

INTERLOCAL AGREEMENT
FOR THE
ALAMO WORKFORCE DEVELOPMENT AREA
(Third Amendment)

This Interlocal Agreement is among the City of San Antonio and Atascosa, Bandera, Bexar, Comal, Frio, Gillespie, Guadalupe, Karnes, Kendall, Kerr, Medina and Wilson Counties, and McMullen County, upon certification by the Texas Workforce Investment Council.

For the purpose of this agreement the three Chief Elected Officials (“**CEO**”s) are; 1) City of San Antonio; 2) County of Bexar; and 3) the Judges who represent the following counties: Atascosa, Bandera, Comal, Frio, Gillespie, Guadalupe, Karnes, Kendall, Kerr, Medina and Wilson Counties and McMullen County, upon certification by the Texas Workforce Investment Council (“**Area Judges**”).

WHEREAS, the State of Texas has authorized the formation of interlocal cooperation agreements between and among governmental entities; and

WHEREAS, the Governor of the State of Texas has established a single Workforce Development Area (“**WDA**”) covering the thirteen (13) county “Alamo” region; and

WHEREAS, the CEOs are required to adopt an Interlocal Agreement in order to retain local control of workforce development design management and funding decisions; and

WHEREAS, at least three-fourths of the chief elected officials in the WDA who represent units of general local government must agree to the creation of the board, including all of the CEOs who represent units of general local government having populations of at least two-hundred thousand (200,000). The elected officials agreeing to the creation of the board must represent at least seventy-five percent (75%) of the population of the workforce development area.

WHEREAS, the CEOs wish to appoint and empower a Local Workforce Development Board (“**LWDB**”); and

WHEREAS, the CEOs find that adoption of this agreement is in their common interest;

NOW, THEREFORE, and in consideration of the terms herein, the CEOs hereby agree as follows:

I. PURPOSE

The purpose of this agreement is to establish a unified workforce development system throughout the “Alamo” WDA. This Agreement also establishes the rights and responsibilities of the City of San Antonio, County of Bexar, and Area Judges.

II. TERM

This agreement shall commence when the last signature is affixed hereto and shall continue until terminated in accordance with this paragraph. Any of the CEOs may terminate this Agreement by giving advance written notice to each of the other CEOs on or before January 1st of the second year from the date of this Agreement. Termination shall be effective June 30th of said year.

III. CHIEF ELECTED OFFICIALS / COMMITTEE OF 6

A. Pursuant to the provisions of Chapters 791 and 2308 of the Texas Government Code, as amended, the CEOs hereby create an administrative entity to oversee workforce development issues to be known as the "Committee of 6."

B. The Committee of 6 shall have all of the powers, expressed or implied, authorized by Chapters 791 and 2308, Texas Government Code, and by this Agreement.

C. CEOs shall conduct oversight and shall fulfill those responsibilities required by applicable federal and state statutes, rules, policies, procedures, and grant agreements.

D. CEOs responsibilities shall include but need not be limited to the following areas:

1. Appointments to the LWDB;
2. Removal for cause of the LWDB members;
3. Review and approval of the workforce development Local Plan including major modifications to any of the aforementioned documents before submittal when required by the Texas Workforce Commission;
4. Review and approval of the LWDB's annual operating budget, to the extent required by federal and state legislation, rules, policies, procedures or grant agreements;

E. The Committee of 6 shall consist of two (2) representatives of the City of San Antonio, County of Bexar, and Area Judges. The representative so chosen shall be the CEO for that local government.

F. The Committee of 6 shall annually elect a Chair from its voting members to act as the Committee of 6's Chief Elected Official, as required by state or federal legislation, rules or regulations.

G. The Committee of 6 shall meet at least annually and at such other times as are necessary to ensure the implementation of this Agreement and the Partnership Agreement, as amended, between the CEOs and the Alamo Workforce Development, Inc. meetings may be called by any member of the Committee of 6.

H. Decisions of the Committee of 6 shall be by unanimous vote at meetings during which a quorum is present.

I. A quorum shall consist of one representative from the City of San Antonio, County of Bexar, and the Area Judges.

IV. THE LOCAL WORKFORCE DEVELOPMENT BOARD

A. Workforce development activities within the AWDA shall be overseen by a LWDB which will include, but not be limited to those required by state and federal law.

The majority of LWDB members, including the LWDB Chair, shall represent the private sector. The LWDB shall have a minimum of twenty-five (25) members, of which at least fifty percent (50%) are from the private for profit sector, or comply with current state or federal statutes, rules or regulations.

B. The LWDB members shall be nominated and appointed in accordance with and shall perform all functions required by applicable federal and state statutes, policies and procedures. The Committee of 6 will interview and will reach consensus upon a single slate of individual(s) for appointment to the LWDB as vacancies occur.

