AN ORDINANCE 2016-12-08-0972

APPROVING THE THIRD AMENDMENT TO THE WORKFORCE SOLUTIONS ALAMO (WSA) INTERLOCAL AGREEMENT, THE FOURTH AMENDMENT TO THE PARTNERSHIP AGREEMENT, AND APPOINTMENTS TO THE WSA BOARD OF DIRECTORS.

* * * * *

WHEREAS, funding for and oversight of workforce development in Texas is provided by the Texas Workforce Commission through 28 regional workforce boards operating in the service areas of Atascosa, Bandera, Bexar, Comal, Frio, Gillespie, Guadalupe, Karnes, Kendall, Kerr, Medina, and Wilson counties, including the local Workforce Solutions Alamo (WSA); and

WHEREAS, the City of San Antonio, Bexar County and area county judges (collectively referred to as the "Principals") are parties to an Interlocal Agreement with WSA through the Chief Elected Officials (CEOs), whereby they oversee the appointment of members to the WSA Board, and the planning, budgeting, administration, and execution of WSA programs in the WSA Service Area; and

WHEREAS, in 1996, state and federal law required the CEOs to enter into a Partnership Agreement with WSA to set forth the respective roles, responsibilities, relationships and function of each party for the WSA Service Area; and

WHEREAS, the CEOs have established a "Committee of Six" to carry out some of their duties and responsibilities, which include recommending to the Principals the appointment of members to the WSA Board; and

WHEREAS, throughout the years the CEOs and WSA have amended the Interlocal and Partnership Agreements and recommended appointments to the WSA Board, and based on action taken by the Committee of Six on August 29, 2016 and October 19, 2016, recommend amendments to the Interlocal and Partnership Agreements and appointments to the WSA Board; and

WHEREAS, the Third Amendment to the WSA Interlocal Agreement removes term limits of WSA board members, provides the Committee of Six the authority to appoint board members without subsequent confirmation by the governing bodies of the City of San Antonio, Bexar County or the Area Judges as permitted by State law, and simplifies and clarifies language; and

WHEREAS, the Fourth Amendment to the Partnership Agreement aligns the Agreement with the pending changes to the WSA Interlocal Agreement, simplifies and clarifies language, and provides the flexibility to adapt to changes in State and Federal law without the need for subsequent amendment to the Agreement; and

VZ 12/08/16 Item No. 20

WHEREAS, on October 19, 2016, the Committee of Six interviewed and now recommends the reappointment and appointment by City Council of numerous individual to the WSA Board of Directors; **NOW THEREFORE:**

BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF SAN ANTONIO:

SECTION 1. The Third Amendment to the WSA Interlocal Agreement between the City of San Antonio, Bexar County and the area county judges and WSA, as set out in **ATTACHMENT I**, is approved.

SECTION 2. The Fourth Amendment to the Partnership Agreement between the Chief Elected Officials and WSA, as set out in **ATTACHMENT II**, is approved.

SECTION 3. The following reappointments and appointments are approved:

Reappointments:

- Mary Batch, Place 1, Business, for a new term beginning January 1, 2017 and ending December 31, 2019, Assistant Manager of Human Resource Development, Toyota Motor Manufacturing, Texas
- Porter Dillard, Place 11, Business, for a new term beginning January 1, 2017 and ending December 31, 2019, Owner/Architect, Dillard Architect Group
- Elizabeth Lutz, Place 15, CBO, for a new term beginning January 1, 2017 and ending December 31, 2019, Executive Director, The Health Collaborative
- Mark Luft, Place 20, Economic Development, for a new term beginning January 1, 2017 and ending December 31, 2019, Economic Development Director, City of Cibolo

New Appointments

- Monty B. Small, Place 4, Business, for a term beginning January 1, 2017 and ending December 31, 2019, CEO, Atascosa Health Center, Inc.
- Dr. Mark Niederauer, Place 12, Business, for a term beginning January 1, 2017 and ending December 31, 2019, COO, EO2 Concepts
- Dr. Cynthia Teniente-Matson, Place 18, Education, for a term beginning January 1, 2017 and ending December 31, 2019

Unexpired Term:

 Baldemar R. Hernandez, Place 6, Business (pending resignation of current member) for a term expiring December 31, 2017, Human Resources Manager, Takata (TK Holdings) VZ 12/08/16 Item No. 20

New Appointments for future vacancies of those removed or resigned:

• Carolyn King, Business, Methodist Healthcare System of San Antonio

SECTION 4. This Ordinance shall be effective immediately upon the receipt of at least eight affirmative votes, or on the 10th day after passage if less than eight affirmative votes are received.

PASSED AND APPROVED this 8th day of December, 2016.

AYOR

Ivy R. Taylor

ATTEST:

Leticia M. Vacek, City Clerk

APPROVED AS TO FORM:

City Attorney

| Agenda Item: | 20 (in consent vote: 4, 5, 6, 7, 9, 10, 11A, 11B, 13, 14, 15, 17, 19, 20, 22, 23, 24, 25, 26, 27, 28) | | | | | | |
|--------------------|--|----------------|-----|-----|---------|--------|--------|
| Date: | 12/08/2016 | | | | | | |
| Time: | 09:19:00 AM | | | | | | |
| Vote Type: | Motion to Approve | | | | | | |
| Description: | An Ordinance approving the Third Amendment to the Workforce Solutions Alamo Interlocal Agreement as recommended by the Committee of Six on August 29, 2016 and approving the Fourth Amendment to the WSA Partnership Agreement and appointments to the WSA Board of Directors as recommended by the Committee of Six on October 19, 2016. [Carlos Contreras, Assistant City Manager; Rene Dominguez, Director, Economic Development] | | | | | | |
| Result: | Passed | | | | | | |
| Voter | Group | Not Present | Yea | Nay | Abstain | Motion | Second |
| Ivy R. Taylor | Mayor | | x | | | | |
| Roberto C. Treviño | District 1 | | X | | | х | |
| Alan Warrick | District 2 | | X | | | | х |
| Rebecca Viagran | District 3 | | x | | | | |
| Rey Saldaña | District 4 | | x | | | | |
| Shirley Gonzales | District 5 | | x | | | | |
| Ray Lopez | District 6 | | x | | | | |
| Cris Medina | District 7 | | X | | | | |
| Ron Nirenberg | District 8 | | х | | | | |
| Joe Krier | District 9 | | х | | | | |
| Michael Gallagher | District 10 | | х | | | | |

ATTACHMENT I

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:
 - Appointments to the LWDB;
 - 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. 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

| Ву: | |
|--------------------------------|--|
| Printed Name: | |
| Position: Mayor of San Antonio | |

COUNTY OF ATASCOSA

| Ву: | | |
|-----------|-----------------------|--|
| Printed N | Jame: | |
| Position: | Atascosa County Judge | |

COUNTY OF BANDERA

| By: | |
|--------------------------------|--|
| Printed Name: | |
| Position: Bandera County Judge | |

COUNTY OF BEXAR

| Ву: | |
|------------------------------|--|
| Printed Name: | |
| Position: Bexar County Judge | |

COUNTY OF COMAL

| Ву: | |
|------------------------------|--|
| Printed Name: | |
| Position: Comal County Judge | |

COUNTY OF FRIO

| Ву: | |
|-----------------------------|--|
| | |
| Printed Name: | |
| Position: Frio County Judge | |

COUNTY OF GILLESPIE

| By: | 4 | |
|------------------|------------------|--|
| Printed Name:_ | | |
| Position: Gilles | nie County Judge | |

COUNTY OF GUADALUPE

| By: | |
|----------------------------------|--|
| Printed Name: | |
| Position: Guadalupe County Judge | |

COUNTY OF KARNES

| Ву: | |
|-------------------------------|--|
| Printed Name: | |
| Position: Karnes County Judge | |

COUNTY OF KENDALL

| By: | 1 4 |
|-----------------------|------------|
| | |
| Printed Name: | |
| Position: Kendall Con | unty Judge |

COUNTY OF KERR

| By: | |
|-----------------------------|--|
| Printed Name: | |
| Position: Kerr County Judge | |

COUNTY OF MCMULLEN

| Ву: | |
|--------------------------|----------|
| Printed Name: | |
| Position: McMullen Count | ty Judgo |

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 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 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.
- 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 ceives, or is likely to receive workforce funds 'substantial business interest' and 'immediate lict of Interest Policy. |
| Business/Organizational Interest | Nature of Relationship |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | by declare and represent that the above f my knowledge and belief. I agree that I will he date of any change in these interests. |
| Signature | Date |

ATTACHMENT "C"

Insurance Coverage



CERTIFICATE OF LIABILITY INSURANCE

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 | 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 COV | ERAGE 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 Master REVISIO | ON NUMBER: | | | |

| R | TYPE OF INSURANCE | ADDL SUBR INSD WVD | 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) | \$ |
| Į | | | | | | MED EXP (Any one person) | \$ |
| L | | | | | | PERSONAL & ADV INJURY | \$ |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | GENERAL AGGREGATE | \$ |
| | POLICY PRO- JECT LOC | | | | | PRODUCTS - COMP/OP AGG | \$ |
| | OTHER: | | | | | | \$ |
| Ī | AUTOMOBILE LIABILITY | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ |
| | ANY AUTO | | | | | BODILY INJURY (Per person) | \$ |
| | ALL OWNED SCHEDULED AUTOS | | | | | BODILY INJURY (Per accident) | \$ |
| Ī | 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 | \$ |
| b | OFFICER/MEMBER EXCLUDED? [Mandatory in NH) | "'" | | | | E.L. DISEASE - EA EMPLOYEE | \$ |
| | f yes, describe under DESCRIPTION OF OPERATIONS below | | | | | E.L. DISEASE - POLICY LIMIT | \$ |
| Ī | 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

| CERTI | FICATE | 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

| Gary | Dudley |
|------|--------|
|------|--------|



CERTIFICATE OF LIABILITY INSURANCE

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).

| | ertificate holder in lieu of such endor | sement | (S). | CONTACT Names 1 | Intohioon | | | |
|--|---|--|--|---|---|--|----------------------|-------------|
| | | | | CONTACT Nancy Hutchison PHONE (800) 499-7922 FAX (210) 525-0054 | | | | |
| SWBC Insurance Services, Inc. P O Box 791028 | | PHONE (A/C, No, Ext): (800) 499-7922 FAX (A/C, No): (210) 525-0054 E-MAIL ADDRESS: nhutchison@swbc.com | | | | | | |
| P (| Box 791028 | | | | | The Laurence State | | I a sa sa s |
| | | | | | | RDING COVERAGE | | NAIC # |
| 3 3 3 3 | San Antonio TX 78279 | | | INSURER A : Federa | 1 Insura | nce Co. | | |
| | INSURED | | INSURER B: | | | | | |
| Ala | amo Workforce Development, | Inc., | | INSURER C: | | | | |
| DBA | A: Workforce Solutions Alam | no | | INSURER D: | | | | |
| 115 | E Travis St. Ste. 220 | | | INSURER E : | | | | |
| Sar | Antonio TX 782 | 205 | | INSURER F: | | | | |
| CO | VERAGES CER | TIFICA | TE NUMBER:D&O/EPL M | aster | | REVISION NUMBER | ₹: | |
| IN C | HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH | PERTAIL | MENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAV | OF ANY CONTRACT DED BY THE POLICIE E BEEN REDUCED BY | T OR OTHER ES DESCRIBE PAID CLAIM | DOCUMENT WITH RED HEREIN IS SUBJECT | SPECT TO T TO ALL | WHICH THIS |
| LTR | TYPE OF INSURANCE | INSD W | | (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | | IMITS | |
| | COMMERCIAL GENERAL LIABILITY | | | | | EACH OCCURRENCE DAMAGE TO RENTED | \$ | |
| | CLAIMS-MADE OCCUR | | | | | PREMISES (Ea occurrence |) \$ | |
| | | | | | | MED EXP (Any one person | \$ | |
| | | | | | | PERSONAL & ADV INJUR | (\$ | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | GENERAL AGGREGATE | \$ | |
| | POLICY PRO- JECT LOC | | | | | PRODUCTS - COMP/OP A | GG \$ | |
| | OTHER: | | | | | | \$ | |
| | AUTOMOBILE LIABILITY | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | |
| | ANY AUTO | | | | | BODILY INJURY (Per persi | on) \$ | |
| | ALL OWNED SCHEDULED AUTOS | | | | | BODILY INJURY (Per accid | ent) \$ | |
| | HIRED AUTOS NON-OWNED AUTOS | | | | | PROPERTY DAMAGE (Per accident) | \$ | |
| | AUTOS | | | | | (r er doordent) | \$ | |
| | UMBRELLA LIAB OCCUR | | | | | EACH OCCURRENCE | \$ | |
| | EXCESS LIAB CLAIMS-MADE | | | | | AGGREGATE | s | |
| | DED RETENTION\$ | | | | | | s | |
| | WORKERS COMPENSATION | | | | | PER OT ER | H- | |
| | AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE | See La | | | | E.L. EACH ACCIDENT | s | |
| | OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | N/A | | | | E.L. DISEASE - EA EMPLO | Andri C | |
| | If yes, describe under | | | | | SE ATT CHANGE | | |
| 0 | DÉSCRIPTION OF OPERATIONS below | | DANCE WALLS | 200000 | 10000000 | E.L. DISEASE - POLICY LI | MII 2 | |
| A | Directors & Officers | | 8224-2202 | 8/10/2016 | 10/1/2017 | \$5,000,000 limit | | |
| Emp | CRIPTION OF OPERATIONS/LOCATIONS/VEHIC COLOYMENT Practices Liability Perage \$250,000 limit. Po | ty \$5, | 000,000 limit, Fid | dule, may be attached if m uciary \$2,000, | ore space is req | uired) t and Workplace | Viole | nce |
| CEI | RTIFICATE HOLDER | | | CANCELLATION | V | | | |
| | Bexar County Bexar County Economic | Dev. | Dept. | | N DATE THE | ESCRIBED POLICIES E EREOF, NOTICE WIL CY PROVISIONS. | | |

