

## **RAINS COUNTY, TEXAS SMALL SERVICES CONTRACT**

This Small Services Contract (“Agreement”) is made and entered into by and between Rains County, Texas (“County”) and the undersigned Contractor (Jason Jarrett).

### **1. PURPOSE AND SCOPE**

Professional Services: as described in Exhibit A. Contractor agrees to perform the services in accordance with the terms and conditions of this Agreement.

### **2. TERM**

This Agreement shall begin on November 1, 2025 and end on November 1, 2026, unless terminated earlier under Section 8.

### **3. COMPENSATION**

County agrees to pay Contractor a total amount not to exceed \$33,750.00 in accordance with Exhibit A. Payment will be made within forty-five (45) days after Commissioners Court approval of invoices. County is tax-exempt.

### **4. CONTRACTOR’S RESPONSIBILITIES**

Sub-Contractor agrees to provide metes and bounds legal descriptions for the agreed upon City Limit boundaries agreed upon by the county and municipality, does not include the descriptions for E.T.J. Contractor shall furnish all labor, equipment, and materials necessary to complete the services described in Exhibit A in a safe, competent, and workmanlike manner.

### **5. INSURANCE REQUIREMENTS**

Before commencing work, Contractor must provide proof of insurance with the following minimum coverage levels:

1. Commercial General Liability – \$1,000,000 per occurrence / \$2,000,000 aggregate
2. Automobile Liability – \$300,000 combined single limit
3. Workers’ Compensation – Statutory (if applicable)
4. Employer’s Liability – \$100,000 per accident

Rains County must be named as an additional insured. Policies must provide at least 30 days’ notice of cancellation. Proof of coverage shall be attached to Exhibit C.

### **6. INDEMNIFICATION**

Contractor shall indemnify, defend, and hold harmless Rains County, its officers, and employees from and against any and all claims, damages, or liabilities arising out of Contractor’s negligence or willful misconduct.

## **7. INDEPENDENT CONTRACTOR STATUS**

Contractor is an independent contractor and not an employee, agent, or representative of Rains County.

## **8. TERMINATION**

County may terminate this Agreement for convenience at any time upon written notice. Contractor shall be paid only for work performed up to the termination date.

## **9. COMPLIANCE WITH LAW**

Contractor shall comply with all applicable federal, state, and local laws, including all licensing and permitting requirements.

## **10. REQUIRED STATUTORY CERTIFICATIONS**

Contractor must complete and attach all certifications in Exhibit B, including Conflict of Interest (CIQ), Form 1295, Israel Boycott, Terrorist Organization, E-Verify, and any applicable HB 23 disclosures.

## **11. VENUE AND GOVERNING LAW**

Venue shall be in Rains County, Texas. This Agreement is governed by the laws of the State of Texas.

## **12. ENTIRE AGREEMENT**

This Agreement, including all attached exhibits, constitutes the entire agreement between the parties. No modification shall be valid unless approved by Commissioners Court in writing.

**SIGNATURES**



**Judge Brent Hillard**

**Date:** \_\_\_\_\_

**Contractor**



**Jason Jarrett**

**Date:** 11-18-25

**Date approved or ratified by Commissioners Court** \_\_\_\_\_

**EXHIBIT A  
SCOPE OF WORK AND COMPENSATION**

**Describe in detail the services to be performed, including location, schedule, and compensation.**

1. \$12,000 to provide metes and bounds legal descriptions for the agreed upon City Limit boundaries agreed upon by the County and Municipality, does not include the descriptions for the E.T.J.
2. \$750.00 to Provide Google Earth Mapping that depicts the City Limit and E.T.J. boundaries. Point/Emory/E. Tawakoni
3. \$1500.00 to provide metes and bounds descriptions for each E.T.J.
4. \$5,000 to set monuments at the defined lines as agreed upon by the County and Municipality

5. **Location of work:** Emory, Texas/Point, Texas/ East Tawakoni, Texas

6. **Materials Provided by County:** None

7. **Total cost of project is \$33,750.00**

8. **Rate or Lump Sum: \$33,750.00**

9. **Total Cost to Rains County:**

**Jason Jarrett**

115 Private Road 8010  
Emory, Texas 75440

To: **Rains County**  
Att: **Judge Hilliard**

I'm pleased to offer you an estimate for professional services for the project referenced below, the time frame to complete Item 1 in the fee schedule will be approximately 30-45 business days:

**LEGAL DESCRIPTION OF INTERLOCAL BOUNDARIES:**

- 1. City of Emory and the E.T.J.
- 2. City of Point and the E.T. J.
- 3. City of East Tawakoni and the E.T.J.

**FEE SCHEDULE:**

- 1. **\$12,000 plus tax to provide metes and bounds legal descriptions for the agreed upon City Limit boundaries agreed upon by the County and Municipality, does not include the descriptions for the E.T.J.**

**ADDITIONAL WORK:**

- 1. **\$750 plus tax to provide Google Earth Mapping that depicts the City Limit and E.T.J. boundaries.**
- 2. **\$1,500 plus tax to provide metes and bounds descriptions for each E.T.J.**
- 3. **\$5,000 plus tax to set monuments at the defined lines as agreed upon by the County and Municipality.**

Additional work to the requested will be quoted outside of this proposal on an as needed basis.

  
 \_\_\_\_\_  
 Jason Jarrett  
 Managing Partner  
 jason@jarrettcommercial.com

10/20/2025  
 \_\_\_\_\_  
 Date

I do hereby authorize Jason Jarrett, to complete the work requested above in Rains County, Texas.