C. LWDB initial terms shall be for one, two or three years, as determined by lottery separately conducted for the private and public sector. Current board members are eligible to reapply for additional terms.

D. The CEOs shall incorporate the LWDB as a new non-profit organization. The LWDB shall employ the Alamo Workforce Development Area's ("AWDA") Chief Executive Officer and other necessary administrative personnel.

E. The LWDB shall perform only administrative functions and not be a direct provider of workforce service, unless the LWDB secures a waiver or State regulations are changed. Cities and Counties are not barred from providing workforce services.

F. The LWDB shall arrange for the annual monitoring and auditing of all funds and shall resolve any disallowed cost questions. The Committee of 6 shall receive copies of all audit and monitoring reports and any legal actions brought against the LWDB and shall also receive updates concerning the resolution of any monitoring or audit findings or legal actions.

G. The LWDB shall be responsible for obtaining input from and shall regularly inform the Committee of 6 on workforce development issues through periodic written reports and/or presentations.

H. Each Committee of 6 member or its designated representative shall be an ex-officio, non-voting member of the board and may attend any board meeting.

I. If a LWDB member changes employment, the member shall notify the LWDB Chair in writing. If the change results in that member not representing the sector from which they were appointed, their board membership shall expire immediately.

J. If a LWDB member transfers, relocates, or moves outside the AWDA, the member shall notify the LWDB Chair in writing and their LWDB membership shall expire immediately.

V. RESOURCE ALLOCATION

A. All resource allocations within the AWDA shall, to the extent possible and practical considering need, be based upon the federal and state formulas used to allocate funds ("Grant Funds") to the AWDA.

B. The LWDB shall establish a sufficient number of career centers within the local workforce development area to effectively carry out the intent of the above resource allocation paragraph.

VI. LIABILITY

All liabilities and costs accruing to the CEO's, including but not limited to, disallowed costs, settlements, attorneys' fees and court costs and judgements, which arise from or are related to activities covered by this agreement or by the Chief Elected Official CEO/LWDB Agreement,, shall be covered as follows:

A. Recover funds from the service provider(s) and career center incurring the liability;

B. Recover funds from an insurance carrier or bond issuer;

C. To the extent allowed by law, cover liabilities from available LWDB funds; and

D. To the extent liability arises for the repayment of Grant Funds which exceeds the priority established in this Section VI, Paragraphs A-C, liability for repayment of Grant Funds shall be apportioned as follows:

1. RURAL COUNTIES

In the event the liability for repayment of Grant Funds is directly attributable to services delivered to residents of the twelve (12) rural counties, the rural county in which services (benefits) were received shall assume liability for disallowance for those costs;

2. COUNTY OF BEXAR / CITY OF SAN ANTONIO

In the event the liability for misuse of Grant Funds is directly attributable to services delivered to residents of the City of San Antonio or County of Bexar, the City and County shall each be liable for fifty percent (50%) of all costs;

3. ADMINISTRATIVE OR NON-ATTRIBUTABLE

In the event the liability for misuse of Grant Funds is administrative or otherwise is not attributable in accordance with D.1 or D.2, above, the City of San Antonio shall be liable for forty percent (40%) of all costs, County of Bexar for forty percent (40%) of all costs and the twelve (12) rural counties shall be collectively liable for the remaining twenty percent (20%) of all costs.

VII. ENTIRE AGREEMENT

This agreement represents the entire agreement by the City of San Antonio and Atascosa, Bandera, Bexar, Comal, Frio, Gillespie, Guadalupe, Karnes, Kendall, Kerr, Medina and Wilson Counties, and McMullen County, upon certification by the Texas Workforce Investment Council.

Any supplemental agreements or amendments must be evidenced in writing, and approved and executed in the same manner as this agreement.

VIII. SEVERABILITY

Should any part of this agreement be invalidated or otherwise rendered null and void, the remainder of this agreement shall remain in full force and effect.

IX. CERTIFICATION

By adopting this agreement, the CEOs also accept and agree to the State required certification appended to this agreement as Attachment "A" and incorporated herein by reference.

X. ASSIGNMENT

No CEO may assign, sublet, subcontract or transfer any interest in this agreement without the written consent of the other CEOs.

XI. NO OTHER OBLIGATIONS CREATED

By entering into this agreement, the CEOs do not create any obligation, express or implied, other than those set forth herein, and this agreement shall not create any rights in parties not signatories hereto.

XII. IMMUNITY

It is expressly understood and agreed that in the execution of this agreement, the CEOs, either individually or jointly, do not waive, nor shall they be deemed to waive, any immunity or defense that would otherwise be available to each against claims arising in the exercise of governmental powers and functions.