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David Marquez Executive Director

101 West Nueva Street, Suite 944 San Antonio, TX 78205-3450 **AUTHORIZED REPRESENTATIVE**

Gary Dudley/NANCY



CERTIFICATE OF LIABILITY INSURANCE

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 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 COV | ERAGE 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: | | | | |

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 | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMIT | 'S |
|-------------|---|-----------|---------------|----------------------------|----------------------------|--|----|
| | COMMERCIAL GENERAL LIABILITY | 1 | | - | | 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 | \$ |
| 3 177 | 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) | \$ |
| | Acres | | | | | Tr. St. SSSCOTT | \$ |
| | 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) | 1000 | | | | 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 | |
| -52 | | | | | | | |

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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9/7/2016

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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: nhutchison@swbc.com | | | | |
| | INSURER(S) AFFORDING COV | /ERAGE 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: | | | | |

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 REDUICED BY PAID CLAIMS

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (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: | 1 | | | | | | \$ |
| | 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) | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - POLICY LIMIT | \$ |
| A | Directors & Officers | | 82 | 224-2202 | 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

| 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 |
| |

CANCELLATION

Gary Dudley/NANCY

San Antonio, TX 78283-9966

CERTIFICATE HOLDER



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 endorsement(s). | | |
|--|--|---------------|
| PRODUCER | NAME: Nancy Hutchison | |
| SWBC Insurance Services, Inc. | | 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 N | NUMBER:D&O/EPL Master REVISION NUMBER: | |
| THIS IS TO CERTIFY THAT THE POLICIES OF INSURAN | NCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE | POLICY PERIOD |

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.

| SR | TYPE OF INSURANCE | INSD WV | | IBER POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMIT | S |
|----|---|---------|-----------|------------------------------|----------------------------|---|----|
| | 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 | | Y | | | PRODUCTS - COMP/OP AGG | \$ |
| 1 | OTHER: | | | | | | \$ |
| T | AUTOMOBILE LIABILITY | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ |
| | ANY AUTO | | | | | BODILY INJURY (Per person) | \$ |
| I | ALL OWNED SCHEDULED AUTOS | | | | | BODILY INJURY (Per accident) | \$ |
| 1 | HIRED AUTOS NON-OWNED AUTOS | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| 1 | ASTO | | | | | | \$ |
| I | UMBRELLA LIAB OCCUR | | | | | EACH OCCURRENCE | \$ |
| | EXCESS LIAB CLAIMS-MA | DE | | | | AGGREGATE | \$ |
| | DED RETENTION \$ | | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | PER OTH- | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE | N/A | | | | 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 | \$ |
| | 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)

| CEDI | TICICA | TE HO | DED |
|------|--------|-------|-----|
| GERT | IFICA | | DER |

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE

Arnulfo Luna Courty Judge Frio County Frio County Courthouse 500 East San Antonio St. Pearsall, TX 78061 THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Gary Dudley/NANCY

CANCELLATION

Gang Duday



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

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| SWBC Insurance Services, Inc. | NTACT Nancy I | | | |
|--|---|--|--|---------------|
| SWBC Insurance Services, Inc. | | | | |
| P O Box 791028 | C. No. Ext): | 499-7922 | (A/C, No): (21 | 0) 525-0054 |
| | DRESS: nhutchi | son@swbc | . com | |
| | INS | SURER(S) AFFOR | RDING COVERAGE | NAIC # |
| San Antonio TX 78279 INS | SURER A : Federa | l Insurar | nce Co. | |
| INSURED | SURER B : | | | |
| Alamo Workforce Development, Inc., | SURER C: | | | |
| DBA: Workforce Solutions Alamo | SURER D : | | | |
| 115 E Travis St. Ste. 220 | SURER E : | | | |
| San Antonio TX 78205 INS | URER F : | | | |
| COVERAGES CERTIFICATE NUMBER:D&O/EPL Mast | er | | REVISION NUMBER: | |
| THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE E INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED I EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN INDICATED IN INDIC | ANY CONTRACT BY THE POLICIE EN REDUCED BY | OR OTHER I S DESCRIBEI PAID CLAIMS | DOCUMENT WITH RESPECT TO A | TO WHICH THIS |
| NSR LTR TYPE OF INSURANCE INSD WVD POLICY NUMBER | (MM/DD/YYYY) | 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: | | | \$ | |
| AUTOMOBILE LIABILITY | | | COMBINED SINGLE LIMIT (Ea accident) \$ | |
| ANY AUTO | | | BODILY INJURY (Per person) \$ | |
| ALL OWNED SCHEDULED | | | BODILY INJURY (Per accident) \$ | |
| AUTOS AUTOS NON-OWNED | | | PROPERTY DAMAGE & | |
| HIRED AUTOS AUTOS | | | (Per accident) \$ | |
| UMBRELLA LIAB OCCUB | | | EACH OCCURRENCE \$ | |
| - CCCCR | | | AGGREGATE \$ | |
| OLAINO-MADE | | | | |
| DED RETENTION \$ WORKERS COMPENSATION | | | PER OTH- STATUTE ER | |
| AND EMPLOYERS' LIABILITY Y / N | | 1 | A CONTRACTOR OF THE PARTY OF TH | |
| 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 | |

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THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

Chris Schuchart

1100 16th St. Hondo, TX 78861

County Judge, Medina County Medina County Courthouse

AUTHORIZED REPRESENTATIVE

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 endorse | ement(s) | | | | | | | | |
|--|---|--|--|----------------------------|--|----------|------------|--|--|
| 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 | D Box 791028 | | | | E-MAIL ADDRESS: nhutchison@swbc.com | | | | |
| | | | INS | SURER(S) AFFOR | RDING COVERAGE | | NAIC# | | |
| San Antonio TX 7827 | 79 | | INSURER A :Federa | l Insurar | ice Co. | | | | |
| INSURED | | | INSURER B: | | | | | | |
| Alamo Workforce Development, I | Inc., | | INSURER C : | | | | | | |
| DBA: Workforce Solutions Alamo |) | | INSURER D : | | | | | | |
| 115 E Travis St. Ste. 220 | | | INSURER E : | | | | | | |
| San Antonio TX 7820 |)5 | | INSURER F : | | | | | | |
| COVERAGES CERT | IFICATE | NUMBER:D&O/EPL MA | aster | | REVISION NUMBER: | | | | |
| THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQUESTIFICATE MAY BE ISSUED OR MAY PREXCLUSIONS AND CONDITIONS OF SUCH PROPERTY. | UIREME ERTAIN, | NT, TERM OR CONDITION THE INSURANCE AFFORDI | OF ANY CONTRACT ED BY THE POLICIE | OR OTHER I | DOCUMENT WITH RESPI | ECT TO V | WHICH THIS | | |
| | DDL SUBR | | POLICY EFF | POLICY EXP (MM/DD/YYYY) | LIM | ITS | | | |
| COMMERCIAL GENERAL LIABILITY | TAND | , our monipul | Imeropritity | | EACH OCCURRENCE | s | | | |
| CLAIMS-MADE OCCUR | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | s | | | |
| | | | | | MED EXP (Any one person) | s | | | |
| | | | | | PERSONAL & ADV INJURY | s | | | |
| GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | GENERAL AGGREGATE | s | | | |
| POLICY PRO- JECT LOC | | | | | PRODUCTS - COMP/OP AGG | | | | |
| OTHER: | | | | | 11.1 | s | | | |
| AUTOMOBILE LIABILITY | | | | | COMBINED SINGLE LIMIT (Ea accident) | s | | | |
| ANY AUTO | | | | | BODILY INJURY (Per person) | \$ | | | |
| ALL OWNED SCHEDULED AUTOS AUTOS | | | | | BODILY INJURY (Per accident | 1) \$ | | | |
| HIRED AUTOS NON-OWNED AUTOS | | | | | PROPERTY DAMAGE (Per accident) | s | | | |
| Autos | | | | | | s | | | |
| UMBRELLA LIAB OCCUR | | | | | EACH OCCURRENCE | s | | | |
| EXCESS LIAB CLAIMS-MADE | | | | | AGGREGATE | s | | | |
| DED RETENTION \$ | | | | | | s | | | |
| WORKERS COMPENSATION | | | | | PER OTH- | | | | |
| ANY PROPRIETOR/PARTNER/EXECUTIVE | I/A | | | | E.L. EACH ACCIDENT | s | | | |
| (Mandatory in NH) | 1. A | | | | E.L. DISEASE - EA EMPLOYE | E S | | | |
| If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | E L. DISEASE - POLICY LIMIT | s | | | |
| A Directors & Officers | | 8224-2202 | 8/10/2016 | 10/1/2017 | \$5,000,000 limit | | | | |
| | | | | | | | | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE | ES (ACORI | D 101, Additional Remarks Schedu | ule, may be attached if mo | re space is requi | red) | | | | |
| CERTIFICATE HOLDER | | | CANCELLATION | | | | | | |
| Darrel L. Lux County Judge, Kendall | Count | У | | N DATE THE | ESCRIBED POLICIES BE (EREOF, NOTICE WILL BY PROVISIONS. | | | | |
| W | | | | | | | | | |
| Kendall County | Kendall County 201 East San Antonio Suite 122 | | | | | | _ | | |



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).

| _ | rtificate holder in lieu of such endorsen | | | CONTACT Nancy Hutchison | | | | | |
|-----|---|--------|--|-------------------------|--|--|--|-----------|----------|
| | C Insurance Services, Inc. | | | PHONE | (800) | 499-7922 | FAX (A/C, No); | (210) 525 | -0054 |
| | Box 791028 | | | E-MAIL | nhutchi | son@swbc | . COM | | COTTO . |
| | 7525 | | | ADDRE | | | RDING COVERAGE | | NAIC # |
| Sar | Antonio TX 78279 | 9 | | INCHES | | 1 Insurar | | | NAIC # |
| - | RED | | | INSURE | | I Ilisulai | ice co. | | |
| | mo Workforce Development, In | ıc | | INSURE | | | | | |
| | : Workforce Solutions Alamo | | | | | | | | |
| 7 | E Travis St. Ste. 220 | | | INSURE | | | | | |
| | Antonio TX 78205 | | | INSURE | | | | - | |
| _ | MINISTER STATE OF THE STATE OF | | NUMBER:D&O/EPL M | INSURE | KE: | | REVISION NUMBER: | _ | |
| IN | IIS IS TO CERTIFY THAT THE POLICIES OF DICATED. NOTWITHSTANDING ANY REQUESTIFICATE MAY BE ISSUED OR MAY PERCLUSIONS AND CONDITIONS OF SUCH POLICIES. | REMEN | NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVI | OF AN' | CONTRACT THE POLICIE REDUCED BY POLICY EFF | OR OTHER I S DESCRIBED PAID CLAIMS | DOCUMENT WITH RESPECT TO | ALL TH | HICH THI |
| TR | TYPE OF INSURANCE INS | D WVD | POLICY NUMBER | | (MM/DD/YYYY) | (MM/DD/YYYY) | LIMITS | 3 | |
| | COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR | | | | | | DAMAGE TO RENTED | \$ | |
| | | | | | | | | \$ | |
| | | | | | | | | 3 | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | s | |
| | POLICY PRO- JECT LOC | | | | | | PRODUCTS - COMP/OP AGG | s | |
| | OTHER: | | | | | | | \$ | |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | |
| | ANY AUTO | | | | | | the state of the s | \$ | |
| | ALL OWNED SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | \$ | |
| | HIRED AUTOS NON-OWNED AUTOS | | | | | | PROPERTY DAMAGE (Per accident) | \$ | |
| | | | | | | | | \$ | |
| ī | UMBRELLA LIAB OCCUR | | | | | | EACH OCCURRENCE | s | |
| | EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE | s | |
| | DED RETENTION \$ | | | | | | | \$ | |
| | WORKERS COMPENSATION | | | | | | PER OTH- | | |
| | AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE | | | | | | E.L. EACH ACCIDENT | \$ | |
| | OFFICER/MEMBER EXCLUDED? N/ | A | | | | | E.L. DISEASE - EA EMPLOYEE | s | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - POLICY LIMIT | s | |
| A | Directors & Officers | | 8224-2202 | | 8/10/2016 | 10/1/2017 | \$5,000,000 limit | | |
| ES | RIPTION OF OPERATIONS / LOCATIONS / VEHICLES | (ACORE | 101, Additional Remarks Scheo | dule, may t | e attached if mo | re space is requi | red) | | |
| E | RTIFICATE HOLDER | | | CANO | ELLATION | | | | |
| | James E. Teal - Vice Ch County Judge, McMullen | | | THE | EXPIRATION | N DATE THE | ESCRIBED POLICIES BE CA EREOF, NOTICE WILL B BY PROVISIONS. | | |

