REGULAR MEETING – MAY 13, 2025

On this the 13th day of May 2025 at 9:00 A.M. the Honorable Commissioners Court of Blanco County convened in a REGULAR MEETING at a special meeting place thereof in the Courthouse Annex, Hoppe Room, in Johnson City with the following members to-wit:

BRETT BRAY	COUNTY JUDGE
TOMMY WEIR	COMMISSIONER PCT. 1
EMIL UECKER	COMMISSIONER PCT. 2
CHRIS LIESMANN	COMMISSIONER PCT. 3
CHARLES RILEY	COMMISSIONER PCT. 4

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Call to order and roll call.
The Judge and all Commissioners announced present.

Pledge of Allegiance(s) – United States and Texas

Invocation – Led by Christina Harris

PUBLIC COMMENTS – opportunity for the general public to address the Court on any agenda item. Comments are limited to 3 minutes.
None presented

ITEM 1 – Consider approval of minutes of prior Commissioners Court meeting(s). Vote on any action taken. (Judge Bray)

COMMISSIONER WEIR would like to make the motion to accept the minutes as presented, seconded by Commissioner Riley. Judge Bray called for discussion and vote.

JUDGE BRAY – YES.
COMMISSIONER WEIR – YES.
COMMISSIONER UECKER – YES.
COMMISSIONER LIESMANN – YES.
COMMISSIONER RILEY – YES. MOTION CARRIED. 5/0

ITEM 2 – Consider approval of the estimated May 2025 payroll. Vote on any action taken. (Judge Bray)

COMMISSIONER LIESMANN made the motion to approve the estimated payroll in the amount of $610,330.15, seconded by Commissioner Uecker. Judge Bray called for discussion and vote.

JUDGE BRAY – YES.
COMMISSIONER WEIR – YES.
COMMISSIONER UECKER – YES.
COMMISSIONER LIESMANN – YES.
COMMISSIONER RILEY – YES. MOTION CARRIED. 5/0

ITEM 3 – Consider approval of the official reports for April 2025. Vote on any action taken. (Judge Bray)

COMMISSIONER UECKER makes the motion to accept and approve the official reports for April 2025, seconded by Commissioner Riley. Judge Bray called for discussion and vote.

COMMISSIONER WEIR – YES.
COMMISSIONER UECKER – YES.
COMMISSIONER LIESMANN – YES.
COMMISSIONER RILEY – YES. MOTION CARRIED. 5/0

ITEM 4 – Consider ratifying and/or approving line-item transfers as presented. Vote on any action taken. (Judge Bray)

There were none presented. No action required.

ITEM 5 – Consider ratifying and/or approving the outstanding bills. Vote on any action taken. (Judge Bray)

COMMISSIONER LIESMANN made the motion ratifying the bills in the amount of $20,581.29 and approving the outstanding bills in the amount of $1,033,894.82, seconded by Commissioner Weir. Judge Bray called for discussion and vote.

JUDGE BRAY – YES.
COMMISSIONER WEIR – YES.
COMMISSIONER UECKER – YES.
COMMISSIONER LIESMANN – YES.
COMMISSIONER RILEY – YES. MOTION CARRIED. 5/0

ITEM 6 – Presentation by Carley Howell w/AgriLife and students, Ava Craig, Cole Mueller, Lila Graham, Rylee Thomas & Tenli Thomas, highlighting the success of 4-H members at recent stock shows. Informational item only. (Judge Bray)

ITEM 7 – Presentation by Gretchen Sanders w/AgriLife regarding the "Walk Across Texas" program and an update on the "Family Community Health" program. Informational item only. (Judge Bray)

ITEM 8 – Discussion and possible action regarding a proposal of a "drop off calendar" for HOT fund application submittals. Vote on any action taken. (Judge Bray)

COMMISSIONER WEIR would like to make the motion to establish a drop off calendar for HOT fund application submittals for February 1 and August 1, seconded by Commissioner Uecker.

COMMISSIONER WEIR amended his motion to reflect July 1 instead of the initial August 1 deadline, Commissioner Uecker amended his second as well.
Judge Bray called for discussion and vote.

JUDGE BRAY – YES.
COMMISSIONER WEIR – YES.
COMMISSIONER UECKER – YES.
COMMISSIONER LIESMANN – YES.
COMMISSIONER RILEY – YES. MOTION CARRIED.

ITEM 9 – Consider approval of terms and conditions for TxDOT grants for Blanco County Sheriff's Deputies to work extra patrols on the highways. Vote on any action taken. (Judge Bray & Sheriff Jackson)

COMMISSIONER RILEY moves to approve the terms and conditions for TxDOT grants for Blanco County Sheriff's Deputies to work extra patrols on the highways, seconded by Commissioner Weir. Judge Bray called for discussion and vote.

JUDGE BRAY – YES.
COMMISSIONER WEIR – YES.
COMMISSIONER UECKER -YES.
COMMISSIONER LIESMANN -YES.
COMMISSIONER RILEY – YES. MOTION CARRIED. 5/0

ITEM 10 – Consider authorization for the County Judge to accept and sign the AXON Field Trial Agreement pending County Attorney approval. Vote on any action taken. (Judge Bray & Sheriff Jackson)

COMMISSIONER LIESMANN made the motion authorizing the County Judge to accept and sign the AXON Field Trial Agreement pending County Attorney approval, seconded by Commissioner Uecker. Judge Bray called for discussion and vote.

JUDGE BRAY – YES.
COMMISSIONER WEIR – YES.
COMMISSIONER UECKER -YES.
COMMISSIONER LIESMANN- YES.
COMMISSIONER RILEY – YES. MOTION CARRIED. 5/0

ITEM 11 – Consider authorization for the County Judge and County Sheriff to sign the updated Interlocal Cooperation Agreement between Kerr County and Blanco County for Jail Services. Vote on any action taken. (Judge Bray & Sheriff Jackson)

COMMISSIONER WEIR moves to approve authorization for the County Judge and County Sheriff to sign the updated Interlocal Cooperation Agreement between Kerr County and Blanco County for Jail Services, seconded by Commissioner Riley.
Judge Bray called for discussion and vote.

JUDGE BRAY – YES.
COMMISSIONER WEIR – YES.
COMMISSIONER UECKER -YES.
COMMISSIONER LIESMANN -YES.
COMMISSIONER RILEY – YES. MOTION CARRIED. 5/0

ITEM 12 – Open, review and possibly award bid(s) for paving projects within Precincts 1 & 4. Vote on any action taken. (Commissioners Weir & Riley)

COMMISSIONER WEIR would like to make the motion for the Cox Paving bid of $249,976.00, seconded by Commissioner Riley. Judge Bray called for discussion and vote. After much discussion, Commissioner Riley withdrew his second and Judge Bray called for discussion and vote again. Motion died for a lack of a second.

COMMISSIONER RILEY made the motion to award the bid to Cox Paving, seconded by Judge Bray. Judge Bray called for discussion and vote.

After much discussion, Commissioner Riley made the motion to withdraw prior approval.

Upon recommendation from the Assistant County Attorney, it was determined that they need to go out for re-bids with specific requirements.

To be placed on future agenda.

ITEM 13 – Consider releasing the construction bond for the Stanton Vistas subdivision and move into a maintenance bond. Vote on any action taken. (Commissioner Uecker)

COMMISSIONER UECKER made the motion to release to construction bond for the Stanton Vistas subdivision and move into the maintenance bond, seconded by Commissioner Weir. Judge Bray called for discussion and vote.

After discussion, Commissioner Uecker withdrew his original motion.

COMMISSIONER UECKER made the motion to have Stanton Vistas redo the bond with the County as recipient and have the bond approved by the County Attorney's office, seconded by Commissioner Weir. Judge Bray called for discussion and vote.

JUDGE BRAY – YES.
COMMISSIONER WEIR – YES.
COMMISSIONER UECKER – YES.
COMMISSIONER LIESMANN – YES.
COMMISSIONER RILEY – YES. MOTION CARRIED. 5/0

ITEM 14 – Discussion and possible action to create a committee regarding IT contractor/employee. Vote on any action taken. (Commissioner Liesmann)

COMMISSIONER LIESMANN makes the motion to create a committee regarding IT contractor/employee, seconded by Commissioner Uecker. Judge Bray called for discussion and vote.

JUDGE BRAY – YES.
COMMISSIONER WEIR – YES.
COMMISSIONER UECKER – YES.
COMMISSIONER LIESMANN – YES.
COMMISSIONER RILEY – YES. MOTION CARRIED. 5/0

ITEM 15 – Consider approval to replat lots 40, and 103 – 109 in the Forest View North subdivision. New lots to be know as lots 40-R1, 40R2, 103R, 105R & 108R. Vote on any action taken. (Commissioner Riley)

COMMISSIONER RILEY moves to approve the replat of lots 40, and 103 – 109 in the Forest View North subdivision. New lots to be know as lots 40-R1, 40R2, 103R, 105R & 108R, seconded by Commissioner Weir. Judge Bray called for discussion and vote.

JUDGE BRAY – YES.
COMMISSIONER WEIR – YES.
COMMISSIONER UECKER – YES.
COMMISSIONER LIESMANN – YES.
COMMISSIONER RILEY – YES. MOTION CARRIED. 5/0

ITEM 16 – Consider burn ban. Vote on any action taken.

COMMISSIONER LIESMANN made the motion to put the burn ban on effective at noon today for the full 90 days, to coincide with the August 12th meeting to

JUDGE BRAY – YES.
COMMISSIONER WEIR – YES.
COMMISSIONER UECKER – YES.
COMMISSIONER LIESMANN -YES.
COMMISSIONER RILEY – YES. MOTION CARRIED. 5/0

ITEM 17 – Discussion and action regarding updated cost estimate of the courthouse repairs. Vote on any action taken. (Judge Bray)

COMMISSIONER RILEY makes the motion to approve the updated cost estimate of the courthouse repairs at the estimated cost of $426,990.00, seconded by Commissioner Weir. Judge Bray called for discussion and vote.

JUDGE BRAY – YES.
COMMISSIONER WEIR – YES.

COMMISSIONER UECKER - YES.
COMMISSIONER LIESMANN -YES.
COMMISSIONER RILEY – YES. MOTION CARRIED. 5/0

ITEM 18 – Adjourn.

COMMISSIONER UECKER made the motion to adjourn, seconded by Commissioner Liesmann. Judge Bray called for discussion and vote.

JUDGE BRAY – YES.
COMMISSIONER WEIR – YES.
COMMISSIONER UECKER -YES.
COMMISSIONER LIESMANN -YES.
COMMISSIONER RILEY – YES. MOTION CARRIED. 5/0

The meeting adjourned at 11:38 A.M.

The above and foregoing minutes were examined and approved in Open Court this _____day of _____, 2025.

I, Laura Walla, County Clerk, Blanco County, Texas attest that the foregoing is a true and correct accounting of the Commissioner's Court authorized proceedings for May 13, 2025.

_____

Laura Walla, County Clerk, Blanco County

SPECIAL MEETING – May 13, 2025

On this the 13th day of May 2025 at 8:30 A.M. the Honorable Commissioners Court of Blanco County convened in a SPECIAL MEETING at a special meeting place thereof in the Courthouse Annex, Hoppe Room in Johnson City with the following members to-wit:

DIB WALDRIP	VISITING JUDGE
TOMMY WEIR	COMMISSIONER PCT. 1
EMIL UECKER	COMMISSIONER PCT. 2
CHRIS LIESMANN	COMMISSIONER PCT. 3
CHARLES RILEY	COMMISSIONER PCT. 4
LAURA WALLA	COUNTY CLERK

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ITEM 1 – Call to Order and Roll Call.