XIII. DISPUTES

Any disputes between the CEOs and/or the LWDB shall be settled informally through mutual discussion and negotiation. In the event that a dispute arises which cannot be settled informally, a mediator shall be engaged to resolve the dispute. The mediator shall be any mutually acceptable individual. If a mediator cannot be agreed upon, then the mediator shall be assigned by the American Arbitration Association.

XIV. AUTHORITY

The undersigned officers are properly authorized to execute this agreement on behalf of their unit of local government, and each certifies to the other that any necessary resolutions extending such authority have been duly passed and are now in full force and effect.

Executed by the individual units of local government upon affixing their respective signatures.

ATTACHMENT A – Partnership Agreement

ATTACHMENT B – Conflict of Interest Disclosure and Declaration Policy

ATTACHMENT C – Insurance Coverage

ATTACHMENT D – State Required Certification

CITY OF SAN ANTONIO

By:_____

Printed Name:_____

Position: Mayor of San Antonio

COUNTY OF ATASCOSA

By:_____

Printed Name:_____

Position: Atascosa County Judge

COUNTY OF BANDERA

By:_____

Printed Name:_____

Position: Bandera County Judge

COUNTY OF BEXAR

By:_____

Printed Name:_____

Position: Bexar County Judge

COUNTY OF COMAL

By:_____

Printed Name:_____

Position: Comal County Judge

COUNTY OF FRIO

By:_____

Printed Name:_____

Position: Frio County Judge

COUNTY OF GILLESPIE

By:_____

Printed Name:_____

Position: Gillespie County Judge

COUNTY OF GUADALUPE

By:_____

Printed Name:_____

Position: Guadalupe County Judge

COUNTY OF KARNES

By:_____

Printed Name:_____

Position: Karnes County Judge

COUNTY OF KENDALL

By:_____

Printed Name:_____

Position: Kendall County Judge

COUNTY OF KERR

By:_____

Printed Name:_____

Position: Kerr County Judge

COUNTY OF MCMULLEN

By:_____

Printed Name:_____

Position: McMullen County Judge

COUNTY OF MEDINA

By:_____

Printed Name:_____

Position: Medina County Judge

COUNTY OF WILSON

By:_____

Printed Name:_____

Position: Wilson County Judge

ATTACHMENT “A”

Partnership Agreement

FOURTH AMENDED PARTNERSHIP AGREEMENT
B E T W E E N
THE CHIEF ELECTED OFFICIALS
A N D
THE ALAMO WORKFORCE DEVELOPMENT, INC.

This Fourth Amended Partnership Agreement (the "Agreement") is between the Chief Elected Officials (the "CEO's") of the Alamo Workforce Development Area (the "AWDA") and the Alamo Workforce Development, Board ("AWDB") acting by and through its Board of Directors (collectively, the "Parties").

WHEREAS, the CEO's entered into an agreement dated August 26, 1996, (the "Interlocal Agreement") attached hereto as amended and incorporated herein as Attachment "A," for the formation of the AWDB; and

WHEREAS, AWDB, incorporated as Alamo Workforce Development Inc., ("AWD") a non-profit corporation of Texas, was duly certified by the Governor of the State of Texas on November 7, 1996, is recognized as the entity in the AWDA, with the responsibility to provide policy planning, oversight, and evaluation for programs funded through the Texas Workforce Commission; and

WHEREAS, the CEO's and the AWDB entered into a partnership agreement in 1997 pursuant to federal and state laws setting forth the roles, responsibilities, relationships, and function of each party thereto and determining procedures for the development of the local workforce development plan; and

WHEREAS, the CEO's and AWDB desire to further amend the partnership agreement they entered into in 1997 and amended in 1998, 2003, 2012, and 2014; and

WHEREAS, this Agreement supersedes any and all previous partnership agreements among the parties.

NOW, THEREFORE, IN CONSIDERATION OF THE ABOVE PREMISES, BE IT RESOLVED THAT THE PARTIES HERETO AGREE AS FOLLOWS:

I. DEFINITIONS

- A. Administrative Entity: The entity designated to administer the local, workforce plan. The Administrative Entity is the AWDB.

ATTACHMENT “B”

Conflict of Interest Disclosure and Declaration Policy



WORKFORCE SOLUTIONS- ALAMO POLICY LETTER

ID NO:	Board 9, C1	EFFECTIVE DATE: January 1, 2015
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TO: Workforce Solutions-Alamo Board of Directors

FROM: Rocky Marshall, Chair Board of Directors

A handwritten signature in black ink, appearing to be "RM", located to the right of the "FROM:" line.