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PO Box 237

Tilden, TX 78072

McMullen County Courthouse

AUTHORIZED REPRESENTATIVE

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: nhutchison@swbc.com | 3. 403.54.0.345 | | | |
| | INSURER(S) AFFORDING COVER | RAGE 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 | DEO/EPI Master REVISION | NIMBER. | | | |

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.

| 2 | TYPE OF INSURANCE | INSD WV | | Y NUMBER POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMIT | S |
|---|--|---------|-----------|----------------------------------|----------------------------|---|----|
| | 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 | 1 1 | | | | GENERAL AGGREGATE | \$ |
| | POLICY PRO- JECT LOC | | | | | PRODUCTS - COMP/OP AGG | \$ |
| | OTHER: | | | | | | \$ |
| | AUTOMOBILE LIABILITY | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ |
| | ANY AUTO | 1 1 | | | | BODILY INJURY (Per person) | \$ |
| | ALL OWNED SCHEDULED AUTOS AUTOS | | | | | BODILY INJURY (Per accident) | \$ |
| | HIRED AUTOS NON-OWNED AUTOS | | | | | PROPERTY DAMAGE (Per accident) | 5 |
| | Actos | | | | | (For decident) | \$ |
| | UMBRELLA LIAB OCCUR | 1-1- | | | | EACH OCCURRENCE | \$ |
| | EXCESS LIAB CLAIMS-MAD | 8 | | | | AGGREGATE | \$ |
| | DED RETENTION \$ | | | | | | \$ |
| | VORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | PER OTH- | |
| 1 | ANY PROPRIETOR/PARTNER/EXECUTIVE | N/A | | | | E.L. EACH ACCIDENT | s |
| (| DFFICER/MEMBER EXCLUDED? Mandatory in NH) | N'A | | | | E.L. DISEASE - EA EMPLOYEE | s |
| 1 | f 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 | |

| CERT | | $\sim A \sim$ | LOI | DED |
|------|-----|---------------|-----|-----|
| CER | 115 | JA A | | DEK |

Jim O. Wolverton Commissioner Guadalupe County Precinct 3 1101 Elbel Rd.

Schertz, TX 78154

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 | Dussey |
|------|--------|
| 3 | 7 |



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: 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 | R:D&O/EPL Master REVISION N | UMBER: | | | |

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| CLAIMS-MADE CLAIMS | OCCUR | | | | | EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ |
|--|---|--|---|---|---|---|---|
| And the second s | IES PER | | | | | | |
| And the second s | IES PER | | | | 1 | MED EXP (Any one person) | \$ |
| And the second s | IES PER | | | | | PERSONAL & ADV INJURY | \$ |
| OLICY PRO- | The Chart | | | | | GENERAL AGGREGATE | \$ |
| JEC! | LOC | | | | | PRODUCTS - COMP/OP AGG | \$ |
| THER: | | | | | | | \$ |
| OBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ |
| OTUA YN | | | | | | BODILY INJURY (Per person) | \$ |
| | HEDULED TOS | | | | | BODILY INJURY (Per accident) | \$ |
| NC NC | N-OWNED TOS | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | \$ |
| MBRELLA LIAB | OCCUR | | | | | EACH OCCURRENCE | \$ |
| KCESS LIAB | CLAIMS-MADE | | | | | AGGREGATE | s |
| ED RETENTIONS | | | | | | | \$ |
| RS COMPENSATION | | | | | | PER OTH- | |
| OPRIETOR/PARTNER/EX | ECUTIVE Y/N | NIA | | | | E.L. EACH ACCIDENT | s |
| tory in NH) | | NA | | | | E.L. DISEASE - EA EMPLOYEE | s |
| | below | | | | | E.L. DISEASE - POLICY LIMIT | s |
| escribe under IPTION OF OPERATIONS | | | | | | | |
| R | /MEMBER EXCLUDED? ory in NH) scribe under | OPRIETOR/PARTNER/EXECUTIVE //MEMBER EXCLUDED? ory in NH) | PRIETOR/PARTNER/EXECUTIVE N / A ry in NH) scribe under | PRIETOR/PARTNER/EXECUTIVE //MEMBER EXCLUDED? //MEMBER EXCLUDED? //MEMBER EXCLUDED? //MEMBER EXCLUDED? //MEMBER EXCLUDED? //MEMBER EXCLUDED? | PRIETOR/PARTNER/EXECUTIVE //MEMBER EXCLUDED? //MEMBER EXCLUDED? //MEMBER EXCLUDED? //MEMBER EXCLUDED? //MEMBER EXCLUDED? //MEMBER EXCLUDED? | PRIETOR/PARTNER/EXECUTIVE //MEMBER EXCLUDED? ny in NH) scribe under | PRIETOR/PARTNER/EXECUTIVE // N/ A E.L. EACH ACCIDENT // E.L. DISEASE - EA EMPLOYEE scribe under |

| CERTIFICATE HOLDER | CANCELLATION | | | | | |
|--|--|--|--|--|--|--|
| Mark Stroeher County Judge, Gillespie County Gillespie 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. | | | | | |
| 101 West Main St. Unit 9 Fredericksburg, TX 78624 | Gary Dudley/NANCY | | | | | |



10/14/2016

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| PRODUCER | NAME: 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 COVERAG | E 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 F : | | | | | |
| San Antonio TX 78205 | | | | | | |

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EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR POLICY EFF POLICY EXP
(MM/DD/YYYY) (MM/DD/YYYY) INSR TYPE OF INSURANCE LIMITS POLICY NUMBER INSD WVD COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE \$ DAMAGE TO RENTED CLAIMS-MADE OCCUR PREMISES (Ea occurrence) MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: \$ PRODUCTS - COMP/OP AGG | \$ POLICY LOC \$ OTHER OMBINED SINGLE LIMIT AUTOMOBILE LIABILITY \$ BODILY INJURY (Per person) 5 ANY AUTO SCHEDULED ALL OWNED AUTOS BODILY INJURY (Per accident) \$ AUTOS NON-OWNED PROPERTY DAMAGE \$ HIRED AUTOS AUTOS \$ UMBRELLA LIAB EACH OCCURRENCE OCCUR \$ **EXCESS LIAB** CLAIMS-MADE AGGREGATE 5 \$ DED RETENTION \$ WORKERS COMPENSATION STATUTE 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 \$ 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)

| CERTIFICA | TE HOLDER |
|-----------|-----------|
|-----------|-----------|

Richard A. Evans County Judge Bandera County Bandera County Courthouse 500 Main St. PO Box 877

Bandera, TX 78003

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 |
|------|--------|
| | - Stay |



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

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| certificate holder in lieu of such endors | sement(s |). | | | | | | |
|--|---------------------|---|--------------------------------------|----------------------------|--|-----------|----------|--|
| PRODUCER | | | CONTACT Nancy Hutchison | | | | | |
| SWBC Insurance Services, Inc. | | | PHONE (A/C, No, Ext): (800) | 499-7922 | FAX (A/C, No | (210) 525 | -0054 | |
| O Box 791028 | | | E-MAIL ADDRESS: nhutchi | ison@swbc | . com | | | |
| | | | INSURER(S) AFFORDING COVERAGE | | | | | |
| San Antonio TX 782 | 279 | | INSURER A : Federal Insurance Co. | | | | | |
| NSURED | | | INSURER B: | | | | | |
| lamo Workforce Development, | Inc., | | INSURER C: | | | | | |
| BA: Workforce Solutions Alam | no | | INSURER D: | | | | | |
| 15 E Travis St. Ste. 220 | | | INSURER E : | | | | | |
| an Antonio TX 782 | 205 | 1 | INSURER F: | | | | | |
| OVERAGES CER | TIFICATI | NUMBER:D&O/EPL M | aster | | REVISION NUMBER: | | | |
| THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RECEITIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH | QUIREME PERTAIN, | NT, TERM OR CONDITION THE INSURANCE AFFORD | OF ANY CONTRACT ED BY THE POLICIE | OR OTHER I | DOCUMENT WITH RESPO | ECT TO W | HICH THI | |
| R TYPE OF INSURANCE | ADDL SUBR | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIM | ITS | | |
| COMMERCIAL GENERAL LIABILITY | TOD TIVE | , sais, number | This sort I II | | EACH OCCURRENCE | s | | |
| CLAIMS-MADE OCCUR | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | s | | |
| 2 | | | | | MED EXP (Any one person) | s | | |
| | | | | | PERSONAL & ADV INJURY | \$ | | |
| GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | GENERAL AGGREGATE | s | | |
| POLICY PRO- LOC | | | | | PRODUCTS - COMP/OP AGG | | | |
| OTHER: | | | | | | \$ | | |
| AUTOMOBILE LIABILITY | | | | | COMBINED SINGLE LIMIT (Ea accident) | s | | |
| ANY AUTO | | | | | BODILY INJURY (Per person) | \$ | | |
| ALL OWNED SCHEDULED AUTOS | | | | | BODILY INJURY (Per accident |) \$ | | |
| HIRED AUTOS NON-OWNED AUTOS | | | | | PROPERTY DAMAGE (Per accident) | \$ | | |
| 75100 | | | | | (a decorate) | \$ | | |
| UMBRELLA LIAB OCCUR | | | | | EACH OCCURRENCE | \$ | | |
| EXCESS LIAB CLAIMS-MADE | | | | | AGGREGATE | \$ | | |
| DED RETENTION \$ | | i i | | | | s | | |
| WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | PER OTH- | | | |
| ANY PROPRIETOR/PARTNER/EXECUTIVE | N/A | | | | E.L. EACH ACCIDENT | \$ | | |
| OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | NIA | | | | E.L. DISEASE - EA EMPLOYE | E S | | |
| 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 | | | |
| | | | 5,23,2020 | , -, | | | | |
| | | | | | | | | |
| SCRIPTION OF OPERATIONS / LOCATIONS / VEHIC | LES (ACOR | D 101, Additional Remarks Schedu | ile, may be attached if mo | re space is requi | red) | | | |
| ERTIFICATE HOLDER | | | CANCELLATION | | | | | |
| Richard L. Jackson County Judge Wilson C Wilson County Courtho | | | | N DATE THE | ESCRIBED POLICIES BE (EREOF, NOTICE WILL CY PROVISIONS. | | | |
| 1103 4th St. | use | | AUTHORIZED REPRESE | NTATIVE | | - | | |
| Floresville, TX 7811 | 4 | | 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.

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). 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 Master REVISION NUI | MBER: | | | | |

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.

| | INSD WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMIT | S |
|--|---|--|--|--|--|--|
| CLAIMS-MADE OCCUR | | | | | EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Fa occurrence) | s |
| | | | | | MED EXP (Any one person) | \$ |
| | | | | | PERSONAL & ADV INJURY | s |
| GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | GENERAL AGGREGATE | s |
| 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) | \$ |
| NON-OWNED | | | | | PROPERTY DAMAGE (Per accident) | s |
| | | | | | | \$ |
| UMBRELLA LIAB OCCUR | | | | | EACH OCCURRENCE | s |
| EXCESS LIAB CLAIMS-MADE | | | | | AGGREGATE | \$ |
| DED RETENTION \$ | | | | | | s |
| VORKERS COMPENSATION | | | | | PER OTH- | |
| NY PROPRIETOR/PARTNER/EXECUTIVE | 1 | | | | E.L. EACH ACCIDENT | \$ |
| Mandatory in NH) | N/A | | | | E.L. DISEASE - EA EMPLOYEE | \$ |
| 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 | |
| | POLICY PROJECT LOC OTHER: ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ FORKERS COMPENSATION NO EMPLOYERS' LIABILITY NY PROPRIETOR/PARTNER/EXECUTIVE FFICER/MEMBER EXCLUDED? AMANDAL PROPRIETOR PR | SEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROPERO LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS AUTOS HIRED AUTOS HIRED AUTOS UMBRELLA LIAB DED RETENTION \$ CLAIMS-MADE DED RETENTION \$ ORKERS COMPENSATION NO EMPLOYERS' LIABILITY NY PROPRIETOR/PARTNER/EXECUTIVE FFICER/MEMBER EXCLUDED? MAINTAIN 19 NH) yes, describe under ESCRIPTION OF OPERATIONS below | DED RETENTION \$ DED RETENTION \$ DED RETENTION \$ DED RETENTON \$ DED RETENTION \$ NOT A DESCRIPTION OF OPERATIONS below | SEN'L AGGREGATE LIMIT APPLIES PER: POLICY | SEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ OORKERS COMPENSATION NOY PROPRIETOR/PARTNER/EXECUTIVE FFICERMEMBER EXCLUDED? AMADA OF THE PROPRIETOR | CLAIMS-MADE OCCUR PREMISES [Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE POLICY PRODUCTS - COMP/OP AGG OTHER: AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS AUTOS UMBRELLA LIAB OCCUR EXCESS LIAB OCCUR EXCES |

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE

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.

