### 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 herby 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 exofficio, 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. <u>RESOURCE ALLOCATION</u>

- 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. <u>LIABILITY</u>

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. <u>SEVERABILITY</u>

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. <u>CERTIFICATION</u>

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. <u>DISPUTES</u>

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

Ву:	
Printed Name:	_
Position: Comal County Judge	

# COUNTY OF FRIO

By:
Printed Name:
Position, Eric County Judge
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: Vandall County Judge
Position: Kendall County Judge

# COUNTY OF KERR

By:
Printed Name:
Position: Varr County Judgo
Position: Kerr County Judge

# COUNTY OF MCMULLEN

By:
Printed Name:
D. W. MANIE C. A. I. I.
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 BETWEEN 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

TO: Workforce Solutions-Alamo Board of Directors

FROM: Rocky Marshall, Chair Board of Directors

**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 <del>on,</del> 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 fifteene 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 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**.

 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:
of the relationship that you and or your organization that has received, currently re	representational interests, including the nature immediate family has with any business or eceives, or is likely to receive workforce funds s 'substantial business interest' and 'immediate flict of Interest Policy.
Business/Organizational Interest	Nature of Relationship
	by declare and represent that the above of my knowledge and belief. I agree that I will the date of any change in these interests.
Signature	Date

ATTACHMENT "C"

**Insurance Coverage** 



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.

If the certificate holder is an ADDITIONAL INSURED, the policy/ies) must be endorsed. If SURPOGATION IS WAIVED subject to

	ndorsement. A statement on this certificate does not confer rights to the
PRODUCER	CONTACT   Nancy Hutchison
SWBC Insurance Services, Inc.	PHONE (A/C, No, Ext): FAX (A/C, No): (210) 525-0054
P O Box 791028	E-MAIL ADDRESS: nhutchison@swbc.com
	INSURER(S) AFFORDING COVERAGE NAIC #
San Antonio TX 78279	INSURER A :Federal Insurance Co.
INSURED	INSURER B:
Alamo Workforce Development, Inc.,	INSURER C:
DBA: Workforce Solutions Alamo	INSURER D:
115 E Travis St. Ste. 220	INSURER E:
San Antonio TX 78205	INSURER F:
COVERAGES CERTIFICATE NUMBER:D&O/EPL M	aster REVISION NUMBER:
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORD EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE	
NSR TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS
COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE OCCUR	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$

LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE 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	\$
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$
	OTHER:							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
	DED RETENTION\$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	117.7					E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						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



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.

	policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to endorsement. A statement on this certificate does not confer rights to the						
PRODUCER	CONTACT Nancy Hutchison						
SWBC Insurance Services, Inc.	PHONE (A/C, No, Ext): (800) 499-7922 FAX (A/C, No): (210) 525-0054						
P O Box 791028	E-MAIL ADDRESS: nhutchison@swbc.com						
	INSURER(S) AFFORDING COVERAGE NAIC #						
San Antonio TX 78279	INSURER A: Federal Insurance Co.						
INSURED	INSURER B:						
Alamo Workforce Development, Inc.,	INSURER C:						
DBA: Workforce Solutions Alamo	INSURER D:						
115 E Travis St. Ste. 220 INSURER E:							
San Antonio TX 78205 INSURER F:							
COVERAGES CERTIFICATE NUMBER: D&O/EPL MA	Aster REVISION NUMBER:						
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORD EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE	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 ADDL SUBR LTR TYPE OF INSURANCE INSD WYD POLICY NUMBER	POLICY EFF   POLICY EXP   (MM/DD/YYYY)   LIMITS						
COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE 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 \$						
POLICY PRO- JECT LOC	PRODUCTS - COMP/OP AGG \$						

\$ OTHER: COMBINED SINGLE LIMIT (Ea accident) **AUTOMOBILE LIABILITY** \$ BODILY INJURY (Per person) \$ ANY AUTO SCHEDULED AUTOS NON-OWNED ALL OWNED AUTOS BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ HIRED AUTOS AUTOS \$ UMBRELLALIAB OCCUR EACH OCCURRENCE \$ **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$ DED RETENTION \$ \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT \$ (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under
DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT 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