Judge Waldrip and All 4 County Commissioners announced their presence.

ITEM 2 – PUBLIC COMMENTS – opportunity for the general public to address the Court on any matter. Comments are limited to 3 minutes.

No public comment forms submitted this date.

ITEM 3 – Canvass the votes from the Incorporation Election held on May 3, 2025. Vote on any action taken.

COMMISSIONER RILEY moves to accept the votes from the Incorporation Election held on May 3, 2025, seconded by Commissioner Uecker. Commissioner Liesmann called for discussion and vote.

JUDGE WALDRIP – YES.
COMMISSIONER WEIR – YES.
COMMISSIONER UECKER – YES.
COMMISSIONER LIESMANN – YES.
COMMISSIONER GRANBERG – YES. MOTION CARRIED. 5/0

ITEM 4 – Adjourn.

COMMISSIONER UECKER made the motion to adjourn, seconded by Judge Waldrip. Commissioner Llesmann called for discussion and vote.

JUDGE WALDRIP – YES.
COMMISSIONER WEIR – YES.

COMMISSIONER UECKER – YES.
COMMISSIONER LIESMANN – YES.
COMMISSIONER GRANBERG – YES. MOTION CARRIED. 5/0

Meeting adjourned at 08:33 o'clock a.m.

The above and foregoing minutes were examined and approved in Open Court this _____ day of May 2025.

I, Laura Walla, County Clerk, Blanco County, Texas attest that the foregoing is a true and correct accounting of the Commissioner's Court authorized proceedings for May 13, 2025

_____

County Clerk and Ex-Officio Member

of Commissioner's Court, Blanco County, Texas

BLANCO COUNTY
REQUEST FOR A LINE-ITEM TRA

Funds are available. S slabs

DATE: 5/8/25

TO: **HONORABLE COMMISSIONERS COURT OF BLANCO COUNT**

FROM: Chris Liesmann

DEPARTMENT Road & Bridge Precinct #3

I SUBMIT TO YOU FOR YOUR CONSIDERATION, THE FOLLOWING LINE ITEM TRANSFERS:

	FUND	LINE ITEM DESCRIPTION	LINE ITEM #	AMOUNT
FROM:	Road & Bridge	Culverts & Cattlegaurds	15-560-316	$2,000.00
TO:	Road & Bridge	Road Signs	15-560-314	$2,000.00

Reason for request:

Need to purchase more sign material

Note: This change is the budget for county purposes is in accordance with 111.011 Changes in Budget for County Purposes" of the Local Government Code.

Chris Liesmann
Department Head Signature

Brett Bra
Co Judge/Commissioners' Court Approval
(as needed)

Attest: County Clerk
(if Commissioners' Court Action)

Blanco County Commissioners' Court

May 27, 2025

Invoice File Listing By Fund for Approval

Fund	Description	Disbursement
010	General Fund	$ 133,916.38
015	Road & Bridge Fund	$ 5,531.67
017	Records Management Clerk	$ 1,306.15
045	Jail Inmate Commissary Fund	$ 110.68
049	Exhibit Hall	$ 1,268.83
Total		$ 142,133.71

The attached list of Claims Payable have been examined & approved for payment by the Assistant County Auditor as provided by the Texas LGC 113.064 & 113.065

Attest Asst. County Auditor: Kathryn Shield Date 5/27/25

The attached list of Claims Payable have been examined & approved for payment by the Commissioners' Court as provided by the Texas LGC 115.021 & 115.022

County Judge _____ Date _____

Commissioner Pct 1 _____ Commissioner Pct 3 _____

Commissioner Pct 2 _____ Commissioner Pct 4 _____

DEPARTMENT / NAME-OF-VENDOR	INVOICE-NO	S	DESCRIPTION-OF-INVOICE	AMOUNT
0300-GENERAL FUND REVENUES				
STATE COMPRTOLLER	92295	A	1-74-6001460-2 CRIMINAL FEES	126.70
DEPARTMENT TOTAL				126.70
0400-COUNTY JUDGE EXPENSES				
CONNIE HARRISON	92313	A	REIMBURSEMENT	83.83
DEPARTMENT TOTAL				83.83
0410-COUNTY CLERK				
TEXAS ASSOCIATION OF COUNTIES	92331	A	ORDER#271870	250.00
DEPARTMENT TOTAL				250.00
0411-ELECTIONS ADMINISTRATOR				
BLANCO COUNTY PUBLICATIONS LP	92309	A	INV#3227 EA	72.00
BLANCO COUNTY PUBLICATIONS LP	92310	A	INV#3228 EA	144.00
BLANCO COUNTY PUBLICATIONS LP	92311	A	INV#3229 EA	324.00
DEPARTMENT TOTAL				540.00
0415-COUNTY ATTORNEY				
BLANCO COUNTY TAX ASSESSOR-COLLECT	92312	A	LICENSE TAG #KRZ5157 CO ATTY	75.50
OFFICESUPPLY.COM	92324	A	INV#6492626 CO ATTY	246.74
PERRY OFFICE PLUS	92328	A	INV#IN-1581017 CO ATTY	49.37
THOMSON WEST	92278	A	INV #851867068 CO ATTORNEY	97.28
DEPARTMENT TOTAL				468.89
0425-COUNTY SHERIFF				
3 PHASE ELECTRIC, LLC	92303	A	EST#1480 LEC	1,339.00
AMAZON CAPITAL SERVICES, INC	92340	A	INV#1JQW-HVHG-H71F LEC	19.76
AMAZON CAPITAL SERVICES, INC	92341	A	INV#1JQW-HVHG-H71F LEC	165.00
AMAZON CAPITAL SERVICES, INC	92342	A	INV#1DR4-H17N-RYW1 LEC	36.68
AUTO CHLOR SERVICES, LLC	92298	A	INV #8905711 LEC	335.95
AXON ENTERPRISE, INC	92308	A	INV#INUS345113 LEC	3,503.97
EXPRESS AUTOMOTIVE SERVICE	92316	A	INV#13725 LEC	99.10
GT DISTRIBUTORS, INC	92345	A	INV#INV1044756 LEC	144.74
ICS JAIL SUPPLIES INC.	92318	A	INV#INV808276 LEC	376.80
ICS JAIL SUPPLIES INC.	92319	A	INV#INV808330 LEC	295.85
JAMES SANDERS	92320	A	REIMBURSEMENT	576.10
JOHNSON CITY HYDRO GAS	92266	A	INV #298009 & 298008	862.32
MARIO CMET	92321	A	REIMBURSEMENT	624.19
OFFICESUPPLY.COM	92323	A	INV#6481059 LEC	458.00
OMNI CORPUS CHRISTI HOTEL	92349	A	CONFIRMATION #40060574968 LEC	1,131.90
OMNI CORPUS CHRISTI HOTEL	92350	A	CONFIRMATION #40060574825 LEC	1,026.33
PAY AND SAVE INC.	92353	A	ACCT#137002 LEC	35.94
PAY AND SAVE INC.	92354	A	ACCT#137002 LEC	4.69
PAY AND SAVE INC.	92355	A	ACCT#137002 LEC	48.93
PERFORMANCE FOOD SERVICE	92326	A	INV#2683540 LEC	2,178.59
PERFORMANCE FOOD SERVICE	92327	A	INV#2683540 LEC	14.81
PERFORMANCE FOOD SERVICE	92359	A	INV#2690921 LEC	2,375.15
PERFORMANCE FOOD SERVICE	92360	A	INV#2690921 LEC	14.81
WW GRAINGER, INC	92338	A	INV#9498676056 LEC	82.38
DEPARTMENT TOTAL				15,750.99
0430-COUNTY TREASURER				
AMAZON CAPITAL SERVICES, INC	92305	A	INV#14L1-HK3M-WXNT CO TREAS	68.97
DEPARTMENT TOTAL				68.97
0435-INDIGENT HEALTH CARE				

DEPARTMENT / NAME-OF-VENDOR	INVOICE-NO	S	DESCRIPTION-OF-INVOICE	AMOUNT
SCOTT & WHITE HOSPITAL	92283	A	PATIENT #03122014	43.87
DEPARTMENT TOTAL				43.87
0440-COUNTY EXTENSION AGENCY				
AMAZON CAPITAL SERVICES, INC	92306	A	INV#1L6M-7QRG-49YF AGRILIFE	34.53
JOHNSON CITY PUBLICATIONS LP	92346	A	RENEWAL FOR AGRILIFE	44.00
JOHNSON CITY SIGN SHOP	92347	A	INV#9622 AGRILIFE	62.50
SHANE JOHNSON	92296	A	FERAL HOG ABATEMENT	190.00
DEPARTMENT TOTAL				331.03
0450-JUDICIAL EXPENSES				
BLANCO CO CHILD PROTECTION BD	92255	A	JURY DONATIONS (40)	968.00
BLANCO COUNTY CLERK	92279	A	JURY FUNDS FOR 5-2925	2,320.00
BURNET COUNTY TREASURER	92291	A	INV #00129	14,466.17
BURNET COUNTY TREASURER	92292	A	INV #00130	625.98
BURNET COUNTY TREASURER	92293	A	INV #00130	548.65
FORREST HARRISON	92280	A	JURY CAUSE CR02153	140.00
GREENWALT COURT REPORTING	92265	A	INV #8164 CO CLERK	2,457.40
HILL COUNTRY CHILD ADVOCACY CT	92256	A	JURY DONATIONS (17))	446.00
REBECCA D. LANGE	92275	A	CV09596	735.00
REBECCA D. LANGE	92276	A	CV09596	30.00
STATE COMPRTOLLER	92257	A	JURY DONATIONS (4)	186.00
ZA AND ASSOCIATES	92294	A	INV #2 CR02153	13,121.49
DEPARTMENT TOTAL				36,044.69
0451-DISTRICT JUDGE				
ALAN GARRETT	92281	A	JUVENILE BOARD COMP	100.00
BURNET COUNTY TREASURER	92258	A	INV #DC250430 DISTRICT JUDGES	6,459.30
EVAN C. STUBBS	92282	A	JUVENILE BOARD COMP., 424TH	100.00
DEPARTMENT TOTAL				6,659.30
0452-DISTRICT ATTORNEY				
BURNET COUNTY TREASURER	92259	A	INV #DA250430 DISTRICT ATTORNEY	28,218.68
DEPARTMENT TOTAL				28,218.68
0453-JUVENILE PROBATION				
JUVENILE PROBATION DEPT	92267	A	MAY 2025	6,144.69
DEPARTMENT TOTAL				6,144.69
0455-COMMUNITY SERVICES				
PEDERNALES SOIL/WATER CONS DIS	92272	A	2024-2025 BUDGET REQUEST	4,000.00
DEPARTMENT TOTAL				4,000.00
0500-COURTHOUSE EXPENSES				
1000BULBS.COM	92302	A	ORDER #14956336 LEC	226.03
AMAZON CAPITAL SERVICES, INC	92307	A	INV#1CFN-RWPY-493C	14.98
CANON FINANCIAL SERVICES, INC.	92260	A	INV #40507896 LEC	37.92
CITY OF BLANCO	92297	A	ACCT #04-0016-00 SOUTH ANNEX	128.91
DECOTY	92261	A	INV #1006742	388.00
EMERALD IRRIGATION	92315	A	INV#7078	141.00
GRAVES HUMPHRIES, STAHL, LIMITED	92264	A	REPORT #COL005 JP 1	1,544.67
HILL COUNTRY WIRELESS & TECHNOLOGY	92284	A	INV #1040-20250520-1 PROBATION	52.00
HILL COUNTRY WIRELESS & TECHNOLOGY	92285	A	INV #2492-20250520-1 ELECTIONS	54.00
HILL COUNTRY WIRELESS & TECHNOLOGY	92286	A	INV #3406-20250520-1 PCT 2	27.00
HILL COUNTRY WIRELESS & TECHNOLOGY	92287	A	INV #4235-20250520-1 OLD JAIL	27.00
HILL COUNTRY WIRELESS & TECHNOLOGY	92288	A	INV #4450-20250520-1 RECYLING	52.00
HILL COUNTRY WIRELESS & TECHNOLOGY	92289	A	INV #4689-20250520-1 STAR FLIGHT	108.00