SUBJECT: Conflict of Interest

Purpose:

The purpose of this policy is to inform Board members about conflict of interest and the appearance of conflict of interest.

Bold typeface indicates new or clarified language.

A ~~strikethrough~~ indicates language has been deleted.

A Board member of the Alamo Workforce Development, Inc., d.b.a. Workforce Solutions Alamo (Board) shall **not** cast a vote ~~on~~, nor participate in, any decision by the Board regarding the provision of goods and services by such member, or any organization which that member directly represents, or on any matter which would provide direct financial benefit to that member or immediate family member, or any organization which that member directly represents.

A Board member may not directly or indirectly influence, encourage, or lobby any person, including **another** Board member or Board staff, regarding any matter in which the member or immediate family member, or the organization, which the member represents, has a substantial interest **in** or from which the member would receive financial benefit. A Board member may not participate in any procurement activities, including the development of a solicitation for any matter in which the member or immediate family member, or the organization, which the member represents, has a substantial interest or from which would receive financial benefit.

In the event that a Board member or immediate family member has a substantial interest or representational interest in a business entity or organization that would be affected by Board action, that member ~~will~~ **shall** disclose the nature and extent of the interest

before any discussion or decision and ~~will~~ **shall** abstain from voting or in any other way participating on that matter. All abstentions shall be recorded and reflected in the minutes of the meeting.

For purposes of this policy:

1. A substantial interest is defined as:

- a. ownership of ten percent (10%) or more of the voting stock or shares of ~~the~~ **a** business entity or ownership of either ten percent (10%) or more ~~of than~~ **fifteen** thousand dollars (\$15,000) or more of the fair market value of the business entity; or
- b. receipt of ten percent (10%) or more of gross income during the previous year from the business entity or organization; or
- c. ownership in real property, if the interest is ~~an~~ **a** quitable or legal ownership with a fair market value of two thousand five hundred dollars (\$2,500) or more.

A Board member is **also** considered to have a substantial interest if an immediate family member of the Board member has a substantial interest in the business entity or organization, **as defined above**.

2. An immediate family member is defined as any person related within the first or second degree of affinity (marriage) or within the third degree of consanguinity (blood) to the member. The prohibited relations are summarized below:

First degree of affinity: **Spouse (married or Common Law), committed partner or civil union**, Husband or wife, their parents, children and children's spouses.

Second degree of affinity: Spouse's grandfather or grandmother, spouse's brother or sister.

First degree of consanguinity: Parent or child

Second degree of consanguinity: Grandfather, grandmother, brother, sister, grandson, and granddaughter.

Third degree of consanguinity: Great-grandparent, uncle or aunt who is brother/sister of a parent of the individual, brother or sister's son or daughter.

3. A representational interest is defined as:

- a. employed by the business or organization; and/or
- b. a member of the board of directors, commission, council or other direct governing body of the business or organization.

4. The term "business entity" shall mean a sole proprietorship, partnership, firm, corporation, holding company, joint-stock company, receivership, trust, or any other business entity recognized by law.

5. The term "organization" shall mean a non-public entity that includes non-profits.

A member of the Board shall avoid even the appearance of conflict of interest. To this end, members of the Board shall, prior to taking office, declare in writing all substantial business interests and representational interests that they or their immediate family members have with a business or organization which has received, currently receives, or is likely to receive a contract or funding which falls under the purview of the Board.

The Board shall maintain on file and make available for public inspection, written declarations from each Board member disclosing all substantial business interests or relationships they, or their immediate ~~families~~ **family (as defined)** have with all business or organizations which have received, currently receive, or ~~are likely to~~ **may** receive ~~contracts of funding~~ **any form of financial compensation** from the Board. For purposes of this policy, this disclosure and any subsequent disclosure is based on information available to the Board member at the time of the declarations. These disclosure statements shall be updated within thirty (30) days to reflect any changes in business interests or relationships as circumstances require. Board members who directly violate this policy may be subject to penalty, sanction or other disciplinary action, as determined appropriate by the Board. Such actions may include Board member participation in training, temporary suspension of voting rights, or removal from the Board. The Board secretary shall routinely review the disclosure information and advise the Board Chair and appropriate members of potential conflicts.

For purposes of facilitating disclosure, a list of organizations and businesses being considered for funding and/or contracts at any Board or committee meeting shall be forwarded to the Board members no less than three (3) calendar days before said meeting. Disclosure of financial or representational interest shall be made at the beginning of each Board or committee meeting, along with agenda item number from which the Board member is abstaining. Board action may then be approved upon the affirmative vote of a majority of the disinterested members, even though the disinterested members may be less than a quorum. Such interested members may be counted in determining the presence of a quorum at the meeting at which such issue is considered.