AUTHORIZED REPRESENTATIVE

Gary Dudley/NANCY

Sary Buddey



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 certificate holder in lieu of such endorsement(s). | | | | is certificate does | not cor | nfer rights to the |
|---|---------------------------------------|------------|--------------|---------------------|-----------------|--------------------|
| PRODUCER | CONTACT Na | ncy Hu | itchison | | | |
| SWBC Insurance Services, Inc. | PHONE (A/C, No, Ext): | (800) | 199-7922 | FA) | X C. No): (2 | 10) 525-0054 |
| P O Box 791028 | E-MAIL ADDRESS: nh | utchis | son@swbc | . com | - | |
| | | INSU | RER(S) AFFOR | DING COVERAGE | | NAIC # |
| San Antonio TX 78279 | INSURER A :F | ederal | Insuran | ce Co. | | |
| INSURED | INSURER B: | | | | | |
| Alamo Workforce Development, Inc., | INSURER C : | 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/E | PL Master | | | REVISION NUMBE | R: | |
| THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELINDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONICERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE A EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MA | DITION OF ANY CON FFORDED BY THE P | TRACT (| DESCRIBED | OCUMENT WITH RE | ESPECT | TO WHICH THIS |
| INSR LTR TYPE OF INSURANCE INSD WVD POLICY NUI | MBER POLIC | | POLICY EXP | | LIMITS | |
| COMMERCIAL GENERAL LIABILITY | | | | EACH OCCURRENCE | \$ | |
| | | | | DAMAGE TO RENTED | | |

| FILL | THE CONTROL OF THE CONTROL | TIMED IN | D FOLICT NUMBER | [NIN DD/1111] | [INIM/DD/TITI] | | |
|------|--|----------|-----------------|----------------|----------------|---|----|
| | COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR | | | | | EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ |
| | | | | | | MED EXP (Any one person) | s |
| | | | | | | 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\$ | | | 4 | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | PER OTH- | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | N/A | | | | E.L. EACH ACCIDENT | \$ |
| | (Mandatory in NH) | 10.00 | | | | 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 | |
| | A CONTRACTOR OF THE PARTY OF TH | | | | | | |

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

| CERT | FICA | TE HOI | DER |
|------|------|--------|-----|

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

Kerrville, TX 78028

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 | Dudday |
|------|---------------|
| | - Congression |



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

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| certificate holder in lieu of such endorsem | - | | ONTACT Nancy | Hutchison | | | |
|--|---------------------------------|---|---|---------------------------------------|--|----------------------|-------------------|
| SWBC Insurance Services, Inc. | | PI | HONE /C, No, Ext): (800) | 499-7922 | FAX | (210) 525- | 0054 |
| P O Box 791028 | | E- | MAIL DDRESS: nhutch: | ison@swbc | . COM | ,, | |
| | | A | | | RDING COVERAGE | | NAIC # |
| San Antonio TX 78279 | | - | SURER A :Federa | | | | NAIC# |
| NSURED IX 76279 | | | SURER A : Federa SURER B : | ı ınsural | ice co. | | |
| Alamo Workforce Development, Inc | ~ | Te. | | | | - | |
| DBA: Workforce Solutions Alamo | / | | SURER C: | | | | |
| 115 E Travis St. Ste. 220 | | | SURER D : | | | | |
| San Antonio TX 78205 | | | SURER E : | | | | |
| THE THEORY | CATE | E NUMBER:D&O/EPL Mas | surerf: | | REVISION NUMBER: | | |
| THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQUIR CERTIFICATE MAY BE ISSUED OR MAY PER EXCLUSIONS AND CONDITIONS OF SUCH POL | INSUI REME TAIN, ICIES | RANCE LISTED BELOW HAVE NT, TERM OR CONDITION OF THE INSURANCE AFFORDED LIMITS SHOWN MAY HAVE BE | BEEN ISSUED TO ANY CONTRACT BY THE POLICIE EN REDUCED BY | OR OTHER S DESCRIBE PAID CLAIMS | ED NAMED ABOVE FOR T DOCUMENT WITH RESPE D HEREIN IS SUBJECT T | CT TO WH | HICH THIS |
| | SUBR | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMIT | rs | |
| COMMERCIAL GENERAL LIABILITY | | | | | EACH OCCURRENCE | s | |
| 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 | - | | -1 | | 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) | s | |
| | | | | | | \$ | |
| UMBRELLA LIAB OCCUR | | | | | EACH OCCURRENCE | s | |
| EXCESS LIAB CLAIMS-MADE | | | | | AGGREGATE | s | |
| DED RETENTION \$ | | | | | | \$ | |
| WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | PER STATUTE OTH- ER | | |
| ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | | | | | E.L. EACH ACCIDENT | s | |
| (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 | | |
| ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES | ACORI | D 101, Additional Remarks Schedule, | may be attached if mo | re space is requi | red) | | |
| CERTIFICATE HOLDER | | C | ANCELLATION | | w | | |
| Walter Long County Judge, Karnes Cou Karnes County Courthouse | | | SHOULD ANY OF THE EXPIRATION ACCORDANCE WI | N DATE THE | ESCRIBED POLICIES BE C EREOF, NOTICE WILL I Y PROVISIONS. | ANCELLED BE DELIV | BEFORE ERED II |
| 120 W. Calvert | | Total Control of the | THORIZED REPRESE | A 200 A 500 | | | |



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

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| PRODUCER | NAME: 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 | | | |
| San Antonio TX 78279 | INSURER A: Federal Insurance Co. | | | |
| NSURED Alamo Workforce Development, Inc., DBA: Workforce Solutions Alamo 115 E Travis St. Ste. 220 | INSURER B: | | | |
| | INSURER C: | | | |
| | INSURER D : | | | |
| | INSURER E : | | | |
| San Antonio TX 78205 | INSURER F : | | | |

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 BEDIESD BY ONLY OF SUCH POLICIES.

| 2 | TYPE OF INSURANCE | INSD WVD | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMIT | S |
|---|--|----------|-----------|----------------------------|----------------------------|---|----|
| - | COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR | | | | | EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ |
| | 1 | | | | | MED EXP (Any one person) | \$ |
| | | | | | | PERSONAL & ADV INJURY | \$ |
| 1 | SEN'L AGGREGATE LIMIT APPLIES PER: | | | | | GENERAL AGGREGATE | \$ |
| | POLICY PRO- | | | | | 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 \$ | | | | | | \$ |
| | VORKERS COMPENSATION IND EMPLOYERS' LIABILITY | | | | | PER OTH- | |
| A | NY PROPRIETOR/PARTNER/EXECUTIVE | N/A | | | | E.L. EACH ACCIDENT | 5 |
| (| PFFICER/MEMBER EXCLUDED? Mandatory in NH) | J. W. K. | | | | E.L. DISEASE - EA EMPLOYEE | \$ |
| 1 | yes, describe under DESCRIPTION OF OPERATIONS below | | | | | E.L. DISEASE - POLICY LIMIT | \$ |
| 1 | Directors & Officers | | 8224-2202 | 8/10/2016 | 10/1/2017 | \$5,000,000 limit | |

| CERTIFICATE HOLDER | CANCELLATION | | | |
|---------------------------|---|--|--|--|
| Sherman Krause - Chairman | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN | | | |

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

Gary Dudley/NANCY

ACCORDANCE WITH THE POLICY PROVISIONS.

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

December 18, 2015

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

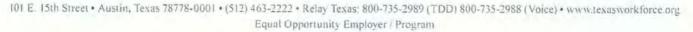
Dear Judge Evans:

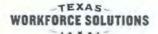
We are pleased to inform you the office of the governor recertified the Workforce Solutions Alamo (Board) following a review by the Texas Workforce Commission (TWC), as required by the Workforce Innovation and Opportunity Act (WIOA).

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. 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

Office of the Governor

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

12-16-15

Drew DeBerry
Director of Policy

ATTACHMENT II

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.

1

Adopted by:
Bexar County Commissioners Court —
City of San Antonio City Council —
AWD Board of Directors —
Area Judges —

- B. Area Judges: The County judges of Atascosa, Bandera, Comal, Frio, Gillespie, Guadalupe, Karnes, Kendall, Kerr, Medina, and Wilson Counties, and McMullen County, upon certification by the Texas Workforce Investment Council.
- C. Alamo Workforce Development Area or AWDA: The local workforce development area designated by the State, consisting of 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.
- D. Alamo Workforce Development Board or AWDB: The local workforce development board appointed by the Committee of 6, and certified by the Governor.
- E. Alamo Workforce Development, Inc.: The non-profit corporation approved for incorporation by the State, to provide workforce services in the AWDA.
- F. Chief Elected Officials or CEOs: The thirteen (or fourteen with the inclusion of McMullen County) chief elected officials of the AWDA. These consist of the eleven (or twelve with the inclusion of McMullen County) Area Judges, the Bexar County Judge, and the Mayor of San Antonio.
- G. Committee of Six: A committee made up of two representatives each from the City of San Antonio, Bexar County, and the Area Judges to represent them on issues relating to this Agreement.
- H. Fiscal Agent: The entity responsible and accountable for the management of all workforce development funds available to the AWDA. The Fiscal Agent is AWDB.
- Grant Recipient: The entity designated to receive and disburse all workforce development funds allocated or otherwise made available to the AWDA. The Grant Recipient is AWDB.
- J. Local Plan: The AWDA plan required by the Texas Workforce Commission for delivery of workforce services as required by State and/or Federal law.

II. PURPOSE

This Agreement establishes the authority, roles, and responsibilities of the CEOs and AWDB with regard to workforce development and related issues.

Adopted by:
Bexar County Commissioners Court —
City of San Antonio City Council —
AWD Board of Directors —
Area Judges —

III. TERM

This Agreement shall commence when the last signature is affixed hereto and shall continue until terminated in accordance with this paragraph. This Agreement may be terminated without cause on June 30 of any year by any CEO with six months prior written notice to AWDB and the other CEOs. This termination right supersedes the obligation of the CEOs to pursue dispute resolution in Article XV below.

IV. RESPONSIBILITIES OF CHIEF ELECTED OFFICIALS

- A. The Chief Elected Officials designate the AWDB as the Grant Recipient and Administrative Entity and may designate the fiscal agent for categorical and block grant workforce development funding made available to the AWDB.
- B. An Interlocal Agreement between the Chief Elected Officials establishes a Committee of 6 which includes the Chief Elected Officials or their designee of the City of San Antonio, Bexar County, and the Area Judges,. All official actions or requirements of the Chief Elected Officials in this agreement will be carried out by unanimous consent.
- C. The Committee of 6 shall fulfill those responsibilities required by applicable federal and state statutes, rules, policies, and procedures and agreed to in the Interlocal Agreement.
- D. The Committee of 6 shall review and comment upon the Local Plan and annual budget including any major modifications. Each member of the Committee of 6 will have their respective bodies approve the Local Plan and annual budget in a timely manner, according to State regulations and timelines.

V. RESPONSIBILITIES OF THE ALAMO WORKFORCE DEVELOPMENT BOARD

- A. Workforce development activities within the AWDA shall be overseen by the AWDB. Membership of the AWDB shall comply with State and Federal law.
- B. The responsibilities of AWDB include but are not limited to:
 - 1. Select and hire a Chief Executive Officer;
 - 2. Provide one position to provide staff support to the Committee of 6;
 - 3. Prepare the Local Plan required by applicable federal and state laws, rules and policies;

- 4. Provide policy guidance pertaining to the delivery of workforce development services;
- Promote the cooperation, coordination, and leveraging of resources among public organizations, community organizations and private businesses involved in workforce development activities;
- 5. Procure and maintain assets, including but not limited to, office space, equipment, and expendable supplies necessary for operations;
- 6. Assist in soliciting nominations for AWDB membership;
- 7. Contract all services described in the Local Plan.
- 8. Facilitate input from the Committee of 6 staff on the budget and Local Plan in a timely manner prior to approval by the AWDB;
- Direct program planning and budgeting and provide technical assistance;
- Monitor and evaluate all contract services;
- 11. Ensure compliance with reporting requirements;
- 12. Develop local procedures and/or implement any state procedures to prevent misuse of funds by subcontractors, sub-grantees, and other recipients;
- 13. Audit funds required under law, to include the preparation of a United States Office of Management and Super Circular audit with management letter and responses, resolve any questions arising from said audits, and report all results of the audit to the Committee of 6 along with the Single Audit, management letter and responses;
- 14. Take action against subcontractors, sub-grantees, and other recipients to eliminate any abuses in their program and ensure that systems are serving eligible applicants in the eligible population;
- 15. Develop procedures for collection of any monies or funds from subcontractors, sub-grantees, and other recipients resulting from an audit disallowance as determined by state or federal agencies;
- 16. Approve all contracts in excess of amounts established by AWDB policy and resolution;
- Any and all additional responsibilities required by AWDB and the Committee of 6; and
- Removal of board members who are not in compliance with AWDB policy.
- G. The AWDB shall remain incorporated as a non-profit corporation.
- H. AWDB may provide programmatic services only if a waiver is first approved by the Committee of 6 and the Texas Workforce Commission. The Cities and Counties are not barred from providing programmatic services.
- I. AWDB shall arrange for the annual monitoring and independent auditing of all

funds and shall resolve any disallowed costs questions to the extent possible. The Committee of 6 shall receive copies of all monitoring reports, independent audits and any legal actions brought against the AWDB and shall also receive status reports concerning the resolution of any monitoring or audit findings or legal actions.