Gary Dudley



DATE (MM/DD/YYYY) 9/7/2016

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to

		rms and condit				•	olicies may require an e	ndorse	ment. A sta	tement on th	is certificate does not o	onfer i	ights to the
PROI						(0)	•	CONTA	CT Nancy H	Hutchison			
SWE	C :	Insurance S	Ser	vices. Inc	_			PHONE	(800)	499-7922	FAX (A/C, No):	(210) 52	25-0054
SWBC Insurance Services, Inc. P O Box 791028				(A/C, No E-MAIL ADDRES	<sub>SS:</sub> nhutchi	son@swbc	. com	(220,02					
									INS	SURER(S) AFFOR	DING COVERAGE		NAIC #
San	Aı	ntonio		TX 782	279			INSURE	RA:Federa	l Insurar	nce Co.		
INSU	RED							INSURE	RB:				
Ala	mo	Workforce	De	velopment,	Inc	:.,		INSURE	RC:				
DBA	: 1	Workforce S	Sol	utions Alar	no			INSURE	RD:				
115	E	Travis St.	. :	Ste. 220				INSURE	RE:				
		ntonio		TX 782	205			INSURE	RF:				
		AGES					NUMBER:D&O/EPL M				REVISION NUMBER:		
IN CE E>	DIC/ RTI	ATED. NOTWITH FICATE MAY BE	HST/	ANDING ANY RE SUED OR MAY	QUIF PERT POLI	REMEI AIN, CIES.	RANCE LISTED BELOW HA NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	CT TO	WHICH THIS
INSR LTR		TYPE OF IN				SUBR WVD	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
		COMMERCIAL GE	NERA	AL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$	
		CLAIMS-MAD	E	OCCUR							PREMISES (Ea occurrence)	\$	
											MED EXP (Any one person)	\$	
											PERSONAL & ADV INJURY	\$	
	GEN	N'L AGGREGATE LIN		PPLIES PER:							GENERAL AGGREGATE	\$	
		POLICY PROJECT	CT	LOC							PRODUCTS - COMP/OP AGG	\$	
		OTHER:									COMBINED SINGLE LIMIT	\$	
	AUT	OMOBILE LIABILITY	Y								(Ea accident)	\$	
		ANY AUTO ALL OWNED		SCHEDULED							BODILY INJURY (Per person)	\$	
		AUTOS	$\dashv$	AUTOS NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
		HIRED AUTOS	-	AUTOS							(Per accident)	\$	
		UMBRELLA LIAB	$\dashv$	000115							EAGU GOGUDDENGE	-	
		EXCESS LIAB	$\vdash$	OCCUR CLAIMS-MADE							AGGREGATE	\$	
			NITIO								AGGREGATE	\$	
		DED   RETEI	TION	·							PER OTH-	Ψ	
		EMPLOYERS' LIAB PROPRIETOR/PART		1 / N							STATUTE   ER  E.L. EACH ACCIDENT	\$	
	<b>OFFI</b>	CER/MEMBER EXCL	UDE	0?	N/A						E.L. DISEASE - EA EMPLOYEE		
	If yes	s, describe under CRIPTION OF OPER	RATIC	NS below							E.L. DISEASE - POLICY LIMIT		
A		rectors & Of					8224-2202		8/10/2016	10/1/2017	\$5,000,000 limit	Ψ	
Emp	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												
	-T	Age 4230,0	,00	TIMEC. PO.	cy	Nu	mber 8224-2202						
CF	TIF	ICATE HOLDE	FR					CANC	ELLATION				
OLI	<u> </u>	IOATE HOLDE	_1\					CANC	LLLATION				
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.									
								AUTHO	RIZED REPRESE	NTATIVE			
								Gary	Dudley/N	ANCV	Gary D	>_	day

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DATE (MM/DD/YYYY) 9/7/2016

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 e certificate holder in lieu of such endorsement(s).	endorsement. A statement on this certificate does not confer rights to the			
PRODUCER	CONTACT Nancy Hutchison			
SWBC Insurance Services, Inc.	PHONE (A/C, No, Ext): (800) 499-7922 FAX (A/C, No): (210) 525-0054			
P O Box 791028	E-MAIL ADDRESS: nhutchison@swbc.com			
	INSURER(S) AFFORDING COVERAGE NAIC #			
San Antonio TX 78279	INSURER A: Federal Insurance Co.			
INSURED	INSURER B:			
Alamo Workforce Development, Inc.,	INSURER C:			
DBA: Workforce Solutions Alamo	INSURER D:			
115 E Travis St. Ste. 220	INSURER E:			
San Antonio TX 78205	INSURER F:			
COVERAGES CERTIFICATE NUMBER D&O/EPL M	aster REVISION NUMBER:			
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION	AVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD I OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS			
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE	DED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, E BEEN REDUCED BY PAID CLAIMS.			
INSR LTR TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS			
COMMERCIAL GENERAL LIABILITY	EACH OCCURRENCE \$			
	DAMAGE TO RENTED			

LIN		INOD	WVD	FOLICI NUMBER				•
	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE 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	\$
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$
	OTHER:							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
	DED RETENTION\$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Mandatory in NH)	1,7,7					E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						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