WORKFORCE SOLUTIONS ALAMO

BOARD of DIRECTORS and PARTNERS

Declaration of Substantial Business Interests and Relationships

Members Name: _____ Date: _____

Please list any substantial business and/or representational interests, including the nature of the relationship that you and or your immediate family has with any business or organization that has received, currently receives, or is likely to receive workforce funds under the purview of the Board. The terms 'substantial business interest' and 'immediate family' are defined in the WSA Board Conflict of Interest Policy.

Business/Organizational Interest

Nature of Relationship

I, _____, hereby declare and represent that the above information is true and correct to the best of my knowledge and belief. I agree that I will revise this declaration within thirty days of the date of any change in these interests.

Signature

Date

ATTACHMENT “C”

Insurance Coverage



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/8/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER SWBC Insurance Services, Inc. P O Box 791028 San Antonio TX 78279		CONTACT NAME: Nancy Hutchison PHONE (A/C, No. Ext): (800) 499-7922 E-MAIL ADDRESS: nhutchison@swbc.com FAX (A/C, No): (210) 525-0054	
INSURED Alamo Workforce Development, Inc., DBA: Workforce Solutions Alamo 115 E Travis St. Ste. 220 San Antonio TX 78205		INSURER(S) AFFORDING COVERAGE INSURER A: Federal Insurance Co. INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES**CERTIFICATE NUMBER:** D&O/EPL Master**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Directors & Officers			8224-2202	8/10/2016	10/1/2017	\$5,000,000 limit

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Employment Practices Liability \$5,000,000 limit, Fiduciary \$2,000,000 Limit and Workplace Violence Coverage \$250,000 limit. Policy Number 8224-2202

CERTIFICATE HOLDER**CANCELLATION**

Alamo Area Council of Governments Executive Director Diane Rath 8700 Tesoro Dr. Ste. 700 San Antonio, TX 78217	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Gary Dudley/NANCY <i>Gary Dudley</i>
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DATE (MM/DD/YYYY)

9/8/2016

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INSURED Alamo Workforce Development, Inc., DBA: Workforce Solutions Alamo 115 E Travis St. Ste. 220 San Antonio TX 78205		INSURER(S) AFFORDING COVERAGE INSURER A: Federal Insurance Co. INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
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	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Directors & Officers			8224-2202	8/10/2016	10/1/2017	\$5,000,000 limit

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Employment Practices Liability \$5,000,000 limit, Fiduciary \$2,000,000 Limit and Workplace Violence Coverage \$250,000 limit. Policy Number 8224-2202

CERTIFICATE HOLDER**CANCELLATION**

Bexar County Bexar County Economic Dev. Dept. David Marquez Executive Director 101 West Nueva Street, Suite 944 San Antonio, TX 78205-3450	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Gary Dudley/NANCY <i>Gary Dudley</i>
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PRODUCER SWBC Insurance Services, Inc. P O Box 791028 San Antonio TX 78279		CONTACT NAME: Nancy Hutchison PHONE (A/C, No. Ext): (800) 499-7922 E-MAIL ADDRESS: nhutchison@swbc.com FAX (A/C, No): (210) 525-0054	
INSURED Alamo Workforce Development, Inc., DBA: Workforce Solutions Alamo 115 E Travis St. Ste. 220 San Antonio TX 78205		INSURER(S) AFFORDING COVERAGE INSURER A: Federal Insurance Co. INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES

CERTIFICATE NUMBER: D&O/EPL Master

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Directors & Officers			8224-2202	8/10/2016	10/1/2017	\$5,000,000 limit

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Employment Practices Liability \$5,000,000 limit, Fiduciary \$2,000,000 Limit and Workplace Violence Coverage \$250,000 limit. Policy Number 8224-2202

CERTIFICATE HOLDER**CANCELLATION**

Information only

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Gary Dudley/NANCY

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/7/2016

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PRODUCER SWBC Insurance Services, Inc. P O Box 791028 San Antonio TX 78279		CONTACT NAME: Nancy Hutchison PHONE (A/C, No. Ext): (800) 499-7922 E-MAIL ADDRESS: nhutchison@swbc.com FAX (A/C, No): (210) 525-0054	
INSURED Alamo Workforce Development, Inc., DBA: Workforce Solutions Alamo 115 E Travis St. Ste. 220 San Antonio TX 78205		INSURER(S) AFFORDING COVERAGE INSURER A: Federal Insurance Co. INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES**CERTIFICATE NUMBER:** D&O/EPL Master**REVISION NUMBER:**

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	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Directors & Officers			8224-2202	8/10/2016	10/1/2017	\$5,000,000 limit