- J. AWDB shall be responsible for obtaining input from and shall regularly inform the Committee of 6 on workforce development issues through quarterly written reports and/or presentations including regular briefing meetings with Committee of 6 staff.
- K. An AWDB member shall notify the Committee of 6 when that member has a change in residency outside the AWDA or changes employment to the extent that he or she do not represent the category that he or she were appointed to represent.
- L. AWDB shall maintain both liability insurance coverage, and a fidelity bond in sufficient amounts and other insurances in coverage amounts as applicable to state and federal regulations.

VI. RESPONSIBILITIES SHARED BY CEOS AND AWDB

- A. Review and Approval of the Local Plan. In consultation with the Committee of 6 staff, the AWDB will engage in a collaborative planning process that provides input by the Committee of 6 or their staff for a review and update of the Local Plan. The Local Plan and any modifications shall be developed by the AWDB in accordance with guidelines issued by the Texas Workforce Commission (TWC) and goals and objectives established by the Texas Workforce Investment Council. The Committee of 6 and their respective bodies shall review, comment upon and approve the Local Plan in accordance with Article IV (D) and within TWC timelines.
- B. Approval of AWDB's Annual Budget. AWDB shall develop an annual budget including all revenues and expenditures, and the Committee of 6 and their respective bodies shall review, comment upon and approve AWDB's budget and any modifications thereto, to the extent required by federal and state legislation, rules, policies or procedures.
- C. Approval of the AWDB Chief Executive Officer
 - 1. Prior to AWDB's initiation of a selection process, AWDB shall send a written notice to the CEO's describing the selection process and inviting the CEOs or their

designated representative to participate in the selection process for an Chief Executive Officer.

2. The AWDB shall solicit input/comment from the CEOs, or their designees, for the AWDBs use in evaluating the performance of the Chief Executive Officer.

VII. RESOURCE ALLOCATION

- A. All resource allocations within the AWDA shall, to the extent possible and practical and considering need, be based upon the federal and state formulas used to allocate funds to the AWDA.
- B. The AWDB shall establish a sufficient number of career centers within the AWDA to effectively carry out the intent of the above resource allocation paragraph.

VIII. INSURANCE AND LIABILITY

- A. AWDB shall maintain the required insurance (including the bond) during the term of this Agreement in accordance with the following:
 - 1. Under this Agreement, AWDB shall furnish a completed Certificates of Insurance to the Committee of 6, which shall be completed by an agent authorized to bind the named underwriter(s) and their company to the coverage, limits, and termination provisions shown thereon, and which shall furnish and contain all required information referenced or indicated thereon. The CEOs shall have no liability to pay or perform under this Agreement until such certificates are delivered and no CEO shall have the authority to waive this requirement.
 - During the effective period of this Agreement, any increase in risk as
 defined by insurance provider and contractual obligations or increase in
 funds administered by AWDB will require AWDB to increase its
 insurance coverage.
 - 3. AWDB's financial integrity is of interest to the CEOs therefore, subject to AWDB's right to maintain reasonable deductibles, AWDB shall obtain and maintain in full force and effect for the duration of this Agreement, and any extension hereof, at AWDB's sole expense, insurance coverage written on an occurrence or claim made basis, by companies authorized and admitted to do business in the State of Texas and rated A or better by

- A.M. Best Company and/or otherwise acceptable to the Committee of 6, in the types of amounts shown as Attachment "C".
- 4. The Committee of 6 shall be entitled, upon request and without expense, to receive copies of the policies and all endorsements thereto as they apply to the limits required by the, and may make a reasonable request for deletion, revision, or modification of particular policy terms conditions, limitations or exclusions (except where policy provisions are established by law or regulation binding upon either of the parties hereto or the underwriter of any such policies). Upon such request by the Committee of 6, the AWDB shall exercise reasonable efforts to accomplish such changes in policy coverage, and shall pay the cost thereof.
- 5. AWDB agrees that with respect to the required insurance, all insurance contracts and Certificate(s) of Insurance will contain the following required provisions:
 - a. Name the City of San Antonio, Bexar County and the Area Judges or their designated representatives as additional insureds as respects operations and activities of, or on behalf of, the named insured performed under contract with the City of San Antonio, Bexar County and the Area Judges, with the exception of worker's compensation and professional liability policies;
 - Provide for an endorsement that the "other insurance" clause shall not apply to the City of San Antonio, Bexar County, or Area Judges where the City of San Antonio, Bexar County, or Area Judges are additional insureds shown on the policy;
 - c. Workers' compensation and employers' liability policy will provide a waiver of subrogation in favor of the City of San Antonio, Bexar County and the Area Judges.
- 6. AWDB shall notify the Committee of 6 in the event of any notice of cancellation, non-renewal or material change in coverage and shall give such notices not less than thirty days prior to the change, or ten days notice for cancellation due to the non-payment of premiums, which notice must be accompanied by a replacement Certificate of Insurance.
- 7. If AWDB fails to maintain the aforementioned insurance, or fails to secure and maintain the aforementioned endorsements, the City of San Antonio, Bexar County, and Area Judges may obtain such insurance, and AWDB, upon request of the City of San Antonio, Bexar County or Area Judges,

shall reimburse the City of San Antonio, Bexar County or Area Judges for any and all reasonable costs incurred in obtaining such insurance; however, this is an alternative to other remedies the City of San Antonio, Bexar County or Area Judges may have and is not the exclusive remedy for failure of AWDB to maintain said insurance or secure such endorsements. In addition to any other remedies the City of San Antonio, Bexar County, or Area Judges may have, upon AWDB's failure to provide and maintain any insurance or policy endorsements to the extent and within the time herein required, the City of San Antonio, Bexar County, or Area Judges shall have the right to exercise any powers they may have in terminating the existence of the AWDB. Nothing herein contained shall be construed as limiting in any way the extent to which AWDB may be held responsible for payments of damages to persons or property resulting from AWDB's or its subcontractors' performance of the work covered under this Agreement.

- B. Pursuant to this Agreement, to the extent possible and allowed by law, and to the extent that the purpose and the operation of the AWDB, programs are not substantially harmed, all liabilities and costs, disallowed costs, settlements, fines and judgments arising from or incurred by the City of San Antonio, Bexar County and Area Judges, for claims in excess of insurance limits and uninsured claims, related to the activities of AWDB shall be covered in the following manner:
 - At the discretion of the City of San Antonio, Bexar County and the Area Judges, said claims will be defended by their respective legal counsels. AWDB will reimburse the City of San Antonio, Bexar County and the Area Judges for all attorneys' fees, whether staff attorneys or contract attorneys, and associated legal costs, disallowed costs, settlements, fines and judgments;
 - As specified in VIII (B) above, disallowed costs shall be paid by the service provider(s) incurring the liability, then from the available insurance carrier or surety; and then from AWDB funds, any stand-in costs, or other funding sources.
- C. 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 shall be covered as follows:
 - Recover funds from the service provider(s) and career center incurring the liability;

- 2. Recover funds from an insurance carrier or bond issuer;
- To the extent allowed by law, cover liabilities from available AWDB funds; and
- 4. To the extent liability arises for the repayment of Grant Funds which exceeds the priority established in this Section VIII, Paragraph C, 1-3, liability for repayment of Grant Funds shall be apportioned as follows:

a. 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:

b. 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;

c. 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.

IX. ENTIRE AGREEMENT

This Agreement represents the entire agreement by the parties. Any supplemental agreements or amendments must be evidenced in writing, and approved and executed in the same manner as this Agreement.

X. 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.

XI. CERTIFICATION

Adopted by:
Bexar County Commissioners Court —
City of San Antonio City Council —
AWD Board of Directors —
Area Judges —

By adopting this Agreement, the parties also accept, and agree to the state required certification appended to this Agreement as Attachment "D" and incorporated herein by reference.

XII. ASSIGNMENT

No party may assign, sublet, subcontract, or transfer any interest in this Agreement without the written consent of the other parties.

XIII. NO OTHER OBLIGATIONS CREATED

By entering into this Agreement, the parties 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.

XIV. IMMUNITY

It is expressly understood and agreed that in the execution of this Agreement, the parties 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.

XV. DISPUTES

Any disputes between or among the Principals and/or the AWDB 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 Bexar County Dispute Resolution Center shall assign the mediator.

XVI. PRE-EMPTION

To the extent allowed by federal and state rules and regulations, all bylaws, rules, regulation, policies, and procedures adopted by AWDB shall be consistent with this Agreement. In the event any such action causes irreconcilable conflict with this agreement then this agreement binds and controls.

XVII. NOTICE

All notices required or permitted hereunder shall be in writing and shall be given to the following and addressed as follows:

City of San Antonio CEO:

with a copy to:

Adopted by:
Bexar County Commissioners Court —
City of San Antonio City Council —
AWD Board of Directors —
Area Judges —

Mayor, City of San Antonio P. O. Box 839966 San Antonio, TX 78283-3966 City Clerk, City of San Antonio P. O. Box 839966 San Antonio, TX 78283-3966

Director of Economic Development P. O. Box 839966 San Antonio, TX 78283-3966

Bexar County CEO:

County Judge, Bexar County Bexar County Courthouse San Antonio, TX 78205 with a copy to:

Economic Development Department Bexar County 101 West Nueva Street, Suite 944 San Antonio, Texas 78205

Area Judges:

Chair Area Judges 8700 Tesoro Drive, Suite 700 San Antonio, TX 78217 with a copy to:

Vice-Chair Area Judges 8700 Tesoro Drive, Suite 700 San Antonio, TX 78217

If to AWD, send notices to:

Board Chair Alamo Workforce Development, Inc. 115 E. Travis St., Suite 220 San Antonio, TX 78205 with a copy to:

Executive Director Alamo Workforce Development Inc. 115 E. Travis St., Suite 220 San Antonio, TX 78205

XVIII. AUTHORITY

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

FOR THE ALAMO WORKFORCE DEVELOPMENT BOARD:

| Rudy Garza | Date |
|------------|------|

Adopted by:
Bexar County Commissioners Court —
City of San Antonio City Council —
AWD Board of Directors —
Area Judges —

11

AWD Board Chair

FOR THE CHIEF ELECTED OFFICIALS

| Date |
|---|
| Date |
| Date |
| ocal Agreement ict of Interest Disclosure and Declaration P |
| |

ATTACHMENT C - Insurance Coverage

ATTACHMENT D - State Required Certification

ATTACHMENT "A"

Interlocal Agreement

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.