DATE (MM/DD/YYYY) 10/14/2016

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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 electrificate holder in lieu of such endorsement(s).	ndorsement. A statement on this certificate does not confer righ	its to the							
PRODUCER	CONTACT Nancy Hutchison								
SWBC Insurance Services, Inc.	PHONE (900) 490-7022 FAX (910) 505 905								
P O Box 791028	(A/C, No, Ext): (800) 499-7922 (A/C, No): (210) 525-6 E-MAIL ADDRESS: nhutchison@swbc.com	PORTICO.							
	INSURER(S) AFFORDING COVERAGE	NAIO #							
San Antonio TX 78279	INSURER A :Federal Insurance Co.	NAIC #							
INSURED	INSURER B:								
Alamo Workforce Development, Inc.,	INSURER C:								
DBA: Workforce Solutions Alamo	INSURER D:								
115 E Travis St. Ste. 220	INSURER E :								
San Antonio TX 78205	INSURER F :								
COVERAGES CERTIFICATE NUMBER:D&O/EPL M									
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 SUBR INSD WVD POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS								
COMMERCIAL GENERAL LIABILITY	EACH OCCURRENCE \$ DAMAGE TO RENTED								
CLAIMS-MADE OCCUR	PREMISES (Ea occurrence) \$								
	MED EXP (Any one person) \$								
	PERSONAL & ADV INJURY \$								
GEN'L AGGREGATE LIMIT APPLIES PER:	GENERAL AGGREGATE \$								
POLICY PRO- JECT LOC	PRODUCTS - COMP/OP AGG \$								
OTHER:	\$ COMBINED SINGLE LIMIT     ***  ***  ***  ***  ***  ***  ***								
AUTOMOBILE LIABILITY	(Ea accident)								
ANY AUTO ALL OWNED SCHEDULED	BODILY INJURY (Per person) \$								
AUTOS AUTOS NON-OWNED	BODILY INJURY (Per accident) \$ PROPERTY DAMAGE								
HIRED AUTOS AUTOS	(Per accident)								
	\$								
UMBRELLA LIAB OCCUR	EACH OCCURRENCE \$								
EXCESS LIAB CLAIMS-MADE	AGGREGATE \$								
DED   RETENTION \$   WORKERS COMPENSATION	\$ PER OTH-								
AND EMPLOYERS' LIABILITY Y/N	STATUTE   ER								
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	E.L. EACH ACCIDENT \$								
(Mandatory in NH)  If yes, describe under	E.L. DISEASE - EA EMPLOYEE \$								
DÉSCRIPTION OF OPERATIONS below	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 Schedu	ule, may be attached if more space is required)								
CERTIFICATE HOLDER	CANCELLATION								
CERTIFICATE HOLDER	CANCELLATION								
Arnulfo Luna Courty Judge Frio County Frio County Courthouse	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
500 East San Antonio St.	AUTHORIZED REPRESENTATIVE								

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Pearsall, TX 78061

Gary Dudley/NANCY



DATE (MM/DD/YYYY) 10/14/2016

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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).

certificate holder in lieu of such endorsement(s).	endorsement. A statement of this certificate does not come figure	its to the				
PRODUCER	CONTACT Nancy Hutchison					
SWBC Insurance Services, Inc.	PHONE (A/C, No, Ext): (800) 499-7922 FAX (A/C, No): (210) 525-	0054				
P O Box 791028	E-MAIL ADDRESS: nhutchison@swbc.com					
	INSURER(S) AFFORDING COVERAGE	NAIC#				
San Antonio TX 78279	INSURER A : Federal Insurance Co.					
INSURED	INSURER B:					
Alamo Workforce Development, Inc.,	INSURER C:					
DBA: Workforce Solutions Alamo	INSURER D:					
115 E Travis St. Ste. 220	INSURER E :					
San Antonio TX 78205	INSURER F:					
COVERAGES CERTIFICATE NUMBER:D&O/EPL 1	Master REVISION NUMBER:					
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORI EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAV	N OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO $W_{\!\scriptscriptstyle 1}$ DED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE	HICH THIS				
INSR LTR TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) LIMITS					
COMMERCIAL GENERAL LIABILITY	EACH OCCURRENCE \$					
CLAIMS-MADE OCCUR	DAMAGE TO RENTED  PREMISES (Fo acquired as a second as					

			1 1 1 10	The state of the s	CONCRETE OF THE PARTY OF THE PA	The second secon		
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$
	OTHER:							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
	DED RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Mandatory in NH)	13.4.20					E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
A	Directors & Officers			8224-2202	8/10/2016	10/1/2017	\$5,000,000 limit	
	The control of the co			And the state of t	Product Contraction (Contract of Contract	man attack in modelle des will be delegated at	The residence of the second se	

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

CERTIFICATE HOLDER

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

Hondo, TX 78861

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

Gary Dudley

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DATE (MM/DD/YYYY) 10/14/2016