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Employment Practices Liability \$5,000,000 limit, Fiduciary \$2,000,000 Limit and Workplace Violence Coverage \$250,000 limit. Policy Number 8224-2202

CERTIFICATE HOLDER**CANCELLATION**

City of San Antonio Director for International & Economic Development Rene Dominguez PO Box 839966 San Antonio, TX 78283-9966	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Gary Dudley/NANCY <i>Gary Dudley</i>
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/14/2016

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PRODUCER SWBC Insurance Services, Inc. P O Box 791028 San Antonio TX 78279	CONTACT NAME: Nancy Hutchison PHONE (A/C, No, Ext): (800) 499-7922 FAX (A/C, No): (210) 525-0054 E-MAIL ADDRESS: nhutchison@swbc.com														
INSURED Alamo Workforce Development, Inc., DBA: Workforce Solutions Alamo 115 E Travis St. Ste. 220 San Antonio TX 78205	<table border="1"><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: Federal Insurance Co.</td><td></td></tr><tr><td>INSURER B:</td><td></td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Federal Insurance Co.		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Federal Insurance Co.															
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COVERAGES

CERTIFICATE NUMBER: D&O/EPL Master

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Directors & Officers		8224-2202	8/10/2016	10/1/2017	\$5,000,000 limit

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

Arnulfo Luna
County Judge Frio County
Frio County Courthouse
500 East San Antonio St.
Pearsall, TX 78061

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Gary Dudley/NANCY

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/14/2016

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PRODUCER SWBC Insurance Services, Inc. P O Box 791028 San Antonio TX 78279		CONTACT NAME: Nancy Hutchison PHONE (A/C, No, Ext): (800) 499-7922 E-MAIL ADDRESS: nhutchison@swbc.com FAX (A/C, No): (210) 525-0054	
INSURED Alamo Workforce Development, Inc., DBA: Workforce Solutions Alamo 115 E Travis St. Ste. 220 San Antonio TX 78205		INSURER(S) AFFORDING COVERAGE INSURER A: Federal Insurance Co. INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES**CERTIFICATE NUMBER:** D&O/EPL Master**REVISION NUMBER:**

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	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Directors & Officers			8224-2202	8/10/2016	10/1/2017	\$5,000,000 limit

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

Chris Schuchart
County Judge, Medina County
Medina County Courthouse
1100 16th St.
Hondo, TX 78861

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Gary Dudley/NANCY

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COVERAGES

CERTIFICATE NUMBER: D&O/EPL Master

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	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Directors & Officers			8224-2202	8/10/2016	10/1/2017	\$5,000,000 limit

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

Darrel L. Lux
County Judge, Kendall County
Kendall County
201 East San Antonio
Suite 122
Boerne, TX 78006

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AUTHORIZED REPRESENTATIVE

Gary Dudley/NANCY

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COVERAGES**CERTIFICATE NUMBER:** D&O/EPL Master**REVISION NUMBER:**

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A	Directors & Officers			8224-2202	8/10/2016	10/1/2017	\$5,000,000 limit

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

James E. Teal - Vice Chairman
County Judge, McMullen County
McMullen County Courthouse
PO Box 237
Tilden, TX 78072

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Gary Dudley/NANCY

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DATE (MM/DD/YYYY)

10/14/2016

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PRODUCER SWBC Insurance Services, Inc. P O Box 791028 San Antonio TX 78279		CONTACT NAME: Nancy Hutchison PHONE (A/C, No, Ext): (800) 499-7922 E-MAIL ADDRESS: nhutchison@swbc.com FAX (A/C, No): (210) 525-0054	
INSURED Alamo Workforce Development, Inc., DBA: Workforce Solutions Alamo 115 E Travis St. Ste. 220 San Antonio TX 78205		INSURER(S) AFFORDING COVERAGE INSURER A: Federal Insurance Co. INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES

CERTIFICATE NUMBER: D&O/EPL Master

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE AGGREGATE
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
A	Directors & Officers			8224-2202	8/10/2016	10/1/2017	\$5,000,000 limit

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

Jim O. Wolverton
Commissioner Guadalupe County
Precinct 3
1101 Elbel Rd.
Schertz, TX 78154

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Gary Dudley/NANCY

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PRODUCER SWBC Insurance Services, Inc. P O Box 791028 San Antonio TX 78279		CONTACT NAME: Nancy Hutchison PHONE (A/C, No. Ext): (800) 499-7922 FAX (A/C, No): (210) 525-0054 E-MAIL: nhutchison@swbc.com ADDRESS:	
INSURED Alamo Workforce Development, Inc., DBA: Workforce Solutions Alamo 115 E Travis St. Ste. 220 San Antonio TX 78205		INSURER(S) AFFORDING COVERAGE INSURER A: Federal Insurance Co. INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Directors & Officers		8224-2202	8/10/2016	10/1/2017	\$5,000,000 limit