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 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 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.
- 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 r | r representational interests, including the nature r immediate family has with any business or receives, or is likely to receive workforce funds as 'substantial business interest' and 'immediate afflict of Interest Policy. |
| Business/Organizational Interest | Nature of Relationship |
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| ************************************** | |
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| | |
| | eby 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



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 | NAME: 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 COVE | RAGE NAIC# | | | |
| San Antonio TX 78279 | INSURER A : Federal Insurance Co. | | | | |
| INSURED | INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: | | | | |
| Alamo Workforce Development, Inc., | | | | | |
| DBA: Workforce Solutions Alamo | | | | | |
| 115 E Travis St. Ste. 220 | | | | | |
| San Antonio TX 78205 | | | | | |

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,

| INSR LTR | TYPE OF INSURANCE | | SUBR | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMIT | s |
|-------------|---|-----|------|---------------|----------------------------|----------------------------|---|----|
| | 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 | | | | | | 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- | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | N/A | | | | | 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 | | 8 | 3224-2202 | 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 | Dussey |
|------|--------|
| | 1 |



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 | 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 COVE | RAGE 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 | DEO/EPI, Master PEVISIO | N NIIMBED. | | | |

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 | TYPE OF INSURANCE | ADDL SU | JBR | POLICY EFF (MM/DD/YYYY) | POLICY EXP | | 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 | 1 1 | | | | 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 | \$ |
| - 1 | 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) | | | | | 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 | |
| | CRIPTION OF OREDATIONS (LOCATIONS (VEHIC | | | | | | |

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 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| 101 West Nueva Street, Suite 944 San Antonio, TX 78205-3450 | AUTHORIZED REPRESENTATIVE |

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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 endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| certificate holder in fieu of such endorsement(s). | | | 1. | CONTACT | | | | | |
|--|--|---------------------------------|---|--|----------------------------|---|-------|------------|--|
| PROD | | | | CONTACT Nancy Hutchison | | | | | |
| SWB | C Insurance Services, Inc | - | | PHONE (A/C, No, Ext): (800) 499-7922 FAX (A/C, No): (210) 525-0054 | | | | | |
| PO | Box 791028 | | | E-MAIL ADDRESS: nhutchison@swbc.com | | | | | |
| | | | | INS | SURER(S) AFFOR | RDING COVERAGE | | NAIC # | |
| San | Antonio TX 782 | 279 | | INSURER A :Federa | l Insura | nce Co. | | | |
| INSUR | RED | INSURER B: | | | | | | | |
| Alan | mo Workforce Development, | Inc., | | INSURER C: | | | | | |
| DBA | : Workforce Solutions Alam | mo | | INSURER D : | | | | | |
| 115 | E Travis St. Ste. 220 | | | INSURER E : | | | | | |
| | Antonio TX 782 | 205 | | INSURER F: | | | | | |
| | | 1100000000 | E NUMBER:D&O/EPL M | | | REVISION NUMBER: | | | |
| THI | IS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH | OF INSU EQUIREME PERTAIN, | RANCE LISTED BELOW HA ENT, TERM OR CONDITION THE INSURANCE AFFORI | AVE BEEN ISSUED TO N OF ANY CONTRACT DED BY THE POLICII | T OR OTHER ES DESCRIBE | ED NAMED ABOVE FOR T DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T | CT TO | WHICH THIS | |
| INSR | and the second of the second o | ADDL SUBF | 2 | | | | 2 | | |
| LTR | TYPE OF INSURANCE | INSD WVD | | (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMIT | S | | |
| - | COMMERCIAL GENERAL LIABILITY | | | | | EACH OCCURRENCE DAMAGE TO RENTED | \$ | | |
| _ | CLAIMS-MADE OCCUR | | | | | 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: | | | | | | s | | |
| | AUTOMOBILE LIABILITY | | | | | COMBINED SINGLE LIMIT (Ea accident) | S | | |
| | ANY AUTO | | | | | BODILY INJURY (Per person) | \$ | | |
| | ALL OWNED SCHEDULED AUTOS | | | | | BODILY INJURY (Per accident) | \$ | | |
| | NON-OWNED | | | | | PROPERTY DAMAGE | s | | |
| - | HIRED AUTOS AUTOS | | | | | (Per accident) | s | | |
| \rightarrow | UMBRELLA LIAB OCCUP | | | | | E400 000 000 000 | | | |
| - | - COCOR | | | | | EACH OCCURRENCE | \$ | | |
| + | CENING-WADE | | | | | AGGREGATE | \$ | | |
| 1 | DED RETENTION \$ WORKERS COMPENSATION | | | | | PER OTH- STATUTE ER | \$ | | |
| | AND EMPLOYERS' LIABILITY Y/N | | | | | STATUTE ER | | | |
| (| ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | N/A | | | | E.L. EACH ACCIDENT | \$ | | |
| | (Mandatory in NH) f yes, describe under | | | | | E.L. DISEASE - EA EMPLOYEE | \$ | | |
| i | DESCRIPTION OF OPERATIONS below | | | | | E.L. DISEASE - POLICY LIMIT | \$ | | |
| A | Directors & Officers | | 8224-2202 | 8/10/2016 | 10/1/2017 | \$5,000,000 limit | | | |
| Emp. | RIPTION OF OPERATIONS / LOCATIONS / VEHIC loyment Practices Liabili erage \$250,000 limit. Po | ty \$5,0 | 000,000 limit, Fid | dule, may be attached if m uciary \$2,000, | ore space is req | uired) t and Workplace V | iolen | ce | |
| CERTIFICATE HOLDER Information only | | | | CANCELLATION | | | | | |
| | | | | | N DATE THE | DESCRIBED POLICIES BE CA EREOF, NOTICE WILL E CY PROVISIONS. | | | |
| | | | | AUTHORIZED REPRESE | ENTATIVE | | | | |
| | | | | Carri Dudla /M | ANCV | Gary C | >- | 2000 | |



9/7/2016

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| PRODUCER | CONTACT Nancy Hutchison | | | | |
|------------------------------------|--|------------------------------|--|--|--|
| SWBC Insurance Services, Inc. | | X (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: | | | | |

| CO | VERAGES | CERT | IFICATE | NUMBER:D&O/EPL Maste | er | | REVISION NUMBER: | |
|-------------|---|-----------|---------------------|--|----------------------------|----------------------------|--|------------------|
| C | NDICATED. NOTWITHSTANDING ERTIFICATE MAY BE ISSUED | OR MAY P | QUIREMEI ERTAIN, | RANCE LISTED BELOW HAVE B NT, TERM OR CONDITION OF A THE INSURANCE AFFORDED E LIMITS SHOWN MAY HAVE BEE | ANY CONTRACT | OR OTHER | DOCUMENT WITH RESPECT TO | CT TO WHICH THIS |
| INSR LTR | TYPE OF INSURANCE | | DDL SUBR | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMIT | S |
| | COMMERCIAL GENERAL LIAB | ILITY | | | 1 | | EACH OCCURRENCE | \$ |
| | CLAIMS-MADE OC | CUR | | | | | 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 L | .oc | | | | | PRODUCTS - COMP/OP AGG | \$ |
| | OTHER: | | | | | | | \$ |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ |
| | ANY AUTO | | | | | | BODILY INJURY (Per person) | \$ |
| | ALL OWNED SCHED AUTOS | | | | | | BODILY INJURY (Per accident) | \$ |
| | HIRED AUTOS NON-O | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | | \$ |
| | UMBRELLA LIAB OCC | CUR | | | | | EACH OCCURRENCE | \$ |
| | EXCESS LIAB CLA | AIMS-MADE | | | 1 | | AGGREGATE | \$ |
| | DED RETENTION\$ | | | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | lar day | - | | | | PER OTH- STATUTE ER | |
| | ANY PROPRIETOR/PARTNER/EXECUT OFFICER/MEMBER EXCLUDED? | TIVE Y/N | I/A | | | | E.L. EACH ACCIDENT | \$ |
| | (Mandatory in NH) | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | w | | | | | E.L. DISEASE - POLICY LIMIT | \$ |
| A | Directors & Officers | | | 8224-2202 | 8/10/2016 | 10/1/2017 | \$5,000,000 limit | |
| | | | | 0 101, Additional Remarks Schedule, m | | | | |

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

Gary Dusley



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

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| the terms and conditions of the policy, certain policies may require certificate holder in lieu of such endorsement(s). | | | | | |
|--|--|--|---------------|------------|--|
| PRODUCER | CONTACT Nancy Hut | chison | | | |
| SWBC Insurance Services, Inc. | PHONE (800) 45 | PHONE (A/C, No, Ext): (800) 499-7922 FAX (A/C, No): (210 | | | |
| P O Box 791028 | E-MAIL ADDRESS: nhutchise | on@swbc.com | 1 (1.05) 1.07 | | |
| | INSUR | ER(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/EP | L Master | REVISION N | JMBER: | | |
| THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOV INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITIONS OF MAY PERTAIN, THE INSURANCE AFF EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY | TION OF ANY CONTRACT OF ORDED BY THE POLICIES I | R OTHER DOCUMENT WO | TH RESPECT TO | WHICH THIS | |
| INSR LTR TYPE OF INSURANCE INSD WVD POLICY NUMB | POLICY EFF P | OLICY EXP W/DD/YYYY) | LIMITS | | |
| COMMERCIAL GENERAL LIABILITY | | EACH OCCURRE DAMAGE TO RE | | | |

| INSR LTR | TYPE OF INSURANCE | ADDL SUBR | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMIT | S |
|-------------|---|-----------|---------------|----------------------------|----------------------------|---|----|
| | COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR | | | | | EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ |
| | | | | | | MED EXP (Any one person) | 5 |
| | | | | | | 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) | s |
| | HIRED AUTOS NON-OWNED AUTOS | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | \$ |
| | UMBRELLA LIAB OCCUR | | | | | EACH OCCURRENCE | \$ |
| | EXCESS LIAB CLAIMS-MADI | 8 | | | | AGGREGATE | \$ |
| | DED RETENTION \$ | | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | PER OTH- | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE | N/A | | | | E.L EACH ACCIDENT | \$ |
| 19 | 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 | |
| | | | | | | | |

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

| CERT | FICA | TEL | 101 | DED |
|------|-------|------|-----|-----|
| CERT | ILICH | IL L | IUL | DER |

CANCELLATION

Arnulfo Luna Courty 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

| Gany | Dudley |
|------|--------|
| | - (|



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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| PRODUCER | | CONTACT Nancy H | Hutchison | | | |
|--|---|--|----------------------------|------------------------------------|------------------------|------------|
| SWBC Insurance Services, Inc. | | PHONE (A/C, No. Ext): (800) | 499-7922 | FA | X /C, No): (210) 5: | 25-0054 |
| P O Box 791028 | | E-MAIL ADDRESS: nhutchison@swbc.com | | | | |
| | | INSURER(S) AFFORDING COVERAGE | | | | |
| San Antonio TX 78279 | | The state of the s | - | | | NAIC # |
| INSURED | | INSURER A : Federa | 1 Insurar | ice Co. | | |
| | | 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 CERTIFICAT | E NUMBER:D&O/EPL Ma | ster | | REVISION NUMB | ER: | |
| THIS IS TO CERTIFY THAT THE POLICIES OF INSU INDICATED. NOTWITHSTANDING ANY REQUIREME CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES | ENT, TERM OR CONDITION OF THE INSURANCE AFFORDER | DE ANY CONTRACT | OR OTHER I | DOCUMENT WITH F HEREIN IS SUBJE | RESPECT TO | WHICH THIS |
| NSR TYPE OF INSURANCE INSD W/C | R | POLICY EFF | POLICY EXP (MM/DD/YYYY) | | LIMITS | |
| COMMERCIAL GENERAL LIABILITY | FOLICI NUMBER | (MM/DD/TTTT) | (MINIOUNITY) | EACH OCCURRENCE | \$ | |
| | | | | DAMAGE TO RENTED | 1 | |
| CLAIMS-MADE OCCUR | | | | PREMISES (Ea occurre | | |
| | | | | MED EXP (Any one pers | | |
| | | | | PERSONAL & ADV INJ | | |
| GEN'L AGGREGATE LIMIT APPLIES PER | | | | GENERAL AGGREGAT | | - |
| POLICY PRO- LOC | | | | PRODUCTS - COMP/O | | |
| OTHER: | | | | COMBINED SINGLE LIF | \$ | |
| AUTOMOBILE LIABILITY | | | | (Ea accident) | \$ | |
| ANY AUTO | | | | BODILY INJURY (Per p | erson) \$ | |
| ALL OWNED SCHEDULED AUTOS | | | | BODILY INJURY (Per a | ccident) \$ | |
| HIRED AUTOS NON-OWNED AUTOS | | | | PROPERTY DAMAGE (Per accident) | s | |
| AUTOS AUTOS | | | | 10.00 | s | |
| UMBRELLA LIAB OCCUR | | | | EACH OCCURRENCE | s | |
| EXCESS LIAB CLAIMS-MADE | | | | AGGREGATE | s | |
| | | | | NOONLONIL | s | |
| DED RETENTION \$ WORKERS COMPENSATION | | | | PER | OTH- | |
| AND EMPLOYERS' LIABILITY Y/N | | | | | ER | |
| ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | | | | E.L. EACH ACCIDENT | S | |
| (Mandatory in NH) If yes, describe under | | | | EL DISEASE - EA EMP | 75.0 | |
| DÉSCRIPTION OF OPERATIONS below | | | | EL DISEASE - POLICY | LIMIT \$ | |
| A Directors & Officers | 8224-2202 | 8/10/2016 | 10/1/2017 | \$5,000,000 limit | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACOR | 1 D 101, Additional Remarks Schedule | e, may be attached if mo | re space is requi | red) | | |
| CERTIFICATE HOLDER | | CANCELLATION | | | | |
| Chris Schuchart | | | | ESCRIBED POLICIES | | |

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ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Gary Dudley/NANCY