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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, cert certificate holder in lieu of such endorseme		ndorsement. A sta	tement on th	nis certificate does n	not confer r	ights to the			
PRODUCER		CONTACT Nancy I	Hutchison						
SWBC Insurance Services, Inc.		PHONE (A/C, No, Ext): (800) 499-7922 (A/C, No): (210) 525-0054							
P O Box 791028	E-MAIL ADDRESS: nhutchison@swbc.com								
		1000		RDING COVERAGE		NAIC #			
San Antonio TX 78279		INSURER A :Federa	See See	4.54		NAIC#			
INSURED		INSURER B:							
Alamo Workforce Development, Inc	· ,	INSURER C:							
DBA: Workforce Solutions Alamo		INSURER D :							
115 E Travis St. Ste. 220		INSURER E :							
San Antonio TX 78205		INSURER F :							
COVERAGES CERTIFIC	CATE NUMBER:D&O/EPL M	THE WASHINGTON BUT THE PARTY OF		REVISION NUMBER	R:				
THIS IS TO CERTIFY THAT THE POLICIES OF I INDICATED. NOTWITHSTANDING ANY REQUIR CERTIFICATE MAY BE ISSUED OR MAY PERT EXCLUSIONS AND CONDITIONS OF SUCH POLITICAL CONTROL OF SUCH POLITICAL CASE.	REMENT, TERM OR CONDITION FAIN, THE INSURANCE AFFORD	OF ANY CONTRACT DED BY THE POLICIE E BEEN REDUCED BY	OR OTHER IS DESCRIBED PAID CLAIMS	DOCUMENT WITH RE D HEREIN IS SUBJEC	SPECT TO	WHICH THIS			
LTR TYPE OF INSURANCE INSD	WVD POLICY NUMBER	(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS				
COMMERCIAL GENERAL LIABILITY				EACH OCCURRENCE	\$				
CLAIMS-MADE OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence	se) \$				
				MED EXP (Any one persor	n) \$				
				PERSONAL & ADV INJUR	RY \$				
GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	\$				
POLICY PRO- JECT LOC				PRODUCTS - COMP/OP A	AGG \$				
OTHER:					\$				
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	T \$				
ANY AUTO				BODILY INJURY (Per pers	son) \$				
ALL OWNED SCHEDULED AUTOS				BODILY INJURY (Per acci	ident) \$				
HIRED AUTOS NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)	\$				
					\$				
UMBRELLA LIAB OCCUR				EACH OCCURRENCE	\$				
EXCESS LIAB CLAIMS-MADE				AGGREGATE	\$				
DED RETENTION \$					\$				
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				PER 01 STATUTE EF	TH- R				
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT					
(Mandatory in NH)				E.L. DISEASE - EA EMPLO	OYEE \$				
If yes, describe under DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY L	IMIT \$				
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 Co Kendall County	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
201 East San Antonio Suite 122		AUTHORIZED REPRESE	NIATIVE						
Boerne, TX 78006		Gary Dudley/NANCY Gam Dudgey							

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DATE (MM/DD/YYYY) 10/14/2016

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7.1.2.2.2	e terms and conditions of the policy				ndorse	ment. A stat	ement on th	is certificate does not c	onfer r	ights to the
PRODUCER					CONTACT Nancy Hutchison					
SWBC Insurance Services, Inc.					NAME: Nancy Hutchison PHONE (A/C, No, Ext): (800) 499-7922 (A/C, No, Ext): (210) 525-0054					
	20 V 20 20 20 20 20 20 20 20 20 20 20 20 20	•			(A/C, No E-MAIL	<sub>SS:</sub> nhutchi	son@swba	(A/C, No):	(210) 52	.5-0054
P O Box 791028				ADDRE						
San	Antonio TX 78	279			INSURER(S) AFFORDING COVERAGE NAIC#					
INSU		_,,			INSURER A: Federal Insurance Co.					
10000000000000000000000000000000000000	mo Workforce Development,	Tno			INSURE	0.52 dose:				
	.: Workforce Solutions Ala		,		INSURE					
	E Travis St. Ste. 220				INSURER D:					
	Antonio TX 78	205			INSURER E:					
			CATE	NIIMBED-DEO/EDI. M	INSURE			DEVISION NI IMPED:		
TH IN CE EX	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		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	
	OTHER:								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	1						E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
A	Directors & Officers			8224-2202		8/10/2016	10/1/2017	\$5,000,000 limit		
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	CLES (	ACORE	) 101, Additional Remarks Schedu	ıle, may t	e attached if mor	e space is requi	red)		
CEF	RTIFICATE HOLDER				CANO	CELLATION				
					6110	III D ANV OF T	THE ABOVE D	ESCRIBED DOLLOIS DE C	ANCELL	ED BELODE
James E. Teal - Vice Chairman County Judge, McMullen County				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	McMullen County Court	hou	se		AUTHORITE PERSONAL TIME					
	PO Box 237					AUTHORIZED REPRESENTATIVE				

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Tilden, TX 78072

Gary Dudley/NANCY



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.

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certificate holder in lieu of such endorsen			140130	ment. A star	cincin on a	is certificate ac	ocs not co	iller i	ights to the
PRODUCER	CONTACT Nancy Hutchison								
SWBC Insurance Services, Inc.				PHONE (A/C, No, Ext): (800) 499-7922 FAX (A/C, No): (210) 525-0054					
P O Box 791028			E-MAIL ADDRESS: nhutchison@swbc.com						
						RDING COVERAGE			NAIC #
San Antonio TX 78279	)		INSURE	RA:Federa	l Insurar	ice Co.			
INSURED			INSURE	RB:					
Alamo Workforce Development, Ir	ıc.,		INSURE	RC:					
DBA: Workforce Solutions Alamo			INSURE	RD:			v= v=		
115 E Travis St. Ste. 220			INSURER E :						
San Antonio TX 78205	5		INSURE	RF:					
COVERAGES CERTIF	ICATE	NUMBER:D&O/EPL M	aster			REVISION NUM	VIBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQUIRENTIFICATE MAY BE ISSUED OR MAY PEREXCLUSIONS AND CONDITIONS OF SUCH PO	IREMEN RTAIN, LICIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIES REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS	DOCUMENT WITH D HEREIN IS SU	H RESPECT	T TO I	WHICH THIS
	DL SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
COMMERCIAL GENERAL LIABILITY						EACH OCCURREN		5	
CLAIMS-MADE OCCUR						DAMAGE TO RENT PREMISES (Ea occ	urrence) §	<b>B</b>	
						MED EXP (Any one	person) §	<b>B</b>	
			th.			PERSONAL & ADV	INJURY S	\$	
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREG	GATE S	\$	
POLICY PRO- JECT LOC						PRODUCTS - COM			
OTHER:						COMBINED SINGLE	E LIMIT		
AUTOMOBILE LIABILITY						(Ea accident)	4	52.	
ANY AUTO ALL OWNED SCHEDULED						BODILY INJURY (P	are those sources and	200	
AUTOS AUTOS NON-OWNED						PROPERTY DAMAG	n=		
HIRED AUTOS AUTOS						(Per accident)	3E 9		
UMBRELLA LIAB OCCUP									
- Julian						EACH OCCURREN			
CLAINS-MADE						AGGREGATE	9		
DED   RETENTION \$   WORKERS COMPENSATION						PER	OTH-	5	
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDE	ER S		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	A					E.L. DISEASE - EA			
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POI			
A Directors & Officers		8224-2202		8/10/2016	10/1/2017	\$5,000,000 limit			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	(ACORD	) 101, Additional Remarks Schedu	ule, may	be attached if mo	re space is requi	red)			
CERTIFICATE HOLDER			CAN	CELLATION					
Jim O. Wolverton Commissioner Guadalupe	Coun	ty	THE	EXPIRATION	N DATE THE	ESCRIBED POLICE EREOF, NOTICE CY PROVISIONS.			