DEPARTMENT / NAME-OF-VENDOR	INVOICE-NO	S	DESCRIPTION-OF-INVOICE	AMOUNT
LOWER COLORADO RIVER AUTHORITY	92268	A	JUNE 2025	311.46
NAVITAS CREDIT CORP.	92269	A	CONTRACT #20102679-1 PHONES	1,402.00
NEFFENDORF & BLOCKER, P.C.	92270	A	INV #31309	25,000.00
ODIORNE FEED/RANCH SUPPLY INC	92322	A	INV#226042	45.00
PAY AND SAVE INC.	92356	A	ACCT#137002 LEC	41.09
PAY AND SAVE INC.	92357	A	ACCT#137002 LEC	47.55
PITNEY BOWES GLOBAL FINANCIAL SERVI	92273	A	INV #3320687399 SOUTH ANNEX	284.97
RONALD G FIESELER	92300	A	REVIEW BIG MOUNTAIN SUBDIVISION	500.00
THE BAKER LAW GROUP, PLLC	92277	A	CV09543	670.00
THOMSON WEST	92301	A	ORDER #Q-09784076 CO JUDGE	452.00
VERTICAL BRIDGE S3 ASSETS, LLC	92299	A	INV #01066263	1,752.10
WW GRAINGER, INC	92337	A	INV#9491104726 LEC	52.44
DEPARTMENT TOTAL				33,360.12
0505-MAINTENANCE DEPARTMENT				
SEYMOURS INC.	92330	A	INV#59726 MAINTENANCE	776.66
DEPARTMENT TOTAL				776.66
0515-JUSTICE OF THE PEACE PCT #1				
NORTHEAST TEXAS DATA CORP.	92271	A	REPORT #CAS017 JP 1	82.00
DEPARTMENT TOTAL				82.00
0530-CONSTABLE PCT #4				
EXPRESS AUTOMOTIVE SERVICE	92317	A	INV#13650 CONST 4	309.33
DEPARTMENT TOTAL				309.33
0550-RECYCLING COORDINATOR				
BLANCO HYDRO GAS CO.	92343	A	ACCT#2411-0 RECYCLING	26.63
WASTE CONNECTIONS LONE STAR, INC	92339	A	INV#14174015V156 RECYCLE	630.00
DEPARTMENT TOTAL				656.63
FUND TOTAL				133,916.38

DEPARTMENT / NAME-OF-VENDOR	INVOICE-NO	S	DESCRIPTION-OF-INVOICE	AMOUNT
0540-R&B PCT #1				
DIRT WORKS	92314	A	INV#104390 PCT 1	114.00
DIRT WORKS	92344	A	INV#05662D PCT 1	304.00
OUTLAW LUMBER & HARDWARE, LLC	92325	A	INV#152627 PCT 1	35.98
DEPARTMENT TOTAL				453.98
0550-R&B PCT #2				
ODIORNE FEED/RANCH SUPPLY INC	92348	A	INV#225456 PCT 2	4.59
PATHMARK TRAFFIC PRODCT/TX INC	92352	A	INV#23471 PCT 2	1,343.00
PETERSON TIRE	92362	A	INV#JC48249 PCT 2	51.45
PETERSON TIRE	92363	A	INV#JC48294 PCT 2	1,058.00
DEPARTMENT TOTAL				2,457.04
0560-R&B PCT #3				
AMAZON CAPITAL SERVICES, INC	92304	A	INV#1YNJ-7PJQ-XJRT PCT 3	118.71
THIRD COAST DISTRIBUTING, LLC	92334	A	INV#165102 PCT 3	2,051.29
THIRD COAST DISTRIBUTING, LLC	92335	A	INV#165456 PCT 3	242.98
THIRD COAST DISTRIBUTING, LLC	92336	A	INV#165833 PCT 3	31.45
THIRD COAST DISTRIBUTING, LLC	92361	A	INV#166014 PCT 3	35.98
DEPARTMENT TOTAL				2,480.41
0570-R&B PCT #4				
OUTLAW LUMBER & HARDWARE, LLC	92351	A	INV#155023 PCT 4	4.99
THIRD COAST DISTRIBUTING, LLC	92332	A	INV#000484 PCT 4	39.47
THIRD COAST DISTRIBUTING, LLC	92333	A	INV#001752 PCT 4	95.78
DEPARTMENT TOTAL				140.24
FUND TOTAL				5,531.67

DEPARTMENT NAME-OF-VENDOR	INVOICE-NO	S	DESCRIPTION-OF-INVOICE	AMOUNT
0400-RECORDS MANAGEMENT CLERK EXPENSES				
GOVOS, INC.	92263	A	INV #9730 CO CLERK	657.00-
GOVOS, INC.	92262	A	INV #9730 CO CLERK	1,946.25
PPT	92274	A	INV #87618 CO CLERK	16.90
DEPARTMENT TOTAL				1,306.15
FUND TOTAL				1,306.15

DEPARTMENT NAME-OF-VENDOR	INVOICE-NO	S	DESCRIPTION-OF-INVOICE	AMOUNT
0400-JAIL INMATE COMMISSARY EXPENSES				
PAY AND SAVE INC.	92358	A	ACCT#137002 LEC	110.68
DEPARTMENT TOTAL				110.68
FUND TOTAL				110.68

DEPARTMENT / NAME-OF-VENDOR	INVOICE-NO	S	DESCRIPTION-OF-INVOICE	AMOUNT
0400-EXPENSES				
HILL COUNTRY WIRELESS & TECHNOLOGY	92290	A	INV #4175-20250520-1 FAIR GROUNDS	54.00
REEH PLUMBING	92329	A	INV#161705	1,214.83
DEPARTMENT TOTAL				1,268.83
FUND TOTAL				1,268.83

DEPARTMENT NAME-OF-VENDOR	INVOICE-NO	S	DESCRIPTION-OF-INVOICE	AMOUNT
GRAND TOTAL				142,133.71

Blanco County Commissioners' Court

May 27, 2025

Invoice File Listing By Fund to Ratify

Fund	Description	Disbursement
010	General Fund	$ 18,768.81
Total		$ 18,768.81

The attached list of Claims Payable have been examined & approved for payment by the Assistant County Auditor as provided by the Texas LGC 113.064 & 113.065

Attest Asst. County Auditor: Kathryn Michael Date 5/27/25

The attached list of Claims Payable have been examined & approved for payment by the Commissioners' Court as provided by the Texas LGC 115.021 & 115.022

County Judge _____ Date _____

Commissioner Pct 1 _____ Commissioner Pct 3 _____

Commissioner Pct 2 _____ Commissioner Pct 4 _____

DEPARTMENT / NAME-OF-VENDOR	INVOICE-NO	S	DESCRIPTION-OF-INVOICE	AMOUNT
0411-ELECTIONS ADMINISTRATOR				
MARK JUELG	92251	R	JOINT LOCAL ELECTION MAY 3, 2025	866.25
MARY SWARD	92253	R	JOINT LOCAL ELECTION MAY 3, 2025	217.50
RACHELLE WILLGREN	92252	R	JOINT LOCAL ELECTION MAY 3, 2025	708.75
VERIZON WIRELESS	92250	R	INV #6111742751 ELECTIONS	801.94
DEPARTMENT TOTAL				2,594.44
0425-COUNTY SHERIFF				
PEDERNALES ELECTRIC COOP	92244	R	INV #955 LEC	3,675.48
DEPARTMENT TOTAL				3,675.48
0500-COURTHOUSE EXPENSES				
CHARTER COMMUNICATIONS HOLDINGS,LLC	92240	R	INV #184482901050725 LEC	1,682.79
CHARTER COMMUNICATIONS HOLDINGS,LLC	92241	R	INV #185859601050725 OLD MANOR RD	299.13
CHARTER COMMUNICATIONS HOLDINGS,LLC	92242	R	INV #184482801050725 ANNEX	1,406.38
GREAT AMERICA FINANCIAL SERVICES	92243	R	INV #39179009	1,956.59
PEDERNALES ELECTRIC COOP	92245	R	INV #955 STARFLIGHT	559.25
PEDERNALES ELECTRIC COOP	92246	R	INV #955 COUNTY	3,391.86
SAN JUANA M. SALAZAR	92247	R	CLEANING SERVICES SOUTH ANNEX 5-14-	200.00
TOWN CREEK PROPERTIES	92254	R	RENT EXTENSION OFFICE & CO ATTORNEY	2,500.00
DEPARTMENT TOTAL				11,996.00
0525-CONSTABLE PCT #1				
VERIZON WIRELESS	92248	R	INV #6112416775 CONSTABLE 1	237.66
DEPARTMENT TOTAL				237.66
0530-CONSTABLE PCT #4				
VERIZON WIRELESS	92249	R	INV #6113038621 CONSTABLE 4	265.23
DEPARTMENT TOTAL				265.23
FUND TOTAL				18,768.81

DEPARTMENT / NAME-OF-VENDOR	INVOICE-NO	S	DESCRIPTION-OF-INVOICE	AMOUNT
GRAND TOTAL				18,768.81

PROCLAMATION

Flag Day and Week

WHEREAS, the Second Continental Congress adopted the American Flag on June 14, 1777; and

WHEREAS, June 14, 2025 marks over 248 years of displaying our American Flag; and

WHEREAS, it is fitting and proper to officially recognize "Old Glory" as a symbol of hope, inspiration and pride for the people of the United States and around the world; and

WHEREAS, in order to commemorate the adoption of our flag, on August 3, 1949, the Congress, by joint resolution, designated June 14 of each year as "Flag Day" and requested that the President issue an annual proclamation designating the week in which June 14 occurs as "National Flag Week" and call upon citizens of the United States to display the flag during that week; and

WHEREAS, the Hill County Chapter, National Society Daughters of the American Revolution, is hereby recognized for its ongoing efforts to honor and support National Flag Day and Week;

NOW, THEREFORE, I, Brett Bray, by the power vested in me as County Judge of Blanco County, Texas, and on behalf of the Citizens of Blanco County, do hereby proclaim the week of June 8 -14, 2025 as

"NATIONAL FLAG WEEK"

in the County of Blanco, Texas and ask our citizens to reaffirm the ideals of our County by displaying our American Flag at their homes and throughout the Country.

Given under my hand and seal this _____ day of May 2025.