1100 16th St. Hondo, TX 78861

County Judge, Medina County Medina County Courthouse



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

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| certificate holder in lieu of such endors | | | | | | | |
|--|-----------|--|--|----------------------------|---|------------|-----------|
| PRODUCER | | | CONTACT Nancy I | Hutchison | | All Parks | |
| 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: nhutch: | ison@swbc | . com | | |
| A CONTRACTOR OF THE PARTY OF TH | | | IN | SURER(S) AFFOR | RDING COVERAGE | | NAIC# |
| San Antonio TX 782 | 79 | | INSURER A : Federa | l Insurar | nce Co. | | |
| INSURED | | | INSURER B : | | | | |
| Alamo Workforce Development, | Inc., | | INSURER C : | | | | |
| DBA: Workforce Solutions Alam | 0 | | INSURER D ; | | 1 | | |
| 115 E Travis St. Ste. 220 | | | INSURER E : | | | | |
| San Antonio TX 782 | 05 | | INSURER F : | | | | |
| COVERAGES CERT | TIFICATE | NUMBER:D&O/EPL Ma | ster | | REVISION NUMBER: | | |
| THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY PEXCLUSIONS AND CONDITIONS OF SUCH F | ERTAIN, | NT, TERM OR CONDITION OF THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE B | OF ANY CONTRACT D BY THE POLICIE BEEN REDUCED BY | OR OTHER I | DOCUMENT WITH RESPECT TO THEREIN IS SUBJECT TO | O ALL THE | HICH THIS |
| LTR TYPE OF INSURANCE | INSD WVD | POLICY NUMBER | (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMIT | S | |
| 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 | S | |
| 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) | \$ | |
| HIRED AUTOS AUTOS | | | | | PROPERTY DAMAGE (Per accident) | S | |
| | | | | | | \$ | |
| UMBRELLA LIAB OCCUR | | | | | EACH OCCURRENCE | \$ | |
| EXCESS LIAB CLAIMS-MADE | | | | | AGGREGATE | S | |
| DED RETENTION \$ | | | | | 1050 | \$ | |
| WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N | | | | | PER STATUTE ER | | |
| ANY PROPRIETOR/PARTNER/EXECUTIVE | N/A | | | | 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 / VEHICL | ES (ACORE | 101, Additional Remarks Schedule | e, may be attached if mo | re space is requi | red) | | |
| CERTIFICATE HOLDER | | | CANCELLATION | | | | |
| Darrel L. Lux County Judge, Kendall Kendall County | Count | У | | N DATE THE | ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E BY PROVISIONS. | | |
| 201 East San Antonio | | | AUTHORIZED REPRESE | NTATIVE | | | |

Suite 122

Boerne, TX 78006



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

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| certificate holder in lieu of such endorsement(s | CONTACT Nancy Hutchison | |
|--|--|-----------------|
| SWBC Insurance Services, Inc. | | (210) 525-0054 |
| P O Box 791028 | E-MAIL ADDRESS: nhutchison@swbc.com | |
| | INSURER(S) AFFORDING COVERAGE | NAIC # |
| San Antonio TX 78279 | INSURERA: 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 CERTIFICAT | E NUMBER:D&O/EPL Master REVISION NUMBER: | |
| INDICATED. NOTWITHSTANDING ANY REQUIREME | JRANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE ENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO | T TO WHICH THIS |

CERTIFICATE WAT BE ISSUED ON WAT PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| NSR | TYPE OF INSURANCE | | SUBR | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMI | TS |
|-----|---|-----|------|---------------|----------------------------|----------------------------|---|----|
| | 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 | S |
| | 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) | \$ |
| | | | | | 1 | | | \$ |
| | UMBRELLA LIAB OCCUR | | | | | | EACH OCCURRENCE | \$ |
| | EXCESS LIAB CLAIMS-MAD | E | | | | | AGGREGATE | \$ |
| | DED RETENTION\$ | | | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | PER OTH- | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | N/A | | | | | E.L. EACH ACCIDENT | \$ |
| | (Mandatory in NH) | 1 | | | | | E.L. DISEASE - EA EMPLOYER | \$ |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - POLICY LIMIT | s |
| 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)

| William and | Charles Inc. Inc. | - | | - |
|-------------|-------------------|------|------|-----|
| CERT | IFIC / | TE I | HOI- | DEB |
| | | | | |

CANCELLATION

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

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 | Dudday |
|------|--------|
|------|--------|



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

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| PRODUCER | NAME: 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/EPI 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,

| TYPE OF INSURANCE | ADDL SUBR | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMIT | s |
|---|--|---|---|---|--|---|
| COMMERCIAL GENERAL LIABILITY | | | | | EACH OCCURRENCE | \$ |
| 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 | | | | | | \$ |
| AUTOMOBILE LIABILITY | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ |
| ANY AUTO | | | | | BODILY INJURY (Per person) | \$ |
| ALL OWNED SCHEDULED AUTOS | | | | | The state of the s | \$ |
| HIRED AUTOS NON-OWNED AUTOS | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | \$ |
| UMBRELLA LIAB OCCUR | | | | | EACH OCCURRENCE | \$ |
| EXCESS LIAB CLAIMS-MADE | 3 | | | | AGGREGATE | \$ |
| DED RETENTION \$ | | | | | | \$ |
| WORKERS COMPENSATION | | | | | PER OTH- | |
| ANY PROPRIETOR/PARTNER/EXECUTIVE | 1 | | | | E.L. EACH ACCIDENT | s |
| (Mandatory in NH) | 1,4,6 | | | | 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 | 7 \$5,000,000 limit | |
| | COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCY PRODUCY DECT OTHER: ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS UMBRELLA LIAB DED RETENTION \$ WORKERS COMPENSATION ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO JECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS UMBRELLA LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO JECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS NON-OWNED AUTOS HIRED AUTOS UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY N/A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY N/A (Mandatory in NH) If yes, describe under in NH If yes, descr | COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO JECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS NON-OWNED AUTOS HIRED AUTOS UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY N/A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under If yes | COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCY JECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS NON-OWNED AUTOS HIRED AUTOS UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/JEATNER/JEXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandadtory in NH) INJA N/A (Mandadtory in NH) INJA INJA N/A | COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR CLAIMS-MADE OCCUR CLAIMS-MADE OCCUR CLAIMS-MADE OCCUR CENT AGGREGATE LIMIT APPLIES PER: POLICY PRODUCTS - COMP/OP AGG OTHER: AUTOMOBILE LIABILITY ANY AUTO ALL OWNIED AUTOS |

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

| | | | - |
|------|-------|-------|------|
| CERT | IFICA | TE HO | LDER |

Jim O. Wolverton Commissioner Guadalupe County Precinct 3 1101 Elbel Rd.

Schertz, TX 78154

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

| Sam | Dudday |
|-----|--------|
| , | 1 |



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: nhutchison@swbc.com | | | | |
| | INSURER(S) AFFORDING COVERAGE | E 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 Master REVISION NI | IMRER. | | | |

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| TYPE OF INSURANCE | | SUBR | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMIT | s |
|----------------------------------|---|--|---------------|----------------------------|-----------------------------------|--|--|
| CLAIMS-MADE OCCUR | | | | | | EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) | 5 |
| | | | | | | MED EXP (Any one person) | \$ |
| | | | | | | PERSONAL & ADV INJURY | \$ |
| GREGATE LIMIT APPLIES PER | | | | | | GENERAL AGGREGATE | \$ |
| CY PRO- JECT LOC | | | | | | PRODUCTS - COMP/OP AGG | s |
| ER: | | | | | | | \$ |
| BILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ |
| AUTO | | | | | | BODILY INJURY (Per person) | \$ |
| OWNED SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | \$ |
| D AUTOS NON-OWNED AUTOS | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | \$ |
| RELLA LIAB OCCUR | | | | | | EACH OCCURRENCE | \$ |
| ESS LIAB CLAIMS-MADE | 1 | | | | | AGGREGATE | s |
| RETENTION \$ | | | | | | | \$ |
| COMPENSATION OYERS' LIABILITY | | | | | | PER OTH- | |
| PRIETOR/PARTNER/EXECUTIVE | N/A | | | | | E.L. EACH ACCIDENT | S |
| MEMBER EXCLUDED? y in NH) | NA | | | | | E.L. DISEASE - EA EMPLOYEE | s |
| TION OF OPERATIONS below | 1 | | | | | E.L. DISEASE - POLICY LIMIT | s |
| ors & Officers | | | 3224-2202 | 8/10/2016 | 10/1/2017 | \$5,000,000 limit | |
| CO | ne under NOF OPERATIONS below rs & Officers | ne under N OF OPERATIONS below rs & Officers | rs & Officers | rs & Officers 8224-2202 | rs & Officers 8224-2202 8/10/2016 | ne under NOF OPERATIONS below rs & Officers 8224-2202 8/10/2016 10/1/2017 | DE UNIDER UNIDER DE LINIER |

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

| CANCELLATIO | | |
|-------------|--|--|
| | | |
| | | |

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

Sary Dudley



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

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| PRODUCER | NAME: Nancy Hutchison | NAME: Nancy Hutchison | | | | | |
|--|--|-----------------------|--|--|--|--|--|
| SWBC Insurance Services, Inc. | PHONE (A/C, No, Ext): (800) 499-7922 FAX (A/C, No): (21 | 10) 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 | E NUMBER: D&O/EPL Master REVISION NUMBER: | | | | | | |
| INDICATED. NOTWITHSTANDING ANY REQUIREMEN CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, | RANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE NT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO A LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. | TO WHICH THIS | | | | | |

ADDL SUBR TYPE OF INSURANCE LIMITS POLICY NUMBER INSD WVD COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED CLAIMS-MADE OCCUR \$ PREMISES (Ea occurrence) MED EXP (Any one person) S PERSONAL & ADV INJURY \$ GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$ PRO-JECT POLICY PRODUCTS - COMP/OP AGG \$ \$ OTHER. COMBINED SINGLE LIMIT (Ea accident) **AUTOMOBILE LIABILITY** \$ BODILY INJURY (Per person) \$ ANY AUTO ALL OWNED AUTOS SCHEDULED BODILY INJURY (Per accident) 5 AUTOS NON-OWNED AUTOS PROPERTY DAMAGE (Per accident) \$ HIRED AUTOS \$ UMBRELLA LIAB OCCUR EACH OCCURRENCE \$ **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$ DED RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT EL 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)

| CEDTICICATE UNI DED | 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

Gary Dudley



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

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| PRODUCER | | CON | NAME: Nancy Hutchison | | | | | |
|---|---|---|--|--|--|-----------------|--|--|
| SWBC Insurance Services | , Inc. | PHO (A/C | PHONE (A/C, No, Ext): (800) 499-7922 FAX (A/C, No): (210) 52 | | | | | |
| P O Box 791028 | E-MA ADD | E-MAIL ADDRESS: nhutchison@swbc.com | | | | | | |
| | | INSURER(S) AFFORDING COVERAGE | | | | | | |
| San Antonio I | INSU | INSURER A : Federal Insurance Co. | | | | | | |
| INSURED | | INSU | RER B : | | | | | |
| Alamo Workforce Develop | ment, Inc., | INSU | RER C : | | | | | |
| BA: Workforce Solutions Alamo | | | INSURER D: | | | | | |
| 115 E Travis St. Ste. | 220 | INSU | RER E : | | | | | |
| San Antonio T | n Antonio TX 78205 INSURER F: | | | | | | | |
| COVERAGES | CERTIFICATE NU | MBER:D&O/EPL Maste | er | | REVISION NUMBER: | | | |
| THIS IS TO CERTIFY THAT THE FINDICATED. NOTWITHSTANDING CERTIFICATE MAY BE ISSUED CEXCLUSIONS AND CONDITIONS OF | ANY REQUIREMENT, THE DE SUCH POLICIES. LIMI | TERM OR CONDITION OF A INSURANCE AFFORDED B | NY CONTRACT Y THE POLICIE N REDUCED BY | OR OTHER I S DESCRIBED PAID CLAIMS | DOCUMENT WITH RESP D HEREIN IS SUBJECT | PECT TO WHICH T | | |
| INSR LTR TYPE OF INSURANCE | ADDL SUBR INSD WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | ÚI. | MITS | | |
| COMMERCIAL GENERAL LIABI | LITY | | 1 | | EACH OCCURRENCE | \$ | | |
| CLAIMS-MADE OCC | UR | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | | |
| | | | | | MED EXP (Any one person) | \$ | | |
| | | | | | DEDOCATAL & ABILINIUS | | | |
| | | | 1 | | PERSONAL & ADV INJURY | \$ | | |

| 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 | S |
| EXCESS LIAB CLAIMS-MADE | | | | AGGREGATE | \$ |
| DED RETENTION\$ | | | | | \$ |
| WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | PER OTH- | 14 |
| ANY PROPRIETOR/PARTNER/EXECUTIVE | | | | 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 Schedule, may be attached if more space is required)

| CEDT | TEIC | TE | HOL | DED |
|------|-------|-----|-----|-----|
| CERT | IFICA | AIE | HUL | UER |

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

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



DATE (MW/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).