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Precinct 3

1101 Elbel Rd. Schertz, TX 78154 AUTHORIZED REPRESENTATIVE

Gary Dudley/NANCY



DATE (MM/DD/YYYY) 10/14/2016

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certificate holder in lieu of such endorsement(s).							
PRODUCER	CONTACT Nancy Hutchison						
SWBC Insurance Services, Inc.	NAME: PHONE (A/C, No, Ext): (800) 499-7922 FAX (A/C, No): (210) 525-0054						
P O Box 791028	E-MAIL ADDRESS: nhutchison@swbc.com						
	INSURER(S) AFFORDING COVERAGE	NAIC #					
San Antonio TX 78279	INSURER A : Federal Insurance Co.	NAIC#					
INSURED	INSURER B:						
Alamo Workforce Development, Inc.,	INSURER C:						
DBA: Workforce Solutions Alamo	INSURER D :						
115 E Travis St. Ste. 220	INSURER E :						
San Antonio TX 78205	INSURER F:						
COVERAGES CERTIFICATE NUMBER:D&O/EPL							
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW FINDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFOR EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVINSR	N OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO V DED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL TI E BEEN REDUCED BY PAID CLAIMS.	VHICH THIS					
INSR LTR TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS						
COMMERCIAL GENERAL LIABILITY	EACH OCCURRENCE \$						
CLAIMS-MADE OCCUR	DAMAGE TO RENTED PREMISES (Ea occurrence) \$						
	MED EXP (Any one person) \$						
	PERSONAL & ADV INJURY \$						
GEN'L AGGREGATE LIMIT APPLIES PER:	GENERAL AGGREGATE \$						
POLICY PRO- JECT LOC	PRODUCTS - COMP/OP AGG \$						
OTHER:	\$						
AUTOMOBILE LIABILITY	COMBINED SINGLE LIMIT (Ea accident) \$						
ANY AUTO	BODILY INJURY (Per person) \$						
ALL OWNED SCHEDULED AUTOS AUTOS	BODILY INJURY (Per accident) \$						
HIRED AUTOS NON-OWNED AUTOS	PROPERTY DAMAGE (Per accident) \$						
	\$						
UMBRELLA LIAB OCCUR	EACH OCCURRENCE \$						
EXCESS LIAB CLAIMS-MADE	AGGREGATE \$						
DED RETENTION\$	\$						
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	PER OTH- STATUTE ER						
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	E.L. EACH ACCIDENT \$						
(Mandatory in NH)	E.L. DISEASE - EA EMPLOYEE \$						
If yes, describe under DESCRIPTION OF OPERATIONS below	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 Sch	dule, may be attached if more space is required)						
CERTIFICATE HOLDER	CANCELLATION						
Mark Stroeher County Judge, Gillespie County	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLI THE EXPIRATION DATE THEREOF, NOTICE WILL BE DEL ACCORDANCE WITH THE POLICY PROVISIONS.						

