Yes No

4. Had filed against it, him or her, any civil complaint (including but not limited to a cross-complaint) or other claim arising out of a public works contract, alleging fraud, bribery, collusion, conspiracy or any act in violation of state or federal antitrust law in connection with the bidding or proposing upon, award of or performance of any contract with any public entity?

Yes No



5. Been found, adjudicated or determined by any federal or state court or agency (including, but not limited to, the Equal Employment Opportunity Commission, the Office of Federal Contract Compliance Programs and any applicable Texas governmental agency) to have violated any laws or Executive Orders relating to employment discrimination or affirmative action, including but not limited to Title VII of the Civil Rights Act of 1964, as amended (42 U.S.C. Sections 2000e et seq.); the Equal Pay Act (29 U.S.C. Section 206(d)); and any applicable or similar Texas law.

Yes No

6. Been found, adjudicated, or determined by any state court, state administrative agency, including, but not limited to, the Texas Department of Labor (or its equivalent), federal court or federal agency, to have violated or failed to comply with any law or regulation of the United States or any state governing prevailing wages (including but not limited to payment for health and welfare, pension, vacation, travel time, subsistence, apprenticeship or other training, or other fringe benefits) or overtime compensation?

Yes No

7. Been convicted of violating a state or federal law respecting the employment of undocumented aliens?

Yes No

8. Been assessed liquidated or other damages for failure to complete any contract on time?

Yes No

9. Been terminated for default under any contract with a public agency?

Yes No

10. Been the recipient of any claim in excess of \$500,000 relating to award of or performance of any contract with any public entity?

Yes No

Explain the circumstances underlying any “yes” answers for the aforementioned questions:



Verification / Declaration

I declare under penalty of perjury under the laws of the State of Texas that the foregoing declaration is true, correct and accurate and that I am the Respondent's Official Representative.

Company Name:

Signature:

Printed Name:

Title:

Executed Date:



DISCLOSURE

In order to fulfill reporting requirements to the CPS Energy Board of Trustees, Company must check one box for each of the following questions:

(NOTE: THE FOLLOWING QUESTIONS ARE RELATED TO THE PROPOSED CONTRACT AND/OR SCOPE OF ACTIVITIES WITH CPS ENERGY. FOR QUESTIONS 1-2, PLEASE REFER TO THE LIST IN THE DISCLOSURE'S APPENDIX)

1. Is a current or former member of the CPS Energy Board of Trustees employed by, or otherwise on the payroll, of Company? A list of current and relevant former Trustees is included in the appendix.

Yes No

**If yes, please provide the name of the Trustee/former Trustee, their position at your organization, how long they are/were employed and will they be working on any activities with CPS Energy.

2. Is a current or former member of the CPS Energy Citizens Advisory Committee employed by, or otherwise on the payroll, of Company? A list of current and relevant former Citizen Advisory Committee members is included in the appendix.

Yes No

**If yes, please provide the name of the member/former member, their position at your organization, how long they are/were employed and will they be working on any activities with CPS Energy.

3. Is your organization a foreign (non-U.S.) governmental or state-owned entity? This includes any subsidiaries, contractors or subcontractors that may be involved with CPS Energy.

Yes No

**If yes, please provide the name of the governmental or state entity which owns your organization and/or subsidiaries, contractors or subcontractors. Also, what percentage ownership does the governmental or state entity retain?



4. Is your organization a foreign political party under the Foreign Corrupt Practices Act (the “FCPA”)? This includes any subsidiaries, contractors or subcontractors that may be involved with CPS Energy.

Yes No

**If yes, please provide the name of the foreign political party for your organization and/or subsidiaries, contractors or subcontractors.

5. Are any of your employees, partners, company officers, registered agents, or members of your board of directors considered foreign officials¹, candidates for foreign political office, or party officials for a foreign political party under the FCPA? This includes any subsidiaries, contractors or subcontractors that may be involved with CPS Energy.

Yes No

**If yes, please provide the name of the individual(s) that is/are considered a foreign official, candidate for foreign political office or party official for a foreign political party (including subsidiaries, contractors or subcontractors). Also, please provide their position at your organization, how long they are employed and their current political or governmental affiliation.

6. In performance of your services under this contract, do you have any facilities/operations which are located/conducted outside of the United States or its territories? This includes any subsidiaries, contractors or subcontractors that may be involved with CPS Energy. (**Note:** If any of these facilities/operations are located in the following countries: China, Iran, North Korea, Russia or Venezuela; please provide a detailed account of the activities)

Yes No

**If yes, please provide the location and type of facilities/operations which are located outside of the United States or its territories, including subsidiaries, contractors or subcontractors.