\_\_\_\_\_  
Accepted by Client

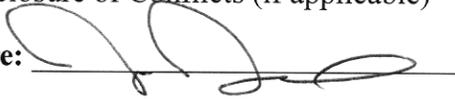
\_\_\_\_\_  
Date

**EXHIBIT B**  
**REQUIRED LEGAL CERTIFICATIONS**

By signing below, Contractor certifies compliance with the following statutes and requirements:

- Conflict of Interest Questionnaire (Gov't Code Chapter 176)
- Form 1295 – Certificate of Interested Parties (Gov't Code §2252.908)
- Non-Israel Boycott Certification (Gov't Code §2271.002)
- Prohibition on Contracting with Terrorist Organizations (Gov't Code §2252.152)
- Verification of Employment Eligibility (E-Verify)
- House Bill 23 – Disclosure of Conflicts (if applicable)

**Contractor Signature:**

A handwritten signature in black ink, consisting of several loops and a long horizontal stroke, written over a horizontal line.

**Date:**

11-18-25

**EXHIBIT C**  
**INSURANCE REQUIREMENTS & PROOF OF COVERAGE**

Contractor shall provide proof of insurance with the minimum limits stated in Section 5.  
Attach certificates of insurance and indicate below:

- Certificate of Insurance attached
- County listed as Additional Insured

Policy Numbers / Carriers / Effective Dates: \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/14/2025

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

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

<b>PRODUCER</b> ROLLO INSURANCE GROUP INC 1500 EARL RUDDER FWY S COLLEGE STATION TX 77840  Phone: 979.774.2800      Fax: 979.256.2509	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext):      Ext:      FAX (A/C, No): E-MAIL ADDRESS:  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A : Acuity, A Mutual Insurance Company</td> <td style="text-align: center;">14184</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Acuity, A Mutual Insurance Company	14184	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER D :															
INSURER E :															
INSURER F :															
<b>INSURED</b> BY-LINE SURVEYING LLC PO BOX 834 EMORY TX 75440															

**COVERAGES      CERTIFICATE NUMBER:      REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE AGGREGATE
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	CWCZZ5707	05/01/2025	05/01/2026	<input type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTHER E.L. EACH ACCIDENT    \$1,000,000 E.L. DISEASE - EA EMPLOYEE    \$1,000,000 E.L. DISEASE - POLICY LIMIT    \$1,000,000

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

<b>CERTIFICATE HOLDER</b> Proof of Insurance	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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**EXHIBIT D**  
**W-9 AND COUNTY CONTACT INFORMATION**

Vendor Tax ID (EIN/SSN): 464-81-2402

Vendor Mailing Address:

115 Private Road 8010  
Emory, Texas 75440

Vendor Contact Name / Phone / Email:

Jason Jarrett

County Department Contact: \_\_\_\_\_

\*\*\* Contractor shall provide current W-9 to the County Auditor

## Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://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.

<b>Print or type.</b> See <i>Specific Instructions</i> on page 3.	<p><b>1</b> 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.)</p> <p><b>Jason Jarrett</b></p>	
	<p><b>2</b> Business name/disregarded entity name, if different from above.</p>	
	<p><b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p><input checked="" type="checkbox"/> Individual/sole proprietor    <input type="checkbox"/> C corporation    <input type="checkbox"/> S corporation    <input type="checkbox"/> Partnership    <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .</p> <p><b>Note:</b> 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.</p> <p><input type="checkbox"/> Other (see instructions) _____</p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____</p> <p style="text-align: right;"><i>(Applies to accounts maintained outside the United States.)</i></p>
	<p><b>3b</b> 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 . . . . . <input type="checkbox"/></p>	
	<p><b>5</b> Address (number, street, and apt. or suite no.). See instructions.</p> <p><b>115 Private Road 8010</b></p>	<p>Requester's name and address (optional)</p>
	<p><b>6</b> City, state, and ZIP code</p> <p><b>Emory, Tx 75440</b></p>	
	<p><b>7</b> List account number(s) here (optional)</p>	

**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.

<b>Social security number</b>										
4	6	4	-	8	1	-	2	4	0	2
<b>or</b>										
<b>Employer identification number</b>										
			-							

**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.

**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.

<b>Sign Here</b>	Signature of U.S. person 	Date <b>01/01/2025</b>
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**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](http://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



# COUNTY OF RAINS



**BRENT D. HILLIARD**

COUNTY JUDGE

Resolution #112625IVB6

STATE OF TEXAS

COUNTY OF RAINS

BE IT REMEMBERED, at a regular meeting of the Commissioners Court of Rains County, Texas, held on the 26th day of November, 2025, on motion made by Commissioner of Precinct \_\_ and seconded by Commissioner of Precinct \_\_, the following Resolution was adopted:

WHEREAS, Rains County desires to enter into a contract with Jason Jarrett; and

NOW, THEREFORE, BE IT RESOLVED that the Commissioners Court of Rains County, Texas:

Directs and authorizes the County Judge to execute all necessary documents as may be required to act in all matters in connection with this matter.

ENACTED UPON IN OPEN COURT on this the 26th day of November, 2025.

Brent D. Hilliard, County Judge

Jeremy Cook, Precinct 1

Mike Willis, Precinct 2

Korey Young, Precinct 3

Lori Northcutt, Precinct 4