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Unit 9

Gillespie County Courthouse

Fredericksburg, TX 78624

101 West Main St.

AUTHORIZED REPRESENTATIVE

Gary Dudley/NANCY



DATE (MM/DD/YYYY) 10/14/2016

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0.0000000	e terms and conditions of the policy, rtificate holder in lieu of such endors		15715		ndorse	ment. A stat	ement on th	is certificate do	oes not c	onfer rigl	hts to the
PRODUCER				CONTACT Nancy Hutchison							
SWBC Insurance Services, Inc.			PHONE (A/C, No, Ext): (800) 499-7922 (A/C, No): (210) 525-0054								
	Box 791028				E-MAIL ADDRES	ss: nhutchi	son@swbc	. com	(A/C, NO):		translations.
						INS	URER(S) AFFOR	RDING COVERAGE			NAIC#
San	Antonio TX 782	79			INSURE	RA:Federa	l Insurar	ce Co.			
INSUR					INSURE	RB:		<del></del>			
	mo Workforce Development,		. ,		INSURE	RC:					
	: Workforce Solutions Alam	10			INSURE	RD:					
115	E Travis St. Ste. 220				INSURE	RE:					
San	Antonio TX 782	3222			INSURE			van 184 taa 10 ka saaba taaba waxaa saa saa			
				NUMBER:D&O/EPL M				REVISION NUI		IE DOLLO	/ DEDICE
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.								HICH THIS			
INSR LTR	TYPE OF INSURANCE	ADDL S		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	s	
	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE OCCUR							EACH OCCURRENT DAMAGE TO RENT PREMISES (Ea occ	TED	\$	
								MED EXP (Any one	- Contraction of the Contraction	\$	
								PERSONAL & ADV	400000000000000000000000000000000000000	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$	
	POLICY PRO- LOC							PRODUCTS - COM	P/OP AGG	\$	
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGL	E LIMIT	\$	
-								(Ea accident) BODILY INJURY (P	er person)	\$	
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (P	990.1 Sec. 10. 10. 10. 11.	\$	
-	AUTOS AUTOS NON-OWNED							PROPERTY DAMA		\$	
-	HIRED AUTOS AUTOS							(Per accident)		\$	
	UMBRELLA LIAB OCCUP	-						EACH OCCURREN	CE	\$	
	EXCESS LIAB OCCUR  CLAIMS-MADE							AGGREGATE	CE	\$	
	CEAIWI3-IVIADE							AGGREGATE		\$	
,	DED   RETENTION \$ WORKERS COMPENSATION							PER STATUTE	OTH-	Ψ	
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDE	ER NT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA	2007	540	
	f yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO		\$	
	Directors & Officers			8224-2202		8/10/2016	10/1/2017	\$5,000,000 limit			
A	DITECTORS & OTTICERS			0224-2202		8/10/2010	10/1/201/	\$5,000,000 11111			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											
CER	TIFICATE HOLDER				CANC	CELLATION					
Richard A. Evans County Judge Bandera County Bandera County Courthouse			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
	500 Main St. PO Box 877				AUTHORIZED REPRESENTATIVE						
TOTAL TOTAL CONTROL OF A CONTROL OF THE CONTROL OF			Gary Dudley/NANCY								



DATE (MM/DD/YYYY) 10/14/2016

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PRODUCER	CONTACT Nancy Hutchison						
SWBC Insurance Services, Inc.	PHONE (A/C, No, Ext): (800) 499-7922 FAX (A/C, No): (210) 525-0054						
P O Box 791028		E-MAIL ADDRESS: nhutchi	ison@swbc	. COM	July - Control Section Section 1997		
		1 1000	A A CONTRACTOR AND A CO	RDING COVERAGE	NAIC#		
San Antonio TX 78279		INSURER A :Federa			NAIO #		
INSURED		INSURER B:					
Alamo Workforce Development, Inc	• 1	INSURER C:					
DBA: Workforce Solutions Alamo		INSURER D :					
115 E Travis St. Ste. 220		INSURER E :					
San Antonio TX 78205		INSURER F:					
COVERAGES CERTIFIC	CATE NUMBER:D&O/EPL M	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUM		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	WVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	5		
COMMERCIAL GENERAL LIABILITY					\$		
CLAIMS-MADE OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
				MED EXP (Any one person)	\$		
				PERSONAL & ADV INJURY	\$		
GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	\$		
POLICY PRO- JECT LOC				PRODUCTS - COMP/OP AGG	\$		
OTHER:					\$		
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$		
ANY AUTO				and the second s	\$		
ALL OWNED SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$		
HIRED AUTOS NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)	\$		
					\$		
UMBRELLA LIAB OCCUR				EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE				AGGREGATE	\$		
DED RETENTION \$					\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				PER OTH- STATUTE ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE					\$		
OFFICER/MEMBER EXCLUDED? N / A (Mandatory in NH)				E.L. DISEASE - EA EMPLOYEE	s		
If yes, describe under DESCRIPTION OF OPERATIONS below				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					
Richard L. Jackson County Judge Wilson Coun Wilson County Courthouse 1103 4th St.	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						
Floresville, TX 78114	Gary Dudley/NANCY						