| CONTACT Nancy Hutchison NAME: PHONE (A/C, Nd, Ext): (800) 499-7922 E-MAIL ADDRESS: nhutchison@swbc.com INSURER(S) AFFORDING COV | FAX (A/C, No); (210)! | 525-0054 NAIC# | | |
|---|--|---|-------------|--|
| INSURER(S) AFFORDING COV | ERAGE | NAME & | | |
| | ERAGE | MAICA | | |
| | | NAIC# | | |
| INSURER A : Federal Insurance Co. | | | | |
| INSURER B ; | | | | |
| INSURER C: | | | | |
| INSURER D : | | | | |
| | | | INSURER F : | |
| | INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: | INSURER B: INSURER C: INSURER D: INSURER E: | | |

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 CLAIMS-MADE OCCUR | | | | | | EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ |
| | | | | | | | MED EXP (Any one person) | s |
| | | | | | | | PERSONAL & ADV INJURY | \$ |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | s |
| | 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) | s |
| | | | | | | | | s |
| | UMBRELLA LIAB OCCUR | | | | | | EACH OCCURRENCE | s |
| | EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE | \$ |
| | DED RETENTIONS | | | | | | | s |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | PER OTH- | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE | N/A | | | | | E.L. EACH ACCIDENT | \$ |
| | OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | | | | | | EL 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 | |
| OFF | CRIPTION OF ORCHATIONS (1 OCATIONS IVENIO | 1 50 / | | | | | | |

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

Robert L. Hurley County Judge Atascosa County Atascosa County Courthouse 1 Courthouse Circel Dr. Suite 101

Jourdanton, TX 78026

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



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

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| PRODUCER | NAME: Nancy Hutchison | 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 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.

| R | TYPE OF INSURANCE | INSD WVI | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (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 | s |
| | OTHER: | | | | | | \$ |
| I | 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) | \$ |
| 1 | | | | | | | \$ |
| | UMBRELLA LIAB OCCUR | | | | | EACH OCCURRENCE | \$ |
| | EXCESS LIAB CLAIMS-MADI | E | | | | AGGREGATE | \$ |
| | DED RETENTION\$ | | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | PER OTH- STATUTE ER | |
| 1 | ANY PROPRIETOR/PARTNER/EXECUTIVE | N/A | | | | E.L. EACH ACCIDENT | \$ |
| В | OFFICER/MEMBER EXCLUDED? Mandatory in NH) | NIA | | | | E.L. DISEASE - EA EMPLOYEE | s |
| | f 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 | |

the state of the s

| CERTIFICATE HOLDER | | | | | 10000 |
|--------------------|------|-------|-----|-----|-------|
| | CEDT | TIEIC | ATE | HOL | DED |

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

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 | Dudday |
|------|--------|
| 3 | / |



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

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| certificate holder in lieu of such endors | sement(s |). | | | | | | |
|---|--------------------------------|--|--|--|----------------------------|--|----------------|-------------|
| PRODUCER | | | NAME: | Nancy 1 | Hutchison | | | |
| SWBC Insurance Services, Inc. | | | PHONE (A/C, No | , Ext): (800) | 499-7922 | F | A/C, No): (210 |) 525-0054 |
| O Box 791028 | | | E-MAIL ADDRESS: nhutchison@swbc.com | | | | | |
| | | | | | | RDING COVERAGE | | NAIC# |
| an Antonio TX 782 | 79 | | INSURE | | l Insurar | | | |
| INSURED | | | INSURE | | | | | |
| lamo Workforce Development, | Inc. | | INSURE | | | | | |
| BA: Workforce Solutions Alam | 10000 | | - | | | | | |
| 15 E Travis St. Ste. 220 | | | INSURER D : | | | | | _ |
| an Antonio TX 782 | ΛE | | INSURE | | | | | |
| | | E NUMBER:D&O/EPL M | INSURER F: L Master REVISION NUMBER: | | | | | |
| THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RECEITIFICATE MAY BE ISSUED OR MAY FEXCLUSIONS AND CONDITIONS OF SUCH | OF INSU QUIREME PERTAIN, | RANCE LISTED BELOW HA NT, TERM OR CONDITION THE INSURANCE AFFORD | OF ANY | N ISSUED TO CONTRACT THE POLICIE | OR OTHER I | D NAMED ABOVE DOCUMENT WITH D HEREIN IS SUBJ | FOR THE P | O WHICH THI |
| R TYPE OF INSURANCE | ADDL SUBF | POLICY NUMBER | | POLICY EFF | POLICY EXP (MM/DD/YYYY) | | LIMITS | |
| COMMERCIAL GENERAL LIABILITY | HIJO WYO | - Carot Homels | | , | Camillo St. 1 1 1 1 | EACH OCCURRENCE | | |
| CLAIMS-MADE OCCUR | | | | | | DAMAGE TO RENTED | | |
| ODUM MADE ODOUR | | | | | | PREMISES (Ea occurre | | |
| | | | | | | MED EXP (Any one per | | |
| DEAM ADDRESSES WAS TOO TOO | | | | | | PERSONAL & ADV IN. | | |
| GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGA | | |
| POLICY JECT LOC | | | | | | PRODUCTS - COMP/C | 1000 | |
| OTHER: | - | | | | | COMBINED SINGLE L | S IMIT | |
| AUTOMOBILE LIABILITY | | | | | | (Ea accident) | | |
| ANY AUTO | | | | | | BODILY INJURY (Per p | person) \$ | |
| ALL OWNED SCHEDULED AUTOS | | | | | | BODILY INJURY (Per a | | |
| HIRED AUTOS NON-OWNED AUTOS | - 1 | | | | | PROPERTY DAMAGE (Per accident) | \$ | |
| | | | | | | | \$ | |
| UMBRELLA LIAB OCCUR | | | | | | EACH OCCURRENCE | \$ | |
| EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE | s | |
| DED RETENTION \$ | | | | | | | 5 | |
| WORKERS COMPENSATION | | | | | | PER | OTH- ER | |
| AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N | | | | | | E.L. EACH ACCIDENT | | |
| OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | N/A | | | | | E.L. DISEASE - EA EM | | |
| If yes, describe under | | | - | | | | | |
| DÉSCRIPTION OF OPERATIONS below | | Lord Address of | - | - S. H. Line | | E.L. DISEASE - POLIC | Y LIMIT \$ | |
| Directors & Officers | | 8224-2202 | | 8/10/2016 | 10/1/2017 | \$5,000,000 limit | | |
| SCRIPTION OF OPERATIONS / LOCATIONS / VEHICL | ES (ACOR | D 101, Additional Remarks Sched | ule, may b | e attached if mo | re space is requi | red) | | |
| ERTIFICATE 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 Suite 160 | | | | RIZED REPRESE | | G- | | |
| Karnes City, TX 78118 | | | Gary Dudley/NANCY | | | | | |



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

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| PRODUCER | CONTACT Nancy Hutchison | NAME: 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 San Antonio TX 78279 | E-MAIL ADDRESS: nhutchison@swbc.com | | | | | |
| | INSURER(S) AFFORDING COVERAGE | NAIC # | | | | |
| | INSURER A : Federal Insurance Co. | | | | | |
| Alamo Workforce Development, Inc., DBA: Workforce Solutions Alamo 115 E Travis St. Ste. 220 | INSURER B: | | | | | |
| | INSURER C: | | | | | |
| | INSURER D : | | | | | |
| | INSURER E : | | | | | |
| San Antonio TX 78205 | INSURER F: | | | | | |
| COVERAGES CERTIFICA | TE NUMBER:D&O/EPL Master REVISION NUMBER: | | | | | |

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| | INSU | WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMIT | S |
|---|---|--|--|---|--|---|--|
| 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 | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | \$ |
| UMBRELLA LIAB OCCUR | | | | | | EACH OCCURRENCE | \$ |
| EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE | \$ |
| DED RETENTIONS | | | | | | | \$ |
| WORKERS COMPENSATION | | | | | | PER OTH- | |
| ANY PROPRIETOR/PARTNER/EXECUTIVE | | | | | | E.L. EACH ACCIDENT | \$ |
| Mandatory in NH) | NIA | | | | | E.L. DISEASE - EA EMPLOYEE | \$ |
| If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - POLICY LIMIT | \$ |
| Directors & Officers | | 8 | 224-2202 | 8/10/2016 | 10/1/2017 | \$5,000,000 limit | |
| VAACIII | POLICY PROJECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS NON-OWNED AUTOS HIRED AUTOS NON-OWNED AUTOS UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION S VORKERS COMPENSATION NO EMPLOYERS' LIABILITY NY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Wandatory in NH) Lyes, describe under LESCRIPTION OF OPERATIONS below Directors & Officers | POLICY PROJECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS NON-OWNED AUTOS HIRED AUTOS NON-OWNED AUTOS UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION S VORKERS COMPENSATION NO EMPLOYERS' LIABILITY NY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Wandatory in NH) Lyes, describe under ESCRIPTION OF OPERATIONS below Directors & Officers | POLICY PROJECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS NON-OWNED AUTOS HIRED AUTOS NON-OWNED AUTOS UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ VORKERS COMPENSATION NOT EMPLOYERS' LIABILITY NY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Mandatory in NH) Lyes, describe under ESCRIPTION OF OPERATIONS below Directors & Officers | POLICY PROJECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS OCCUR EXCESS LIAB OCCUR EXCESS LIAB OCCUR EXCESS LIAB OCCUR CLAIMS-MADE DED RETENTION S OORKERS COMPENSATION NOT PROPRIETOR/PARTNER/EXECUTIVE NY PROPRIETOR/PARTNER/EXECUTIVE DEFFICER/MEMBER EXCLUDED? Mandatory in NH) yes, describe under ESCRIPTION OF OPERATIONS below Directors & Officers 8224-2202 | POLICY PRO- DIECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS OCCUR EXCESS LIAB OCCUR EXCESS LIAB OCCUR CLAIMS-MADE DED RETENTION S VORKERS COMPENSATION NO EMPLOYERS' LIABILITY NY PROPRIETOR/PARTNER/EXECUTIVE NY PROPRIETOR/PARTNER/EXECUTIVE NY PROPRIETOR/PARTNER/EXECUTIVE NY PROPRIETOR/PARTNER/EXECUTIVE DESCRIPTION OF OPERATIONS below Directors & Officers 8224-2202 8/10/2016 | POLICY PROJECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS HIRED AUTOS OCCUR EXCESS LIAB OCCUR EXCESS LIAB OCCUR CLAIMS-MADE DED RETENTION S VORKERS COMPENSATION NOT PROPRIETOR/PARTNER/EXECUTIVE PREFICER/MEMBER EXCLUDED? Mandatory in NH) yes, describe under ESCRIPTION OF OPERATIONS below Directors & Officers 8224-2202 8/10/2016 10/1/2017 | PERSONAL & ADV INJURY SEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCTS - COMP/OP AGG OTHER: AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS AUTOS HIRED AUTOS MON-OWNED AUTOS UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION S VORKERS COMPENSATION IND EMPLOYERS' LIABILITY Y/N PROPRIET OR/PARTINER/EXECUTIVE FFICER/MEMBER EXCLUDED? MINA MINA ELL EACH ACCIDENT ELL DISEASE - POLICY LIMIT ELL DISEASE - POLICY LIMIT PRODUCTS - COMP/OP AGG BODILY INJURY (Per person) BODILY INJURY (Per person) PROPERTY DAMAGE (Per accident) FER OTH- STATUTE ER OTH- STATUTE ER EL EACH ACCIDENT EL DISEASE - POLICY LIMIT |

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

| CERTIFI | CATE | HOL | DER |
|---------|------|-----|-----|
|---------|------|-----|-----|

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

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

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ATTACHMENT "D"

TEXAS WORKFORCE COMMISSION BIENNIAL CERTIFICATION

Texas Workforce Commission

A Member of Texas Workforce Solutions

Andres Alcantar, Chairman Commissioner Représenting 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.

101 E. 15th Street • Austin, Texas 78778-0001 • (512) 463-2222 • Relay Texas: 800-735-2989 (TDD) 800-735-2988 (Voice) • www.texasworkforce.org Equal Opportunity Employer / Program 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. 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 South Plains

Workforce Solutions North Texas Workforce Solutions for North Central Texas

Workforce Solutions for Tarrant County Workforce Solutions Greater Dallas

Workforce Solutions Northeast Texas Workforce Solutions East Texas

Workforce Solutions of West Central Texas Workforce Solutions Borderplex

Workforce Solutions Permian Basin Workforce Solutions Concho Valley

Workforce Solutions for the Heart of Texas Workforce Solutions Capital Area

Workforce Solutions Rural Capital Area Workforce Solutions Brazos Valley

Workforce Solutions Deep East Texas Workforce Solutions Southeast Texas

Workforce Solutions Golden Crescent Workforce Solutions Alamo

Workforce Solutions for South Texas Workforce Solutions of the Coastal Bend

Workforce Solutions Lower Rio Grande Valley Workforce Solutions Cameron

Workforce Solutions Texoma Workforce Solutions of Central Texas

Workforce Solutions Middle Rio Grande Workforce Solutions Gulf Coast

Approval

Drew DeBerry Director of Policy

Office of the Governor

Disapproval

12-16-15

Date