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

Mark Stroeher County Judge, Gillespie County Gillespie County Courthouse 101 West Main St. Unit 9 Fredericksburg, TX 78624	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Gary Dudley/NANCY <i>Gary Dudley</i>
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PRODUCER SWBC Insurance Services, Inc. P O Box 791028 San Antonio TX 78279	CONTACT NAME: Nancy Hutchison PHONE (A/C, No, Ext): (800) 499-7922 E-MAIL: nhutchison@swbc.com ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Federal Insurance Co. INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	FAX (A/C, No): (210) 525-0054 NAIC #
INSURED Alamo Workforce Development, Inc., DBA: Workforce Solutions Alamo 115 E Travis St. Ste. 220 San Antonio TX 78205		

COVERAGES

CERTIFICATE NUMBER: D&O/EPL Master

REVISION NUMBER:

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	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG \$ \$ \$ \$ \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) \$ \$ \$ \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A					PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT \$ \$ \$
A	Directors & Officers			8224-2202	8/10/2016	10/1/2017	\$5,000,000 limit

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CERTIFICATE HOLDER

CANCELLATION

Richard A. Evans County Judge Bandera County Bandera County Courthouse 500 Main St. PO Box 877 Bandera, TX 78003	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Gary Dudley/NANCY <i>Gary Dudley</i>
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INSURED Alamo Workforce Development, Inc., DBA: Workforce Solutions Alamo 115 E Travis St. Ste. 220 San Antonio TX 78205		INSURER(S) AFFORDING COVERAGE INSURER A: Federal Insurance Co. INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES**CERTIFICATE NUMBER:** D&O/EPL Master**REVISION NUMBER:**

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	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Directors & Officers			8224-2202	8/10/2016	10/1/2017	\$5,000,000 limit

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CERTIFICATE HOLDER**CANCELLATION**

Richard L. Jackson
County Judge Wilson County
Wilson County Courthouse
1103 4th St.
Floresville, TX 78114

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Gary Dudley/NANCY

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INSURED Alamo Workforce Development, Inc., DBA: Workforce Solutions Alamo 115 E Travis St. Ste. 220 San Antonio TX 78205		INSURER(S) AFFORDING COVERAGE INSURER A: Federal Insurance Co. INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES

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	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Directors & Officers			8224-2202	8/10/2016	10/1/2017	\$5,000,000 limit

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

Robert L. Hurley
County Judge Atascosa County
Atascosa County Courthouse
1 Courthouse Circel Dr.
Suite 101
Jourdanton, TX 78026

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

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INSURED Alamo Workforce Development, Inc., DBA: Workforce Solutions Alamo 115 E Travis St. Ste. 220 San Antonio TX 78205		INSURER(S) AFFORDING COVERAGE INSURER A: Federal Insurance Co. INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

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	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$
	OTHER:						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO <input type="checkbox"/>						BODILY INJURY (Per person) \$
	ALL OWNED AUTOS <input type="checkbox"/>						BODILY INJURY (Per accident) \$
	HIRED AUTOS <input type="checkbox"/>						PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB <input type="checkbox"/>						EACH OCCURRENCE \$
	EXCESS LIAB <input type="checkbox"/>						AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/>						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
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CERTIFICATE HOLDER**CANCELLATION**

Tom Pollard
Courty Judge, Kerr County
Kerr County Courthouse
700 East Main St.
Kerrville, TX 78028

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AUTHORIZED REPRESENTATIVE

Gary Dudley/NANCY

Gary Dudley

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COVERAGES

CERTIFICATE NUMBER: D&O/EPL Master

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Directors & Officers			8224-2202	8/10/2016	10/1/2017	\$5,000,000 limit

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

Walter Long
County Judge, Karnes County
Karnes County Courthouse
120 W. Calvert
Suite 160
Karnes City, TX 78118

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Gary Dudley/NANCY

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/14/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER SWBC Insurance Services, Inc. P O Box 791028 San Antonio TX 78279		CONTACT NAME: Nancy Hutchison PHONE (A/C, No, Ext): (800) 499-7922 FAX (A/C, No): (210) 525-0054 E-MAIL ADDRESS: nhutchison@swbc.com	
INSURED Alamo Workforce Development, Inc., DBA: Workforce Solutions Alamo 115 E Travis St. Ste. 220 San Antonio TX 78205		INSURER(S) AFFORDING COVERAGE INSURER A: Federal Insurance Co. INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES**CERTIFICATE NUMBER:** D&O/EPL Master**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY						
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$
	OTHER:						\$
	AUTOMOBILE LIABILITY						
	<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR					EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> Y/N					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> N/A					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Directors & Officers			8224-2202	8/10/2016	10/1/2017	\$5,000,000 limit