_____

Brett Bray, County Judge

ATTEST:

_____

Laura Walla, County Clerk

TOSHIBA

LEASE WITH MAINTENANCE SUPPLEMENT

TOSHIBA FINANCIAL SERVICES

SUPPLEMENT NUMBER	APPLICATION NUMBER	AGREEMENT NUMBER
	3154207	018-1730188-000

CUSTOMER CONTACT INFORMATION

Legal Company Name: Blanco, County of — Fed. Tax ID#:

Contact Person: Connie Harrison — Bill-To Phone: (830) 868-4266 — Bill-To Fax: (830) 868-9112

Billing Address: PO BOX 387 — City, State - Zip: JOHNSON CITY, TX 78636-0387

Equipment Location: (if different than above) 402 BLANCO AVE — City, State - Zip: BLANCO, TX 78606

TBS LOCATION

Contact Name: Charles Ray — Location: laredo

EQUIPMENT DESCRIPTION

ITEM DESCRIPTION	MODEL NO.	SERIAL NO.	STARTING METER
Toshiba e-STUDIO330AC	ESTUDIO330AC		

☐ See attached form (Schedule "A") for Additional Equipment ☐ See attached form (Billing Schedule) for Additional Equipment/Payment Schedule

EQUIPMENT REMOVED FROM ABOVE-REFERENCED AGREEMENT AND/OR PREVIOUS SUPPLEMENT(S), AS APPLICABLE

ITEM DESCRIPTION	MODEL NO.	SERIAL NO.	ENDING METER
Toshiba e-STUDIO478S	Toshiba e-STUDIO478S	S701814540FBP3	

TERM (Complete One Term Option)

Mos. **Standalone** – Term applies to this Supplement only.

20 Mos. **Coterminous** – The end of term of this Supplement shall coincide with the end of term set forth in the above-referenced Agreement and/or previous supplement(s), as applicable.

PAYMENT (Complete One Payment Option) (Note: The lease contract payment period is monthly unless otherwise indicated.)

Payment Amount*: $ 305.07 (amounts due under this Supplement only). *plus applicable taxes* Origination Fee: Up to $99.00

Consolidated Payment Amount*: $ (amounts due under this Supplement, the above-referenced Agreement, and/or previous supplement(s), as applicable).

ALLOWANCES & EXCESS IMAGES (Select One Option) (Note: If no box is checked, then Allowances and Excess Images shall apply to the Equipment on this Supplement only.)

☐ Amounts apply to the Equipment on this Supplement only.

☒ Amounts apply to the Equipment on this Supplement, together with the Equipment listed on the above-referenced Agreement and/or previous supplement(s), as applicable.

Excess Images billed: ☐ Monthly ☒ Quarterly ☐ Semi-Annually ☐ Annually

B&W Images Included		Excess B&W Images billed at*: $
Color Images Included		Excess Color Images billed at*: $
Scan Images Included		Excess Scan Images billed at*: $
B&W Print Images Included	143,000	Excess B&W Print Images billed at*: $ 0.01100
Color Print Images Included	0	Excess Color Print Images billed at*: $ 0.06000

LESSOR ACCEPTANCE

Toshiba Financial Services	Signature:	Title:	Date:

CUSTOMER ACCEPTANCE

This is a Supplement to the above-referenced Agreement between Lessor and Customer, all the terms and conditions of which are incorporated herein by reference, to establish a separate agreement as to the Equipment described herein. Upon the execution of this Supplement, Customer hereby agrees to lease from Lessor the Equipment described above. By signing below, Customer certifies that it has reviewed and does agree to all terms and conditions of the Agreement and this Supplement. In the event there is a conflict between the terms of the Agreement and the terms of this Supplement, the terms of this Supplement shall prevail.

Name: Brett Bray	Signature: X	Title: County Judge	Date:

TFS - 0424

TOSHIBA

DELIVERY AND ACCEPTANCE CERTIFICATE

TOSHIBA FINANCIAL SERVICES

ACCOUNT DETAILS

Re: Agreement / Schedule / Supplement Number: 3154207 ("Contract")

Legal Company Name: Blanco, County of ("Customer")

This certificate of Delivery and Acceptance to the lease, loan, rental or other form of financial services agreement described above ("Contract") is by and between Toshiba Financial Services and the Customer identified above.

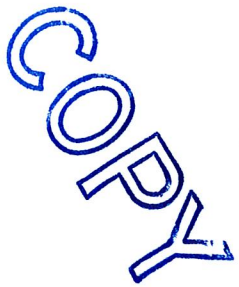
Customer, through its authorized representative, hereby certifies Toshiba Financial Services and any assignee of Toshiba Financial Services with respect to the Contract that:

1. The equipment ("Equipment") identified on the Contract, including in any Equipment list attached to the Contract ("Contract Equipment List") has been delivered to the location where the Equipment will be used and which is the "Equipment Location" identified in the Contract.
2. In the event of inconsistencies between the Contract Equipment List and the list of Equipment provided to Toshiba Financial Services by the Supplier of the Equipment, Customer authorizes Toshiba Financial Services to correct the Contract Equipment List and substitute the Equipment identified in such corrected Contract Equipment List as the "Equipment" accepted under the Contract.
3. All of the Equipment has been inspected and is (a) complete, (b) fully functioning, and (c) in good working order.
4. The Equipment is accepted for all purposes under the Contract as of the Acceptance Date below.

CUSTOMER ACCEPTANCE

You hereby acknowledge and agree that your electronic signature below shall constitute an enforceable and original signature for all purposes. IN WITNESS WHEREOF, Customer's duly authorized representative has executed this Acceptance Certificate as of the Acceptance Date.

Name: Brett Bray	Signature: X	Title: County Judge	Date:



TFS - 0424

TOSHIBA

AUTOMATED METER READ PROGRAM OPTIONS

AM-2.0.0

SALES PACKET NUMBER	DATE
	05/22/2025

Sales Representative: Charles Ray

CUSTOMER INFORMATION

Customer Name: Blanco, County of	Customer Contact: Connie Harrison	
Billing Address: PO BOX 387	Phone #: (830) 868-4266 Ext.	Customer PO #:
Suite #:	Meter Contact: Connie Harrison	Meter Phone: (830) 868-4266
City: JOHNSON CITY State: TX Zip: 78636-0387	Meter Email: charrison@co.blanco.tx.us	

METER COLLECTION CHOICES:

What is Toshiba's Automated Meter Read Program (AMR)? As part of your service contract with TBS, you are required to report usage data for all your printers, copiers, and multifunction devices. With manual reporting, you must go to each device, record the serial numbers and meter readings, and submit this information via email, fax or phone. Toshiba's AMR program automatically gathers usage data for each device and sends it securely to TBS at scheduled intervals. The result is more accurate and timely reporting, fewer billing errors, and less busy work for you.

How much does Toshiba AMR cost me?

Nothing. Ever.

What information does AMR gather?

The automated meter reading system captures all required information for billing purposes; Machine model, Serial number, and usage information.

Is the transmission secure?

Yes. Data is completely secure.

Toshiba Business Solutions IT Team will work with you to set up equipment meter collections in the priority listed below:

1 Automated Meter Read (e-Bridge CloudConnect)

Your Toshiba system will be equipped with two-way communication capabilities. TBS will provide updates, system back ups, and meter collection automatically. Equipment MUST be connected to your network.

2 Automated Meter Read (On Site Software)

TBS will provide free AMR software that will automatically pull meter information and input into TBS billing system. Equipment MUST be connected to your network.

3 Meters Online (MOL)

An automatic meter request is sent to the End User directly from the TBS billing system.
End User collects the meter readings and goes to http://meters.toshiba.com and enters the meters online manually.
All meters submitted via online are electronically imported into the TBS billing with no manual entry or interaction by TBS.

TBS may charge a fee to recover the cost of meter collections if meters are not submitted through the automated website. TBS reserves the right to convert Customer to a flat fee, based upon the greater of a specific unit's historical average volume or the device type's midpoint manufacturer recommended volume, if meters are not made available for the device(s) after 3 consecutive billing periods.

ELECTRONIC INVOICING CHOICE:

Toshiba is committed to the environment through its worldwide green initiatives. One of the primary goals of Toshiba's green initiatives is environmental management through corporate social responsibility. One of TBS's Eco-Innovation initiatives is to convert to electronic invoicing whenever possible. Converting to electronic invoicing will enable TBS to decrease its consumption of environmental resources tremendously.

Please select if you will accept Electronic Invoices when possible: [X] Yes [ ] No

Upon receipt of first TFS Lease invoice, email customersupport-04@accountservicing.com **or call** 1-866-313-3440 **to register.**

Please select preferred Electronic Invoice Method (TBS Invoices Only):

Email Attachment Only: [X]
PDF copy of invoice sent to email listed below

Invoice Portal Access: [ ]
Link to web portal allowing invoicing viewing and E-Pay option. Email will be sent with link when new invoices generate.

Email Address for invoice notifications: _____

CUSTOMER ACCEPTANCE:

Print Name: Brett Bray Signature: Title: County Judge Date:

AMR 0119

TOSHIBA

CONNECTIVITY OPTIONS AGREEMENT

CA-1.0.0

SALES PACKET NUMBER	EFFECTIVE DATE
	05/22/2025

Sales Representative: Charles Ray

CUSTOMER INFORMATION

Customer Name: Blanco, County of	Customer Contact: Connie Harrison	
Billing Address: PO BOX 387	Phone #: (830) 868-4266 Ext.	Customer PO #:
Address 2:	IT Contact: Connie Harrison	IT Phone #: (830) 868-4266
City: JOHNSON CITY State: TX Zip: 78636-0387	eMail: charrison@co.blanco.tx.us	

CONNECTIVITY OPTIONS (Check All That Apply)

[X] **OPTION A: Network Administrator Integration and Training** FREE ($400 VALUE) (Remote)

Includes basic device configuration, print driver installation on up to three workstations and administrator training. Additional Professional Services will be billed at published TBS Professional Services rates. Includes Remote Orientation of an Administrator to controller on their network, installation of 3 workstations for printing, scanning, and PC faxing. Connection Project not to exceed 2 hours. Any additional time required beyond 2 hours will be billed at current Professional Services Rates. If less than 2 hours is required, no time is banked for future use. Includes installation of Re-Rite on client server, configuration of 6 advanced scanning workflows; Word, Excel, Text Searchable PDF, PDF Form, Slim PDF, Secure PDF. Workflows include one Advanced Scanning Template Group, 6 Templates, and 4 Re-Rite workflows, all delivered to a common output folder. One hour of MFP Training - No more than 5 users per session - Training covers basic copier functions, printing, and scanning.

[ ] OPTION B: Custom Network Integration - Variable / Additional Charges	Qty	Charge	Unit Description
• Base Device Configuration - Setup of Network Protocols on Device			Device
• Print Driver Installation			Workstation
• PC Fax Driver Installation			Workstation
• Print Driver and PC Fax Driver on same Workstation			Workstation
• Scan to Copier Controller			Scanning Template
• Scan to Network Folder			Scanning Template
• Scan to Email - Initial Setup of communication to local SMTP server			Initial Setup
- Additional Setup per Scanning Template			Scanning Template
- Off-site SMTP Server			Hour Until Completion
- Additional Setup per Scanning Template			Scanning Template
• Incoming Fax Routing to Copier Controller			Fax Destination
• Incoming Fax Routing to Network Folder Location			Fax Destination
• Incoming Fax Routing to Email - Initial Setup of SMTP Server			Initial Setup
Communication to a Local SMTP Server			
- Additional Setup per Destination			Destination
- Off-site SMTP Server			Hour Until Completion
- Additional Setup per Destination			Destination
• User Code Enforcement			10 User Codes
• Copier Configuration Backup and Restore			Backup/Restore Event

Total Connectivity Fee:

Note: Any Additional Connectivity Services performed not specified above will be billed at a rate of: $200.00 per hour.
Connectivity support may be completed remotely or on-site at the discretion of TBS. Support covers initial installation only.