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PRODUCER	CONTA	CONTACT Nancy Hutchison						
SWBC Insurance Services, Inc.	PHONE	NAME: NAME; HUCCHISON PHONE (A/C, No, Ext): (A						
P O Box 791028	(A/C, No E-MAIL ADDRE	(A/C, No, Ext): (A/C, No): (210) 523-0034  E-MAIL ADDRESS: nhutchison@swbc.com						
		10000		RDING COVERAGE	NAIC#			
San Antonio TX 78279	INSURE	RA:Federa	l Insurar	ice Co.				
INSURED	INSURE	RB:						
Alamo Workforce Development, Inc.,	INSURE	RC:						
DBA: Workforce Solutions Alamo	INSURE	RD:						
115 E Travis St. Ste. 220	INSURE	RE:						
San Antonio TX 78205	INSURE	The second secon						
COVERAGES CERTIFICATE NUMBER				REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LIS INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSUFFICE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOW	OR CONDITION OF AN' RANCE AFFORDED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS	DOCUMENT WITH RESPECT TO HEREIN IS SUBJECT TO ALL	WHICH THIS			
INSR LTR TYPE OF INSURANCE INSD WVD F	OLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
COMMERCIAL GENERAL LIABILITY				EACH OCCURRENCE \$				
CLAIMS-MADE OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence) \$				
				MED EXP (Any one person) \$				
				PERSONAL & ADV INJURY \$				
GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE \$				
POLICY PRO- JECT LOC				PRODUCTS - COMP/OP AGG \$				
OTHER:				\$				
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$				
ANY AUTO				BODILY INJURY (Per person) \$				
ALL OWNED SCHEDULED AUTOS AUTOS				BODILY INJURY (Per accident) \$				
HIRED AUTOS NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$				
				\$				
UMBRELLA LIAB OCCUR				EACH OCCURRENCE \$				
EXCESS LIAB CLAIMS-MADE				AGGREGATE \$				
DED RETENTION\$				\$ DED OTH				
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N				PER OTH- STATUTE ER				
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$				
(Mandatory in NH) If yes, describe under				E.L. DISEASE - EA EMPLOYEE \$				
DÉSCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT \$				
A Directors & Officers 8224-220	2	8/10/2016	10/1/2017	\$5,000,000 limit				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Addition	nal Remarks Schedule, may b	oe attached if mo	re space is requi	red)				
CERTIFICATE HOLDER	CANC	CELLATION						
		and the latest and th			n samuel de l'anne			
Robert L. Hurley County Judge Atascosa County	THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BE CANCE EREOF, NOTICE WILL BE D EY PROVISIONS.				
Atascosa County Courthouse 1 Courthouse Circel Dr.	AUTHO	RIZED REPRESE	NTATIVE					
Suite 101			······································					
Jourdanton, TX 78026	Garv	Dudlev/N.	ANCY	Gay D.	Day			

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PRODUCER	CONTACT Nancy Hutchison					
SWBC Insurance Services, Inc.	PHONE (A/C, No, Ext): (800) 499-7922 (A/C, No): (210) 525-0054					
P O Box 791028	(A/C, No, Ext): (A/C, No): (210) 323-0034  E-MAIL ADDRESS: nhutchison@swbc.com					
The page observed continued	INSURER(S) AFFORDING COVERAGE NAIC #					
San Antonio TX 78279	INSURER A : Federal Insurance Co.					
INSURED	INSURER B:					
Alamo Workforce Development, Inc.,	INSURER C:					
DBA: Workforce Solutions Alamo	INSURER D:					
115 E Travis St. Ste. 220	INSURER E :					
San Antonio TX 78205	INSURER F:					
COVERAGES CERTIFICATE NUMBER:D&O/EPL M	aster REVISION NUMBER:					
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORD EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE						
LTR TYPE OF INSURANCE INSD WVD POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS					
COMMERCIAL GENERAL LIABILITY	EACH OCCURRENCE \$ DAMAGE TO RENTED					
CLAIMS-MADE OCCUR	PREMISES (Ea occurrence) \$					
	MED EXP (Any one person) \$					
	PERSONAL & ADV INJURY \$					
GEN'L AGGREGATE LIMIT APPLIES PER:	GENERAL AGGREGATE \$					
POLICY JECT LOC	PRODUCTS - COMP/OP AGG \$					
OTHER: AUTOMOBILE LIABILITY	COMBINED SINGLE LIMIT &					
ANY AUTO	(Ea accident)  BODILY INJURY (Per person) \$					
ALL OWNED SCHEDULED AUTOS AUTOS	BODILY INJURY (Per accident) \$					
HIRED AUTOS NON-OWNED AUTOS	PROPERTY DAMAGE (Per accident) \$					
AUTOS	(Teraccident)					
UMBRELLA LIAB OCCUR	EACH OCCURRENCE \$					
EXCESS LIAB CLAIMS-MADE	AGGREGATE \$					
DED RETENTION\$	\$					
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	PER OTH- STATUTE ER					
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	E.L. EACH ACCIDENT \$					
(Mandatory in NH)	E.L. DISEASE - EA EMPLOYEE \$					
If yes, describe under DESCRIPTION OF OPERATIONS below	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 Schedi	ule, may be attached if more space is required)					
CERTIFICATE HOLDER	OANOELI ATION					
CERTIFICATE HOLDER	CANCELLATION					
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE					
Tom Pollard	THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					
Courty Judge, Kerr County	ACCORDANCE WITH THE POLICY PROVISIONS.					
Kerr County Courthouse	AUTHORIZED REPRESENTATIVE					

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700 East Main St. Kerrville, TX 78028