¹ Foreign officials are defined by the FCPA to include any officer or employee of a foreign government or any department, agency, or instrumentality thereof, or of a public international organization, or any person acting in an official capacity for or on behalf of such government or department, agency of instrumentality, or for or on behalf of any such public international organization.



7. In performance of your services under this contract, does your organization conduct any business with governmental officials outside of the United States or its territories? This includes any subsidiaries, contractors or subcontractors that may be involved with CPS Energy.

Yes No

****If yes, please provide information regarding the government officials (governmental agency, names, location, etc.) and the specific activities they conduct with your organization, including subsidiaries, contractors or subcontractors.**

In accordance with CPS Energy procurement policies and procedures, CPS Energy shall enter into agreements based on “best value,” which is the consideration of pricing together with several other factors, including, but not limited to, financial stability and economic development.

No Current or Prior Conflict of Interest. Company represents that it has/had no current or prior material business, professional, personal, or other interest, including, but not limited to, the representation of other clients, that would be inconsistent or incompatible with Company’s obligations to CPS Energy under any resulting agreement.

Notice of Conflict. If any actual or potential conflict of interest arises under this Agreement or if the Company is aware of any current or former CPS Energy employee that will work under this Agreement on their behalf, Company shall immediately inform CPS Energy in writing of such conflict or situation.

Termination for Material Conflict. Notwithstanding the representations made above, if CPS Energy becomes aware of any conflict of interest, through Company's disclosure or otherwise, CPS Energy may terminate any resulting agreement without further liability to Company.

Verification / Declaration. I declare under penalty of perjury under the laws of the State of Texas that the foregoing declaration is true, correct and accurate and that I am the Respondent’s Official Representative.

Change of Status. Company shall be responsible for the timely notification to CPS Energy of any change in the representations made above.



Verification / Declaration

I declare under penalty of perjury under the laws of the State of Texas that the foregoing declaration is true, correct and accurate and that I am the Respondent's Official Representative.

Company Name:

Company Headquarters Location:

Signature:

Printed Name:

Title:

Executed Date:



Appendix

CPS Energy Board of Trustees	Year
Janie Gonzalez	2020-2021-2022
Edward Kelly	2020-2021
Dr. Willis Mackey	2020-2021-2022
Mayor Ron Nirenberg	2020-2021-2022
John Steen	2020-2021-2022
Dr. Francine Sanders Romero	2022
CPS Energy Citizens Advisory Committee	Year
Diana Aguirre-Martinez	2020-2021-2022
Dr. Adelita Cantu	2020-2021-2022
Luisa Casso	2020-2021-2022
Andy Castillo	2020-2021-2022
Bill Day	2020-2021-2022
Mary Dennis	2020-2021-2022
Frank Gonzalez	2020-2021-2022
John Kelly	2020-2021-2022
MaryEllen Veliz	2020-2021-2022
David Walter	2020-2021
Allie Watters	2020-2021-2022
Joe Yakubik	2020-2021
Raquel Zapata	2020-2021-2022
George L. Britton Jr.	2020
Juan Cano	2020
Michelle Lugalia-Hollon	2020
Roger Plasse	2020
Robert A. Romero	2020
Klaus Weiswurm	2020
Tom Corsier	2022
Lawson Picasso	2022
Richard Farias	2022

CPS ENERGY

SUBCONTRACTING DOCUMENTS

It is the policy of CPS Energy to ensure that small, veteran, service-disabled veteran, HUBZone, minority and woman-owned businesses have the maximum practicable opportunity to participate as contractors and suppliers. It is CPS Energy's policy to assist these businesses to overcome barriers that may have, in the past, kept them from full and equal participation.

Respondents are required to furnish the subcontracting goals for this procurement. Failure to provide a response to this document may prohibit contract award at different management levels, up to our Board of Trustees.

Respondents may contact the CPS Energy Supplier Development Office at (210) 353-2474 or via email at cpsenergysubcontracting@cpsenergy.com for assistance in determining when subcontracting opportunities may or may not exist and completing any of the attached documents.

Respondent's (Company) Name:

Please select one of the following options and complete the applicable requirements:

1. **Respondent is submitting a Subcontracting Plan below.**
2. **Respondent is a small business, so no Subcontracting Plan is required.** To qualify as a small, veteran, service-disabled veteran, HUBZone, minority and/or woman-owned business, Respondent must enclose a completed CPS Energy Business Questionnaire certifying that it meets the stated requirements.
3. **Respondent will not be submitting a Subcontracting Plan, as this contract will not offer subcontracting possibilities.** Respondent shall state the specific reasons why this contract will not offer subcontracting possibilities and that all work will be performed by awarded contractor.