CUSTOMER ACCEPTANCE

You hereby acknowledge and agree that your electronic signature above shall constitute an enforceable and original signature for all purposes.
By signing this agreement, the customer acknowledges that he/she has read and understood the statement of work and terms and conditions of this agreement.

Print Name: Brett Bray Signature: X Title: County Judge Date:

DECLINATION

[ ] Customer certifies that they have read the statement of work and that they have decided to decline all assistance from TBS regarding the installation of their copier/printer. TBS is under no obligation and has no liability concerning any aspect of the installation process.

Print Name: Signature: X Title: Date:

TBS ACCEPTANCE

Print Name: Signature: X Title: Date:

CONNECTIVITY FORM 0518

STATEMENT OF WORK

This Statement of Work for Connectivity & Security Options outlines the services and deliverables for the planned implementation. This Statement of Work is intended to detail the obligations of Toshiba Business Solutions (TBS) and the Customer.

CONNECTIVITY OPTIONS - WORK TO BE PERFORMED

Option B: Covers the selected work only. Additional Professional Services fees apply for any additional work at the current TBS Professional Services rates.

Base Device Configuration Includes:

1. Verify proper network settings, i.e., print queue configuration, TCP/IP address, etc.
2. Connect base unit to customer's network via customer supplied/installed cabling.
3. Perform color calibration on base unit and RIP device.

Print Driver Installation Includes:

1. Install print drivers onto designated workstations (up to three – Option A or as specified in Option B.)
2. Confirm print capabilities via standard print driver test page.

Administrator Training Includes:

1. Training on base unit, print driver and RIP software.
2. Orientation of the administrator to the print controller on the network.

While Toshiba print drivers are compatible with most common office applications, TBS does not provide training on specific printing applications.

STATEMENT OF WORK ASSUMPTIONS

The following are the assumptions on which this Statement of Work is based. If any of these assumptions either change or are incorrect, changes to the Statement of Work may be required, which may result in changes to the Connectivity Services fee. Please review this section to make sure these assumptions are correct.

1. Client is responsible for ensuring that all applications and data are successfully backed up prior to TBS beginning work. TBS is not responsible for any lost information.
2. Building environmental conditions are within equipment specifications for airflow, temperature, humidity, and electrical quality.
3. Cabling and WAN Data Communication Lines are properly installed and tested. TBS is not responsible for any improper cabling or issues involving telecommunications lines. All troubleshooting and corrective action will be billed outside of this SOW on a time and materials basis.
4. TBS is not responsible for any conflicts with existing hardware that is no longer supported by the manufacturer.
5. TBS is only responsible for integration tasks outlined in this Statement of Work. Any work outside of this SOW will be handled through a Change Order Request Process, which may require additional billable time and materials. Customer will be informed before any out of scope work is performed.
6. Customer will provide systems personnel for the project familiar with all aspects of Customer's enterprise configuration – security, remote access, domain structure, WAN/LAN connectivity, applications used for this particular project – to work in conjunction with TBS on this implementation. Additionally, a desktop technician may be required to perform client-side duties.
7. All software being utilized is registered and authentic.
8. Equipment is connected to a dedicated power source per product specifications furnished by TBS.
9. All network addresses, print queue names and printer names, etc. are available upon request.

TERMS AND CONDITIONS

The following Terms and Conditions are an amendment to the TBS Maintenance contract. In the event that the Customer has declined a Maintenance contract, the following Terms and Conditions do not apply to this agreement.

Toshiba products and software are warranted to be compatible with hardware and operating systems listed on product specification sheet at time of installation. TBS does not guarantee compatibility with future operating systems or hardware.

Inclusions – Hardware: Service calls, replacement parts for connected devices that allow the equipment to interface with PC's and networks, e.g. printer interface cards, NIC cards, print controllers, print/scan enablers or any other items that enhance the functionality of these products.

Diagnosis of device failures will be limited to confirmation of print capabilities with a laptop computer connected via a crossover cable using a standard print driver test page.

Inclusions – Software: Service calls required as a result of the failure of Toshiba software. Upgrades to Toshiba software are included.

Service Availability: Service calls performed during normal business hours, Monday through Friday, 8:00am to 5:00pm, excluding company holidays.

Exclusions:

1. Electrical work external to the equipment.
2. Charges to install or improve telephone lines.
3. Charges to improve electrical service and/or network lines.
4. Network wiring to improve or connect the hardware to a computer or network.
5. Service necessitated as a result of malfunction of equipment when unauthorized parts, attachments, or conflicting software is used with the equipment.
6. Service necessitated as a result of alterations, malfunctioning computer or network hardware and/or operating systems.

In such event, TBS reserves the right to terminate the maintenance contract if it is determined that such changes, alterations or malfunctions make it impractical to continue to service the equipment.

7. Reinstallation of drivers and/or installation of connected devices due to changes in computer and/or network operating systems, system configuration, addition/upgrades to application software or malfunction of devices.
8. Reinstallation/service required due to the relocation of equipment.

Excluded services will be invoiced to the Customer at TBS's normal hourly labor rate then in effect for Digital Systems Integration Services.

TOSHIBA

REMOVAL REPORT

RR-3.0.0

SALES PACKET NUMBER	DATE
	05/22/2025

Sales Representative: Charles Ray

Customer Name: Blanco, County of

This document must be completed and signed by both the customer and a Toshiba Business Solutions (TBS) representative prior to any removal and disposition of equipment from the customer's premises.

EQUIPMENT DETAILS

Physical Location: Hall Closet				
Address: 402 BLANCO AVE		Phone #: (830) 868-4266	Ext.	Fax #: (830) 868-9112
Address 2:		Contact: Connie Harrison		
City: BLANCO	State: TX Zip: 78606	email: charrison@co.blanco.tx.us		
Leasing Company: Toshiba Financial Services	Lease #: 018-1730188-000	Make/Model: Toshiba e-STUDIO478S	EOL Option: No Hard Drive	
Removal Type: Upgrade	Disposition: Return to Lease Company	Serial #: S701814540FBP3	EOL Charge: $0.00	
Buyout Type: Upgrade to Return	Paid By:	Replaced By: Toshiba e-STUDIO330AC		

Physical Location:				
Address:		Phone #:	Ext.	Fax #:
Address 2:		Contact:		
City:	State: Zip:	email:		
Leasing Company:	Lease #:	Make/Model:	EOL Option:	
Removal Type:	Disposition:	Serial #:	EOL Charge:	
Buyout Type:	Paid By:	Replaced By:		

Physical Location:				
Address:		Phone #:	Ext.	Fax #:
Address 2:		Contact:		
City:	State: Zip:	email:		
Leasing Company:	Lease #:	Make/Model:	EOL Option:	
Removal Type:	Disposition:	Serial #:	EOL Charge:	
Buyout Type:	Paid By:	Replaced By:		

Physical Location:				
Address:		Phone #:	Ext.	Fax #:
Address 2:		Contact:		
City:	State: Zip:	email:		
Leasing Company:	Lease #:	Make/Model:	EOL Option:	
Removal Type:	Disposition:	Serial #:	EOL Charge:	
Buyout Type:	Paid By:	Replaced By:		

Special Instructions:

☐ SEE ATTACHED REMOVAL REPORT SCHEDULE FOR ADDITIONAL REMOVED DEVICES

Total End of Life Security Option Charges: $0.00

DECLINATION

☐ Customer certifies that they have read the Security Options and that they have decided to decline all assistance from TBS regarding enhanced security on their copier/printer. TBS is under no obligation and has no liability concerning data security on said device. It is the Customer's sole and exclusive responsibility to assure that all data from all disk drives or magnetic media are erased prior to disposition of equipment.

Print Name:	Signature: X	Title:	Date:

CUSTOMER ACCEPTANCE

You hereby acknowledge and agree that your electronic signature above shall constitute an enforceable and original signature for all purposes.

By signing this agreement, the customer acknowledges that he/she has read and understood the statement of work and terms and conditions of this agreement.

Print Name: Brett Bray	Signature: X	Title: County Judge	Date:

TBS ACCEPTANCE

Print Name:	Signature: X	Title:	Date:

TERMS AND CONDITIONS

FOR ALL ITEMS WITH REMOVAL TYPE OF: CUSTOMER OWNED

The customer representative signed below attests that the above equipment is owned by the customer and is free and clear of any liens or encumbrances. Upon completion of the associated sale, the title and ownership of this equipment is transferred to TBS.

FOR ALL ITEMS WITH A BUYOUT TYPE: PAID BY TBS TO CUSTOMER-AMOUNT TO BE PAID TO CUSTOMER $0.00

The customer representative acknowledges that said equipment is leased and that the amount paid to customer and disposition, as indicated, of said equipment and its condition will fulfill its contractual obligations under the lease. If for any reason the amount paid to customer does not satisfy the contractual obligations, the customer assumes any remaining liability with the Leasing Company. It is the responsibility of the customer to provide return instructions. If said equipment cannot be returned until the end of the lease term, the customer must notify the Leasing Company in writing in accordance to the terms of the agreement prior to the end of the lease term. Failure to follow this disposition process could result in additional charges. Toshiba Business Solutions does not assume and will not be financially responsible for any lease renewal payments or additional fees or penalties incurred on the lease referenced above for any reason.

EOL OPTION DEFINITIONS

Basic Security: Includes HDD data scrub to DOD standards (5220-22m), NVRAM and Fax Data Scrub, Reloading System Firmware.

Advanced Security: Includes removing and returning uncleansed HDD to customer, Installing new HDD, NVRAM and Fax Data Scrub, Reloading System Firmware.

Remove and Return: Includes removing and returning uncleansed HDD to customer. This option is only available on customer owned devices.

Optimal Security: Includes removal and destruction of HDD, Installing new HDD, NVRAM and Fax Data Scrub, Reloading System Firmware.

No HDD – Privacy Protection: Perform full static memory clear, erases all info like Address Book, Fax, Network info, e-filing, orphaned documents, scan templates, etc - Items not stored on hard drive.

Declined: Customer has declined any assistance from TBS regarding their data and is solely responsible for data security.

No Hard Drive: The device has no hard drive.

Has Secure HDD: Removed device has built in data overwrite and Customer does not require scrubbing or removal.

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See *Specific Instructions* on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

Blanco, County of

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

5 Address (number, street, and apt. or suite no.). See instructions.

PO BOX 387

Requester's name and address (optional)

6 City, state, and ZIP code

JOHNSON CITY, TX 78636-0387

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

___ – ___ – ____

or

Employer identification number

__ – _____

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here | **Signature of U.S. person** | **Date**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

must obtain your correct taxpayer identification number (TIN), which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid).
- Form 1099-DIV (dividends, including those from stocks or mutual funds).
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds).
- Form 1099-NEC (nonemployee compensation).
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers).
- Form 1099-S (proceeds from real estate transactions).
- Form 1099-K (merchant card and third-party network transactions).
- Form 1098 (home mortgage interest), 1098-E (student loan interest), and 1098-T (tuition).
- Form 1099-C (canceled debt).
- Form 1099-A (acquisition or abandonment of secured property).