Gary Dudley/NANCY



DATE (MM/DD/YYYY) 10/14/2016

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to

	e terms and conditions of the policy, certain policies may require an electificate holder in lieu of such endorsement(s).	ndorse	ment. A stat	tement on th	is certificate does not co	onfer rights to the		
-	DUCER	CONTACT Nancy Hutchison						
	C Insurance Services, Inc.	PHONE (900) 400 7022 FAX						
200000000000000000000000000000000000000	) Box 791028	(A/C, No, Ext): (600) 499-7922 (A/C, No): (210) 525-0054  E-MAIL ADDRESS: nhutchison@swbc.com						
-	1	ADDRES	20000	V. 100 March 1 (100 March 1 100 March 1 10	RDING COVERAGE	NAIC #		
San	Antonio TX 78279	INSURE	RA:Federa	220 NAT		NAIC#		
INSUI	RED	INSURE			ice co.			
Ala	umo Workforce Development, Inc.,	INSURE						
DBA	a: Workforce Solutions Alamo	INSURE						
115	E Travis St. Ste. 220	INSURE						
San	Antonio TX 78205	INSURE						
	VERAGES CERTIFICATE NUMBER:D&O/EPL Ma	aster			REVISION NUMBER:			
INI CE EX	HIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAN DICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION ERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDS (CLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE	OF ANY ED BY BEEN F	Y CONTRACT THE POLICIES REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS	DOCUMENT WITH RESPECT D HEREIN IS SUBJECT TO	T TO WHICH THIS		
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					\$		
	CLAIMS-MADE OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
					MED EXP (Any one person)	\$		
					PERSONAL & ADV INJURY S	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	\$		
	POLICY PRO- JECT LOC				PRODUCTS - COMP/OP AGG	×		
	OTHER:				COMPINED ONIOLE LIMIT	\$		
1	AUTOMOBILE LIABILITY				(Ea accident)	\$		
	ANY AUTO ALL OWNED SCHEDULED				BODILY INJURY (Per person)	5		
	AUTOS AUTOS NON-OWNED				BODILY INJURY (Per accident) \$ PROPERTY DAMAGE	(35)		
-	HIRED AUTOS AUTOS				(Per accident)	\$		
	UMBRELLA LIAB OCCUIR					\$		
	- OCCOR					\$		
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	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				E.L. EACH ACCIDENT \$  E.L. DISEASE - EA EMPLOYEE \$	\$		
l li	DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT \$			
1000	Directors & Officers 8224-2202		0/10/2016	10/1/2017		Þ		
23/20	Succession destruction of the Substitute States of the Substitute State		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)								
CER	RTIFICATE HOLDER	CANC	ELLATION					
Walter Long County Judge, Karnes County Karnes County Courthouse			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	120 W. Calvert	AUTHORIZED REPRESENTATIVE						
Suite 160 Karnes City, TX 78118			Gary Dudley/NANCY					



DATE (MM/DD/YYYY) 10/14/2016

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the terms and conditions of the policy, certain policies may recertificate holder in lieu of such endorsement(s).							
PRODUCER	CONTA	CT Nancy F	utchi son				
SWBC Insurance Services, Inc.	PHONE	CONTACT Nancy Hutchison NAME: PHONE (800) 499-7922 FAX (210) 525-0054					
P O Box 791028	(A/C, No E-MAIL	PHONE (A/C, No, Ext): (800) 499-7922 FAX (A/C, No): (210) 525-0054 E-MAIL ADDRESS: nhutchison@swbc.com					
F O BOX 791020	ADDRES	TOTAL SECTION AND ADDRESS OF THE PARTY OF TH	CONTRACTOR OF THE PARTY OF THE		100 200 = 700		
San Antonio TX 78279		000 000	ALC: 1881	RDING COVERAGE	NAIC #		
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INSURED	INSURE	RB:					
Alamo Workforce Development, Inc.,	INSURE	RC:					
DBA: Workforce Solutions Alamo	INSURE	RD:					
115 E Travis St. Ste. 220	INSURE	RE:					
San Antonio TX 78205	INSURE	Approximate the second					
COVERAGES CERTIFICATE NUMBER:D&				REVISION NUMBER:			
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INSR LTR TYPE OF INSURANCE INSD WVD POLICY	Y NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
COMMERCIAL GENERAL LIABILITY				EACH OCCURRENCE	\$		
CLAIMS-MADE OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
				MED EXP (Any one person)	\$		
				PERSONAL & ADV INJURY	\$		
GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	\$		
POLICY PRO- JECT LOC				PRODUCTS - COMP/OP AGG	\$		
OTHER:					\$		
AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$		
ANY AUTO				BODILY INJURY (Per person)	\$		
ALL OWNED SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$		
HIRED AUTOS AUTOS				PROPERTY DAMAGE (Per accident)	\$		
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UMBRELLA LIAB OCCUR				EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE				AGGREGATE	\$		
DED RETENTION \$					\$		
WORKERS COMPENSATION				PER OTH- STATUTE ER			
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE				E.L. EACH ACCIDENT	\$		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				E.L. DISEASE - EA EMPLOYEE	\$		
If yes, describe under DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT	\$		
gro Junge of No. Assistance Programme		0/10/0016	10/1/2017				
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	SHO THE ACC	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
150 North Seguin Ave. New Braunfels, TX 78130		Gary Dudley/NANCY					

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## <u>ATTACHMENT "D"</u> 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

teld when

Commissioner Representing the Public

Ronald G. Congleton

Commissioner Representing Labor

Ruth R. Hughs

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

Drew DeBerry Director of Policy

Office of the Governor

Disapproval

15.16.13

Date