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

Sherman Krause - Chairman
County Judge Comal County
Comal County Courthouse
150 North Seguin Ave.
New Braunfels, TX 78130

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Gary Dudley/NANCY

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ATTACHMENT “D”

TEXAS WORKFORCE COMMISSION BIENNIAL CERTIFICATION

Texas Workforce Commission

A Member of Texas Workforce Solutions

Andres Alcantar, Chairman
Commissioner Representing
the Public

Ronald G. Congleton
Commissioner Representing
Labor

Ruth R. Hughs
Commissioner Representing
Employers

Larry E. Temple
Executive Director

December 18, 2015

The Honorable Richard A. Evans
Bandera County Judge
P. O. Box 877
Bandera, Texas 78003-0877

Dear Judge Evans:

We are pleased to inform you the office of the governor recertified the Workforce Solutions Alamo (Board) following a review by the Texas Workforce Commission (TWC), as required by the Workforce Innovation and Opportunity Act (WIOA).

WIOA requires that, once every two years, the governor certify one Local Workforce Development Board for each local workforce development area (workforce area) of the state. The state is required to complete your workforce area's certification process within a reasonable time following each two-year period.

To fulfill the requirement, TWC conducted a review of the following elements:

- **Board Composition**—Determined that the Board's composition was consistent with Texas Government Code §2308.256. The Board was required to bring its membership into compliance before certification was recommended.
- **Diversity Requirements**—Determined that the Board was in compliance with the ethnic and geographic diversity of the workforce area.
- **Industry Representation**—Determined whether private sector membership reasonably represented the industrial and demographic composition of the business community.
- **Bylaws**—Confirmed that a copy of the Board's current bylaws was on file with TWC, that the size and composition of the Board were consistent with its bylaws, and that a conflict of interest statement was included.
- **Partnership Agreement**—Confirmed that a copy of the current Partnership Agreement was on file with TWC and that it identified the grant recipient, administrative entity, and the process for developing the strategic and operational plan.
- **Bylaws and Partnership Agreement**—Confirmed that these instruments are consistent with each other.

- **WIOA Performance**—Compared WIOA performance against required (i.e., contracted) targets and verified plans were in place and actions were underway to improve performance if performance was below expectations.

We appreciate the assistance that Board staff provided in completing this review. We look forward to continuing to work together to meet the needs of employers and job seekers in your community. If you have questions, please contact John H. Fuller, Director of Workforce and Board Support, at (512) 463-7459.

Sincerely,



Andres Alcantar, Chairman
Commissioner Representing the Public



Ronald G. Congleton
Commissioner Representing Labor



Ruth R. Hughes
Commissioner Representing Employers

Enclosure

cc: Roscoe B. Marshall, Jr., Board Chair, Workforce Solutions Alamo
Gail L. Hathaway, Executive Director, Workforce Solutions Alamo
Larry E. Temple, Executive Director
Reagan Miller, Director, Workforce Development Division

**APPROVAL/DISAPPROVAL OF ACTION ITEM
REQUEST FROM THE
TEXAS WORKFORCE COMMISSION**


ACTION ITEM: Re-certification of Workforce Boards under Workforce Innovation and Opportunity Act

Workforce Solutions Panhandle
Workforce Solutions North Texas
Workforce Solutions for Tarrant County
Workforce Solutions Northeast Texas
Workforce Solutions of West Central Texas
Workforce Solutions Permian Basin
Workforce Solutions for the Heart of Texas
Workforce Solutions Rural Capital Area
Workforce Solutions Deep East Texas
Workforce Solutions Golden Crescent
Workforce Solutions for South Texas
Workforce Solutions Lower Rio Grande Valley
Workforce Solutions Texoma
Workforce Solutions Middle Rio Grande

Workforce Solutions South Plains
Workforce Solutions for North Central Texas
Workforce Solutions Greater Dallas
Workforce Solutions East Texas
Workforce Solutions Borderplex
Workforce Solutions Concho Valley
Workforce Solutions Capital Area
Workforce Solutions Brazos Valley
Workforce Solutions Southeast Texas
Workforce Solutions Alamo
Workforce Solutions of the Coastal Bend
Workforce Solutions Cameron
Workforce Solutions of Central Texas
Workforce Solutions Gulf Coast

 Approval

Disapproval


Drew DeBerry
Director of Policy
Office of the Governor

12.16.15
Date