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

Caution: If you don't return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued);
2. Certify that you are not subject to backup withholding; or
3. Claim exemption from backup withholding if you are a U.S. exempt payee; and
4. Certify to your non-foreign status for purposes of withholding under chapter 3 or 4 of the Code (if applicable); and
5. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting is correct. See *What Is FATCA Reporting*, later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding. Payments made to foreign persons, including certain distributions, allocations of income, or transfers of sales proceeds, may be subject to withholding under chapter 3 or chapter 4 of the Code (sections 1441–1474). Under those rules, if a Form W-9 or other certification of non-foreign status has not been received, a withholding agent, transferee, or partnership (payor) generally applies presumption rules that may require the payor to withhold applicable tax from the recipient, owner, transferor, or partner (payee). See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities.

The following persons must provide Form W-9 to the payor for purposes of establishing its non-foreign status.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the disregarded entity.
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the grantor trust.
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust and not the beneficiaries of the trust.

See Pub. 515 for more information on providing a Form W-9 or a certification of non-foreign status to avoid withholding.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person (under Regulations section 1.1441-1(b)(2)(iv) or other applicable section for chapter 3 or 4 purposes), do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515). If you are a qualified foreign pension fund under Regulations section 1.897(l)-1(d), or a partnership that is wholly owned by qualified foreign pension funds, that is treated as a non-foreign person for purposes of section 1445 withholding, do not use Form W-9. Instead, use Form W-8EXP (or other certification of non-foreign status).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a saving clause. Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if their stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first Protocol) and is relying on this exception to claim an exemption from tax on their scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include, but are not limited to, interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third-party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester;
2. You do not certify your TIN when required (see the instructions for Part II for details);
3. The IRS tells the requester that you furnished an incorrect TIN;
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only); or
5. You do not certify to the requester that you are not subject to backup withholding, as described in item 4 under "*By signing the filled-out form*" above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

See also *Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding*, earlier.

What Is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all U.S. account holders that are specified U.S. persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you are no longer tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of $50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a $500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

- **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note for ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040 you filed with your application.

- **Sole proprietor.** Enter your individual name as shown on your Form 1040 on line 1. Enter your business, trade, or "doing business as" (DBA) name on line 2.
- **Partnership, C corporation, S corporation, or LLC, other than a disregarded entity.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.
- **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. Enter any business, trade, or DBA name on line 2.
- **Disregarded entity.** In general, a business entity that has a single owner, including an LLC, and is not a corporation, is disregarded as an entity separate from its owner (a disregarded entity). See Regulations section 301.7701-2(c)(2). A disregarded entity should check the appropriate box for the tax classification of its owner. Enter the owner's name on line 1. The name of the owner entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2. If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, enter it on line 2.

Line 3a

Check the appropriate box on line 3a for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3a.

IF the entity/individual on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation.
• Individual or • Sole proprietorship	Individual/sole proprietor.
• LLC classified as a partnership for U.S. federal tax purposes or • LLC that has filed Form 8832 or 2553 electing to be taxed as a corporation	Limited liability company and enter the appropriate tax classification: P = Partnership, C = C corporation, or S = S corporation.
• Partnership	Partnership.
• Trust/estate	Trust/estate.

Line 3b

Check this box if you are a partnership (including an LLC classified as a partnership for U.S. federal tax purposes), trust, or estate that has any foreign partners, owners, or beneficiaries, and you are providing this form to a partnership, trust, or estate, in which you have an ownership interest. You must check the box on line 3b if you receive a Form W-8 (or documentary evidence) from any partner, owner, or beneficiary establishing foreign status or if you receive a Form W-9 from any partner, owner, or beneficiary that has checked the box on line 3b.

Note: A partnership that provides a Form W-9 and checks box 3b may be required to complete Schedules K-2 and K-3 (Form 1065). For more information, see the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

If you are required to complete line 3b but fail to do so, you may not receive the information necessary to file a correct information return with the IRS or furnish a correct payee statement to your partners or beneficiaries. See, for example, sections 6698, 6722, and 6724 for penalties that may apply.

Line 4 Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third-party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space on line 4.

1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2).

2—The United States or any of its agencies or instrumentalities.

3—A state, the District of Columbia, a U.S. commonwealth or territory, or any of their political subdivisions or instrumentalities.

4—A foreign government or any of its political subdivisions, agencies, or instrumentalities.

5—A corporation.

6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or territory.

7—A futures commission merchant registered with the Commodity Futures Trading Commission.

8—A real estate investment trust.

9—An entity registered at all times during the tax year under the Investment Company Act of 1940.

10—A common trust fund operated by a bank under section 584(a).

11—A financial institution as defined under section 581.

12—A middleman known in the investment community as a nominee or custodian.

13—A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
• Interest and dividend payments	All exempt payees except for 7.
• Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
• Barter exchange transactions and patronage dividends	Exempt payees 1 through 4.
• Payments over $600 required to be reported and direct sales over $5,000[1]	Generally, exempt payees 1 through 5.[2]
• Payments made in settlement of payment card or third-party network transactions	Exempt payees 1 through 4.

[1] See Form 1099-MISC, Miscellaneous Information, and its instructions.

[2] However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) entered on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37).

B—The United States or any of its agencies or instrumentalities.

C—A state, the District of Columbia, a U.S. commonwealth or territory, or any of their political subdivisions or instrumentalities.

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i).

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i).

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state.

G—A real estate investment trust.

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940.

I—A common trust fund as defined in section 584(a).

J—A bank as defined in section 581.

K—A broker.

L—A trust exempt from tax under section 664 or described in section 4947(a)(1).

M—A tax-exempt trust under a section 403(b) plan or section 457(g) plan.

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, enter "NEW" at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have, and are not eligible to get, an SSN, your TIN is your IRS ITIN. Enter it in the entry space for the Social security number. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at *www.SSA.gov*. You may also get this form by calling 800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at *www.irs.gov/EIN*. Go to *www.irs.gov/Forms* to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to *www.irs.gov/OrderForms* to place an order and have Form W-7 and/or Form SS-4 mailed to you within 15 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and enter "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, you will generally have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon. See also *Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding*, earlier, for when you may instead be subject to withholding under chapter 3 or 4 of the Code.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third-party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account[1]
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor[2]
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee[1]
b. So-called trust account that is not a legal or valid trust under state law	The actual owner[1]
6. Sole proprietorship or disregarded entity owned by an individual	The owner[3]
7. Grantor trust filing under Optional Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))**	The grantor*
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity[4]
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing Form 1041 or under the Optional Filing Method 2, requiring Form 1099 (see Regulations section 1.671-4(b)(2)(i)(B))**	The trust

[1] List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

[2] Circle the minor's name and furnish the minor's SSN.

[3] You must show your individual name on line 1, and enter your business or DBA name, if any, on line 2. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

[4] List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

* **Note:** The grantor must also provide a Form W-9 to the trustee of the trust.

** For more information on optional filing methods for grantor trusts, see the Instructions for Form 1041.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information, such as your name, SSN, or other identifying information, without your permission to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax return preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity, or a questionable credit report, contact the IRS Identity Theft Hotline at 800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 877-777-4778 or TTY/TDD 800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to *phishing@irs.gov*. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 800-366-4484. You can forward suspicious emails to the Federal Trade Commission at *spam@uce.gov* or report them at *www.ftc.gov/complaint*. You can contact the FTC at *www.ftc.gov/idtheft* or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see *www.IdentityTheft.gov* and Pub. 5027.

Go to *www.irs.gov/IdentityTheft* to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their laws. The information may also be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payors must generally withhold a percentage of taxable interest, dividends, and certain other payments to a payee who does not give a TIN to the payor. Certain penalties may also apply for providing false or fraudulent information.

2025 – 2026 Renewal Notice and Benefit Confirmation

Group: 48329 - Blanco County **Anniversary Date:** 10/01/2025

Return to TAC by: 06/27/2025

Please initial and complete each section confirming your group's benefits and fill out the contribution schedule according to your group's funding levels. Fax to 512-481-8481 or email to cassiev@county.org.

For any plan or funding changes other than those listed below, please contact Cassie Villarreal at 800-456-5974.

MEDICAL

Medical: Plan 600-NG $25 Copay, $250 Ded, 80%, $2000 OOP Max
RX Plan: 1A-NG $5/15/30, $0 Ded
Your % rate change is: 3.70%
Your payroll deductions for medical benefits are: Pre Tax

Tier	Current Rates	New Rates Effective 10/01/2025	New Amount Employer Pays	New Amount Employee Pays	New Amount Employer Pays for Retiree (if applicable)	New Amount Retiree Pays (if applicable)
Employee Only	$1,016.84	$1,054.46	$_____	$_____	$_____	$_____
Employee & Spouse	$2,133.56	$2,212.50	$_____	$_____	$_____	$_____
Employee & Child	$1,320.00	$1,368.84	$_____	$_____	$_____	$_____
Employee & Child(ren)	$1,662.62	$1,724.14	$_____	$_____	$_____	$_____
Employee & Family	$2,707.20	$2,807.36	$_____	$_____	$_____	$_____

_____ **Initial to accept Medical Plan and New Rates**.

DENTAL

Dental: Plan III w/Ortho- 80% Prevent., $75 Ded, 80% Bas. 50% Major
Your % rate change is: 7.90%
Your payroll deductions for dental benefits are: Pre Tax

Tier	Current Rates	New Rates Effective 10/01/2025	New Amount Employer Pays	New Amount Employee Pays	New Amount Employer Pays for Retiree (if applicable)	New Amount Retiree Pays (if applicable)
Employee Only	$21.54	$23.24	$_____	$_____	$_____	$_____
Employee & Spouse	$43.14	$46.54	$_____	$_____	$_____	$_____
Employee & Child(ren)	$58.06	$62.64	$_____	$_____	$_____	$_____
Employee & Family	$79.66	$85.94	$_____	$_____	$_____	$_____

_____ **Initial to accept Dental Plan and New Rates.**

VISION

Vision: VALUE-12/12/24, $10 Exam Copay, $15 Lenses Copay, $130 Frame Allowance
Your % rate change is: 0.00%
Your payroll deductions for vision benefits are: Pre Tax

Tier	Current Rates	New Rates Effective 10/01/2025	New Amount Employer Pays	New Amount Employee Pays	New Amount Employer Pays for Retiree (if applicable)	New Amount Retiree Pays (if applicable)
Employee Only	$4.58	$4.58	$_____	$_____	$_____	$_____
Employee & Spouse	$8.72	$8.72	$_____	$_____	$_____	$_____
Employee & Child(ren)	$9.18	$9.18	$_____	$_____	$_____	$_____
Employee & Family	$13.52	$13.52	$_____	$_____	$_____	$_____

_____ **Initial to accept Vision Plan and New Rates.**

LIFE – BASIC (EMPLOYER PAID)

Basic Life Products:
Coverage volume per employee: $15,000
(Rates per thousand)

Basic Life

Current Rates	New Rates Effective 10/01/2025	New Amount Employer Pays
$0.42	$0.42	$0.42

Basic AD&D

Current Rates	New Rates Effective 10/01/2025	New Amount Employer Pays
$0.03	$0.03	$0.03

_____ **Initial to accept New Basic Life Rates.**

EMPLOYEE SELF-SERVICE (ESS) INFORMATION

The ESS (mybenefits.county.org) allows employees to update employee and dependent demographic data and make election changes. Demographic updates are always enabled on the ESS. However, groups must opt in to allow election changes on the ESS.