THE FOLLOWING SUBCONTRACTING PLAN (SECTIONS 1-6) DOES NOT NEED TO BE COMPLETED IF THE CONTRACTOR HAS DETERMINED NO SUBCONTRACTING OPPORTUNITIES EXIST OR IF A SUBCONTRACTING PLAN IS NOT REQUIRED.

SUBCONTRACTING PLAN

1. Subcontracting Commitment

- a. Company will provide a competitive opportunity for suppliers who are small, veteran, service-disabled veteran, HUBZone, minority and woman-owned businesses, to qualify for and earn a share of the business current or long-term purchase volume, commensurate with the merits of their offerings and their proven qualifications or demonstrated performance as suppliers.
- b. Company has and will continue to utilize small, veteran, service-disabled veteran, HUBZone, minority and woman-owned businesses to the greatest extent practicable consistent with efficient performance of all contracts or subcontracts.

2. Measures to Promote Equal Opportunities

- a. In order to ensure that small, veteran, service-disabled veteran, HUBZone, minority and woman-owned businesses owned and controlled by socially and economically disadvantaged individuals will have an equitable opportunity to compete for subcontracts, Company shall:
 - i. Maintain a program designed to locate capable small, veteran, service-disabled veteran, HUBZone, minority and woman-owned businesses for current and future subcontracting opportunities.
 - ii. Review company policies and procedures to assure and encourage equitable opportunity to small, veteran, service-disabled veteran, HUBZone, minority and woman-owned businesses in letting subcontracts.
 - iii. Coordinate inquiries and requests for advice from small, veteran, service-disabled veteran, HUBZone, minority and woman-owned businesses.
 - iv. Assure that participation of both large and small, veteran, service-disabled veteran, HUBZone, minority and woman-owned businesses are accurately reported.
 - v. Review acquisition programs for possible breakout of items suitable for acquisition from both large and small, veteran-owned businesses, service-disabled veteran-owned businesses, HUBZone businesses, minority and woman-owned businesses.

3. Small, Service-Disabled Veteran, Veteran, HUBZone, Minority and Woman-Owned Businesses

- a. Company may view the Supplier Classification Report at www.cpsenergy.com to review CPS Energy registered suppliers to identify small, veteran, service-disabled veteran, HUBZone, minority and woman-owned businesses.
- b. Company may request an approved listing of CPS Energy Suppliers by products or capabilities by emailing cpsenergysubcontracting@cpsenergy.com.

4. Records to be Maintained

- a. Company shall maintain the following records:
 - i. Small, veteran, service-disabled veteran, HUBZone, minority and woman-owned businesses source lists, guides and other data identifying small, veteran, service-disabled veteran, HUBZone, minority and woman-owned businesses contractors and suppliers.
 - ii. Organizations contacted for small, veteran, service-disabled veteran, HUBZone, minority and woman-owned business sources.

iii. Records to support award data submitted to CPS Energy.

5. Administrator of this Subcontracting Plan

- a. Company's assigned Administrator responsible for compiling data for the plan and for the regular reviewing, updating and implementation of this Subcontracting Plan throughout the duration of this contract:

Name of Administrator:

Phone Number of Administrator:

Email Address of Administrator:

Respondent (Company) Name:

Appendix - Anticipated Subcontractors

Company shall complete this appendix for each anticipated subcontractor, as applicable.

Subcontractor #1

Company Name:

Address:

City/ST/Zip:

Phone Number:

Email Address:

Type of material/services to be provided:

Dollars estimated to be subcontracted:

Check all that apply:

Small Business

HUBZone

Minority Owned

Woman Owned

Service-Disabled Veteran Owned

Veteran Owned

Additional Details:

Subcontractor #2

Company Name:

Address:

City/ST/Zip:

Phone Number:

Email Address:

Type of material/services to be provided:

Dollars estimated to be subcontracted:

Check all that apply:

Small Business

HUBZone

Minority Owned

Woman Owned

Service-Disabled Veteran Owned

Veteran Owned

Additional Details:

Subcontractor #3

Company Name:

Address:

City/ST/Zip:

Phone Number:

Email Address:

Type of material/services to be provided:

Dollars estimated to be subcontracted:

Check all that apply:

Small Business

HUBZone

Minority Owned

Woman Owned

Service-Disabled Veteran Owned

Veteran Owned

Additional Details:

Subcontractor #4

Company Name:

Address:

City/ST/Zip:

Phone Number:

Email Address:

Type of material/services to be provided:

Dollars estimated to be subcontracted:

Check all that apply:

Small Business

HUBZone

Minority Owned

Woman Owned

Service-Disabled Veteran Owned

Veteran Owned

Additional Details:

(Include any additional subcontractors in a separate attachment with your submittal.)