Please select one option below to indicate if your group would like to allow employees to make election changes on the ESS. All changes made by employees on the ESS are reflected in real time on OASys and in available reports.

ESS: ☐ Allow election changes on the ESS ☐ Do not allow election changes on the ESS

_____ **Initial to confirm ESS Elections.**

RETIREE INFORMATION

Please indicate how your group manages retiree coverage.

Your group allows retiree coverage for:

Medical: Pre-65 ☑ Post-65 ☐

Dental: Pre-65 ☑ Post-65 ☐

Vision: Pre-65 ☑ Post-65 ☐

_____ **Initial to confirm Retiree Eligibility.**

WAITING PERIOD

Waiting period applies to all benefits.

Employees	Elected Officials
90 days - Day following waiting period	Date of Hire

_____ **Initial to confirm Waiting Period.**

COBRA ADMINISTRATION

Please indicate how your group manages COBRA administration:

☑ Group process COBRA on OASys
** Group is responsible for fulfilling COBRA notification process and requirements.*

☐ BenefitConnect COBRA Department coordinates COBRA administration
** WTW BenefitConnect administers COBRA via contract between Group and TAC HEBP.*

☐ Group processes TAC HEBP Continuation of Coverage on OASys (< 20 employees)
** Group is responsible for fulfilling COBRA notification process and requirements.*

_____ **Initial to confirm COBRA Administration.**

BROKER OR CONSULTANT INFORMATION

Please confirm your broker or consultant's information, if applicable.

☐ Broker ☐ Consultant

Agency Name _____
Broker
Representative _____
Address _____
_____
_____
Phone _____
Fax _____
Email _____

Agency Name _____
Consultant
Representative _____
Address _____
_____
Phone _____
Fax _____
Email _____

_____ **Initial to confirm Broker or Consultant information**

GROUP PHYSICAL MAILING ADDRESS

Please add your group's physical mailing address information:

Address _____
_____

_____ **Initial to confirm Physical Mailing Address.**

TAC HEBP Member Contact Designation

CONTRACTING AUTHORITY

As specified in the Interlocal Participation Agreement, the person signing this RNBC represents and acknowledges that they are authorized to sign on the county or district's behalf.

Please list changes and/or corrections below.

Name	Honorable Camille H. Swift
Title	Treasurer
Address	PO Box 471
	Johnson City, TX 78636-471
Phone	8308684566
Fax	8308687788
Email	bctreas@co.blanco.tx.us

BILLING CONTACT

Responsible for receiving all invoices relating to HEBP products and services.

Please list changes and/or corrections below.

Name	Honorable Camille H. Swift
Title	Treasurer
Address	PO Box 471
	Johnson City, TX 78636-471
Phone	8308684566
Fax	8308687788
Email	bctreas@co.blanco.tx.us

COUNTY REPRESENTATIVE

HEBP's main contact for daily matters pertaining to the health benefits.

Please list changes and/or corrections below.

Name	Honorable Camille H. Swift
Title	Treasurer
Address	PO Box 471
	Johnson City, TX 78636-471
Phone	8308684566
Fax	8308687788
Email	bctreas@co.blanco.tx.us

HEALTHY COUNTY WELLNESS COORDINATORS

Primary contact regarding the Healthy County wellness program. Groups can designate up to two Wellness Coordinators.

Please list changes and/or corrections below.

Name	Camille Swift
Title	Treasurer
Address	PO Box 471
	Johnson City, TX 78636-471
Phone	8308684566
Fax	
Email	bctreas@co.blanco.tx.us

Name
Title
Address

Phone
Fax
Email

HEALTHY COUNTY WELLNESS SPONSORS

An elected or appointed official (preferred) who supports the administration of the Healthy County wellness program. Groups can designate up to two Wellness Sponsors.

Please list changes and/or corrections below.

Name
Title
Address

Phone
Fax
Email

Name
Title
Address

Phone
Fax
Email

_____ **Initial to confirm Member Contact Designations.**

HIPAA CERTIFICATION

Terms of the HIPAA Certification Agreement Signed by County/District contracting authority in order to receive Protected Health Information (PHI):

Note: In order for TAC HEBP to disclose PHI to a TAC HEBP member entity (such as a County or District that contracted for TAC HEBP benefits), the contracting authority must have signed the Certification, which includes the provisions set out below (unless the individual whose PHI is being disclosed has signed a HIPAA Authorization allowing their PHI to be disclosed for this purpose). The County/District is referred to an "EMPLOYER" in the Certification. Any County/District employee who receives PHI on the "EMPLOYER'S" behalf must comply with these terms. If you have any questions about whether the information you are receiving is PHI or these Certification provisions, please contact a member of the TAC Health and Benefits Services' team.
***

As required under the HIPAA Standards for Confidentiality of Individually Identifiable Health Information, 45 CFR Parts 160 & 164 ("HIPAA Privacy Regulations"), the Plan Sponsor (EMPLOYER) certifies to the Texas Association of Counties Health Employees Benefit Pool (the "Plan") that, upon receipt of any Protected Health Information ("PHI"), EMPLOYER will comply with the provisions of the HIPAA Certification. These provisions include:

1. EMPLOYER certifies that it only will use or disclose PHI for plan administration purposes of the Plan, consistent with any Plan documentation and as permitted by law.

2. EMPLOYER will require that any agents or subcontractors to whom it provides PHI received under this Certification to agree in writing to the same restrictions and conditions that apply to COUNTY with respect to such information.

3. EMPLOYER agrees not to use or disclose any information received under this Certification for employment-related actions and decisions, or in connection with any other benefit or employee benefit plan sponsored by EMPLOYER.

4. EMPLOYER will report to the Plan any use or disclosure of information that is inconsistent with the uses or disclosures provided for under this Certification of which it becomes aware.

5. EMPLOYER will make available any information it holds under this Certification in order for Plan to comply with the access requirements under 45 CFR § 164.524.

6. EMPLOYER will make available any information it holds under this Certification in order for Plan to comply with the amendment requirements under 45 CFR § 164.526, and will incorporate any amendments to PHI it holds, as required in 45 CFR § 164.526.

7. EMPLOYER agrees to document and provide a description of any disclosures of PHI, and information related to such disclosures, as would be required for Plan to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR § 164.528.

8. EMPLOYER agrees to make its internal practices, books, and records relating to the use and disclosure of PHI received from the Plan available to the Secretary of Health and Human Services, for purposes of the Secretary determining the Plan's compliance with the HIPAA Privacy Regulations.

9. EMPLOYER will return or destroy all PHI received from Plan that EMPLOYER maintains in any form, including by agents or subcontracts, and retain no copies of such information, when it is no longer needed for the purpose for which the disclosure was made, except that, if EMPLOYER and Plan agree that such return or destruction is not feasible, EMPLOYER will limit further uses or disclosures of the information to those purpose that make the return or destruction of the information infeasible.

10. EMPLOYER will resolve issues of noncompliance with the terms of this Certification by persons entitled to use or disclose PHI under this Certification in a timely manner.

11. EMPLOYER will implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of any electronic PHI that it receives from the Plan, in accordance with the HIPAA Security Standards, 45 CFR Parts 160, 162.and 164. EMPLOYER will report to the Plan any security incident under the HIPAA Security Standards of which it becomes aware.

12. EMPLOYER will establish adequate separation between EMPLOYER and Plan, as required under 45 CFR § 164.504(f)(2)(iii) by limiting access to PHI to those employees or classes of employees listed below whom EMPLOYER has determined are entitled to use or disclose such PHI. EMPLOYER will require that these listed employees will receive HIPAA Privacy Training and only may use or disclose such PHI for plan administration functions, as defined in the HIPAA Privacy Regulations. Plan only will disclose PHI to the following employees whom EMPLOYER has determined are entitled to receive PHI.

Printed Name of Contracting Authority

Signature of Contracting Authority **Date**

PLAN INFORMATION

- RNBC must be received by 06/27/2025 to avoid additional administrative fees.
- Signature below is required to confirm and accept your group's renewal.
- Rates based upon current benefits and enrollment. A substantial change in enrollment (10% over 30 days or 30% over 90 days) may result in a change in rates.
- If applicable, retiree rates are the same for medical, dental, and vision as active employees regardless of age.
- If applicable, broker commissions are included in rates.

_____ **Initial to confirm Plan Information.**

RENEWAL CONFIRMATION SIGNATURE

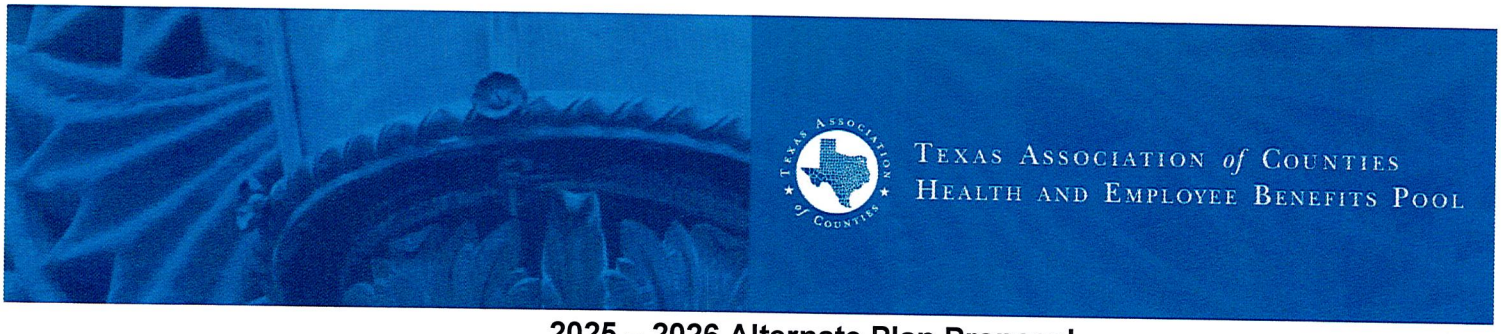
_____ **Date:**_____

Signature of County Judge or Contracting Authority

_____

Please PRINT Name and Title

The Texas Association of Counties would like to thank you for your membership in the only all county-owned and county directed Health and Employee Benefits Pool in Texas.



2025 – 2026 Alternate Plan Proposal

Group: 48329 - Blanco County

Effective Date: 10/01/2025

	Current Plan Year	Renewal Rates	Option 1	Option 2	Option 3
Plan:	**Plan 600-NG**	**Plan 600-NG**	**Plan 700-NG**	**Plan 1100-NG**	**Plan 1200-NG**
Option:	**RX-1A-NG**	**RX-1A-NG**	**RX-1A-NG**	**RX-1A-NG**	**RX-1A-NG**
Rates					
Employee Only	$1,016.84	$1,054.46	$1,053.12	$989.58	$964.72
Employee & Spouse	$2,133.56	$2,212.50	$2,209.64	$2,075.08	$2,022.40
Employee & Child	$1,320.00	$1,368.84	$1,367.08	$1,284.28	$1,251.86
Employee & Child(ren)	$1,662.62	$1,724.14	$1,721.92	$1,617.32	$1,576.36
Employee & Family	$2,707.20	$2,807.36	$2,803.74	$2,632.68	$2,565.70
Medical Plan					
Deductible In/Out Network	$250/500	$250/500	$500/750	$750/1000	$1000/3000
Co-Insurance% In/Out	80/60	80/60	90/70	80/60	80/60
Co-Insurance Maximum	$2000/4000	$2000/4000	$2000/4000	$3000/6000	$3000/6000
Office Visit	$25	$25	$25	$25	$30
Specialist Visit					
Emergency Room Hospital	$100	$100	$100	$150	$150
Prescription Plan					
Prescription Card Co-Pay	$5/15/30	$5/15/30	$5/15/30	$5/15/30	$5/15/30
Deductible	$0	$0	$0	$0	$0

Proposal rates are based on the following information:

- Rates based upon current benefits and enrollment. A substantial change in enrollment (10% over 30 days or 30% over 90 days) may result in a change in rates.
- Rates are based on a minimum employer contribution of 100% of the employee only rate or current funding level.
- Retirees pay the same premium as active employees regardless of age for medical and dental.
- Form must be received by 06/27/2025 in order to avoid a delay in implementation of benefits and/or late processing fees.

Please indicate the selected plan here _____.

Fax the signed document to 512-481-8481 or email to cassiev@county.org.

Signature_____ Date_____

Healthy County Together. Better. Stronger.

Texas Association of Counties
Health and Employee Benefits Pool

HEALTHY COUNTY: COUNTY SPECIFIC INCENTIVE PROGRAM

A County Specific Incentive (CSI) is a wellness program that rewards employees and/or spouses for healthy behaviors such as completing an annual exam, tobacco affidavit, or participating in a physical activity program in exchange for avoiding a premium contribution, a lower monthly premium, earn additional days of PTO, or other rewards decided on by the County or District. Penalties and Rewards are administered at the county or district level.

Healthy County is available to assist in the process of designing, communicating, and tracking a CSI. Employees will be able to view their progress and completion of the incentive online or on the mobile app.

YOUR COUNTY OR DISTRICT'S CSI

Our records indicate that your County or District does not currently have a CSI. Please make a selection below to let us know if you would like to implement a CSI or learn more about implementing a CSI. Your county or district's Wellness Consultant will reach out to you to discuss design options. Also, please feel free to contact your county or district's Wellness Consultant at any time to begin this process. If your County or District decides to implement a CSI, there is a six week waiting period before employees can view the program online.

☐ We would like to implement a CSI Program for the 2025-2026 plan year.

☐ We are interested in learning more about the CSI Program.

☐ We are not interested in learning more about the CSI Program at this time.

County or District Name: _____

Printed Name and Title: _____

Contracting Authority Signature: _____

Date: _____

Plan Year 2026 Benefit Updates

COBRA Update
New TAC HEBP Billing Policy
Spouse Eligibility Form Change
Pharmacy Network Update

New Billing & Payment Policy

Effective May 1, 2025

TAC HEBP now has a new billing policy. Groups are required to pay on time and as billed each month.

The updated policy which included information on Timely Payment Requirements, Late Payment Timelines, Payment Methods, and Payment Options was sent in mid-April. If you did not receive it or need another copy, please contact your Employee Benefit Specialist.

New COBRA Administrator

Effective May 1, 2025

TAC HEBP transitioned to a new COBRA administrator, **BenefitConnect|COBRA**.

All current groups partnering with TAC HEBP for COBRA services have successfully transitioned to the new vendor. If your group is continuing COBRA administration through TAC HEBP and BenefitConnect|COBRA, you will receive an amended Interlocal Agreement with your renewal. Please review, sign, and return it promptly.

Groups interested in transitioning to BenefitConnect|COBRA or learning more about the service may contact their Employee Benefits Consultant (EBC) for details, including the COBRA fee schedule and support model.

At renewal, groups have the option to:

1. Continue COBRA administration through TAC HEBP and BenefitConnect|COBRA;
2. Elect to self-administer COBRA benefits; or
3. Select an outside third-party administrator (TPA) — groups choosing this option will continue to process terminations through OASys.

If your group currently self-administers or uses a TPA, we encourage you to explore the benefits of our fully supported COBRA solution. Your EBC is available to walk you through the advantages and answer any questions.

Spouse Eligibility Verification

Effective October 1, 2025

The Board voted to remove the requirement for spouses to obtain coverage through their own employer before becoming eligible for coverage under the Pool.

While the Spouse Eligibility Verification Form will remain available for groups that wish to continue using it, its use is now optional and no longer mandatory.

Pharmacy Network Optimization

To help manage rising pharmacy costs and enhance overall prescription drug savings for the Pool, TAC HEBP will transition to a more focused pharmacy network. As part of this change, **CVS, Kroger, United Pharmacy, and Albertsons pharmacies will no longer be included** in the network effective on your group's anniversary date.

Navitus, our pharmacy benefit manager, conducted a thorough analysis and estimates that this change will impact **fewer than 12%** of the Pool's 49,000 covered members.

Members who currently fill prescriptions at one of the excluded pharmacies will be contacted 30 days prior to the effective date and provided with a list of nearby, in-network pharmacy alternatives based on their zip code.

This strategic shift is designed to maximize cost efficiency while continuing to support access to high-quality pharmacy care.

Texas Association of Counties
Health and Employee Benefits Pool


LOADTRAIL

STATE OF TEXAS:
COUNTY OF BLANCO:

I, Laura Walla, County Clerk of Blanco County, Texas, do hereby certify that the foregoing instrument of writing with its certificate of authentication was filed for record in my office on the _____ day of _____, A.D., 2025, at _____ o'clock ____m., and duly recorded on the _____ day of _____, A.D., 2025, at _____ o'clock ____m., in the Plat Records of Blanco County, Texas in Book _____, Page _____.

WITNESS MY HAND AND SEAL OF OFFICE *this the _____ day of _____, A.D., 2025.*

_____
LAURA WALLA, COUNTY CLERK
BLANCO COUNTY, TEXAS

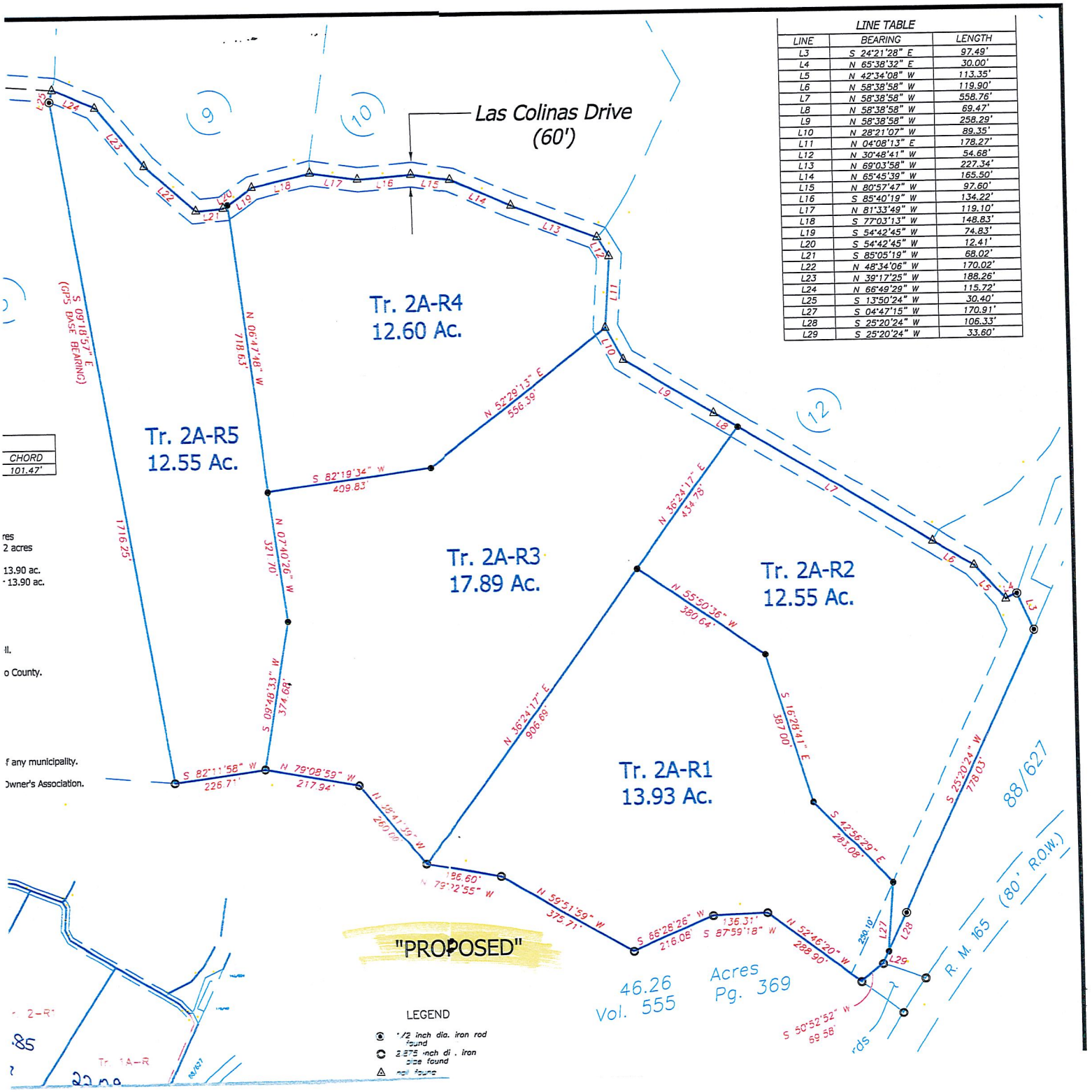
STATE OF TEXAS:
COUNTY OF BLANCO:

I, Laura Walla, County Clerk of Blanco County, Texas, do hereby certify that on the _____ day of _____, A.D., 2025, the Commissioners Court of Blanco County, Texas, passed an Order authorizing the filing for record of this Plat, and said Order has been duly entered in the minutes of said Court in Book _____, Page _____.

WITNESS MY HAND AND SEAL OF OFFICE *this the _____ day of _____, A.D., 2025.*

_____
LAURA WALLA, COUNTY CLERK
BLANCO COUNTY, TEXAS

_____
BRETT BRAY, COUNTY JUDGE
BLANCO COUNTY, TEXAS



LINE TABLE		
LINE	BEARING	LENGTH
L3	S 24°21'28" E	97.49'
L4	N 65°38'32" E	30.00'
L5	N 42°34'08" W	113.35'
L6	N 58°38'58" W	119.90'
L7	N 58°38'58" W	558.76'
L8	N 58°38'58" W	69.47'
L9	N 58°38'58" W	258.29'
L10	N 28°21'07" W	89.35'
L11	N 04°08'13" E	178.27'
L12	N 30°48'41" W	54.68'
L13	N 69°03'58" W	227.34'
L14	N 65°45'39" W	165.50'
L15	N 80°57'47" W	97.60'
L16	S 85°40'19" W	134.22'
L17	N 81°33'49" W	119.10'
L18	S 77°03'13" W	148.83'
L19	S 54°42'45" W	74.83'
L20	S 54°42'45" W	12.41'
L21	S 85°05'19" W	68.02'
L22	N 48°34'06" W	170.02'
L23	N 39°17'25" W	188.26'
L24	N 66°49'29" W	115.72'
L25	S 13°50'24" W	30.40'
L27	S 04°47'15" W	170.91'
L28	S 25°20'24" W	106.33'
L29	S 25°20'24" W	33.60'

CHORD
101.47'

res
2 acres
13.90 ac.
13.90 ac.
ll.
o County.
f any municipality.
Owner's Association.