

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 ("Hooten's Lawn & Tree Service").

1. PURPOSE AND SCOPE

This Agreement is for one-time, non-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 December 1, 2025 and end on December 31st, unless terminated earlier under Section 8.

3. COMPENSATION

County agrees to pay Contractor a total amount not to exceed \$2,158.33 monthly and \$25,900 annually 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

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

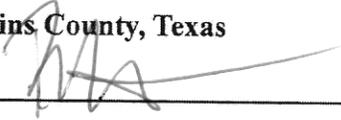
Venue shall be in Rains County, Texas. This Agreement is governed by the laws of the State of Texas.

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

Rains County, Texas



Judge Brent Hilliard

Date: 12/11/25

Contractor



Tim Hooten

Date: 11-25-25

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. Landscaping for properties of Rains County and it includes the following:
Rains County Courthouse
Rains County Library
Rains county Emergency Building
Rains County Senior Citizens Building
Rains County Ag Extension Offices
Historical Park
(See Estimate 15143 for details)

2. Materials Provided by County: None

3. Total cost of project is \$25,900.00/annually
4. Rate or Lump Sum: \$2,158.33/monthly
5. Total Cost to Rains County: \$25,900.00

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, appearing to be "J. Hook", written over a horizontal line.

Date: 11-25-25

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: 164-008-5 / Federated / 6/2/25 - 6/2/26
0001288539 / Texas Mutual / 6/2/25 -
6/2/26



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/25/2025

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).

PRODUCER FEDERATED MUTUAL INSURANCE COMPANY AND ITS AFFILIATES INCLUDING PRIMARY SOURCE INSURANCE AGENCY 121 E. PARK SQUARE OWATONNA, MN 55060	CONTACT NAME: CLIENT CONTACT CENTER	
	PHONE (A/C, No, Ext): 888-333-4949	FAX (A/C, No): 507-446-4664
INSURED HOOTEN'S LAWN & TREE SERVICE LLC 609 W LENNON DR EMORY, TX 75440-3041	E-MAIL ADDRESS: CLIENTCONTACTCENTER@FEDINS.COM	
	INSURERS AFFORDING COVERAGE	
	INSURER A: FEDERATED RESERVE INSURANCE COMPANY	NAIC # 16024
	INSURER B: TEXAS MUTUAL INS CO	22945
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: 22 REVISION NUMBER: 0

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	N	N	9829794	06/02/2025	06/02/2026	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) EXCLUDED PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS & COMPIOP ACC \$2,000,000
A	AUTOMOBILE LIABILITY <input checked="" 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	N	N	9829794	06/02/2025	06/02/2026	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per Person) BODILY INJURY (Per Accident) PROPERTY DAMAGE (Per Accident)
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION						EACH OCCURRENCE AGGREGATE
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/ EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	0001288539	06/02/2025	06/02/2026	<input checked="" type="checkbox"/> PER STATUTE 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)

CERTIFICATE HOLDER RAINS COUNTY 220 W QUITMAN ST STE B EMORY, TX 75440-2297	22 0	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Nicholas R. Lower</i>
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AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULEPage 1 of 1

AGENCY FEDERATED MUTUAL INSURANCE COMPANY AND ITS AFFILIATES INCLUDING PRIMARY SOURCE INSURANCE AGENCY		NAMED INSURED HOOTEN'S LAWN & TREE SERVICE LLC 809 W LENNON DR EMORY, TX 75440-3041	
POLICY NUMBER SEE CERTIFICATE # 6.4			
CARRIER SEE CERTIFICATE # 6.4	NAIC CODE	EFFECTIVE DATE: SEE CERTIFICATE # 6.4	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

THE CERTIFICATE HOLDER IS AN ADDITIONAL INSURED SUBJECT TO THE CONDITIONS OF THE ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - AUTOMATIC STATUS WHEN REQUIRED IN CONSTRUCTION AGREEMENT WITH YOU ENDORSEMENT FOR GENERAL LIABILITY.

THE CERTIFICATE HOLDER IS AN ADDITIONAL INSURED SUBJECT TO THE CONDITIONS OF THE ADDITIONAL INSURED BY CONTRACT ENDORSEMENT FOR BUSINESS AUTO LIABILITY.

GENERAL LIABILITY CONTAINS A WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US (WAIVER OF SUBROGATION) - AUTOMATIC ENDORSEMENT

BUSINESS AUTO LIABILITY CONTAINS A WAIVER OF SUBROGATION IN FAVOR OF THE CERTIFICATE HOLDER SUBJECT TO THE CONDITIONS OF THE BLANKET WAIVER OF TRANSFER OF RIGHTS OF RECOVERY ENDORSEMENT.

EXHIBIT D
W-9 AND COUNTY CONTACT INFORMATION

Vendor Tax ID (EIN/SSN): _____

Vendor Mailing Address:

Vendor Contact Name / Phone / Email:

County Department Contact: _____

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

see attached

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 <i>Specific Instructions</i> on page 3.	<p>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.)</p> <p style="text-align: center;">Hootens Lawn and Tree LLC</p>	
	<p>2 Business name/disregarded entity name, if different from above.</p>	
	<p>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.</p> <p> <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> 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. <input type="checkbox"/> Other (see instructions) _____ </p>	<p>4 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>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 <input type="checkbox"/></p>	
	<p>5 Address (number, street, and apt. or suite no.). See instructions.</p> <p style="text-align: center;">609 W Lennon Drive</p>	<p>Requester's name and address (optional)</p>
	<p>6 City, state, and ZIP code</p> <p style="text-align: center;">Emory, Tx 75440</p>	<p>Rains County, Texas</p>
	<p>7 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.

Social security number									
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or									
Employer identification number									
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9	9								

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.

Sign Here	Signature of U.S. person	Date
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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.

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

Hooten's Lawn & Tree Service, LLC

Emory, Texas
75440

Estimate

Date	Estimate #
8/22/2024	14146

Name / Address
Rains County Treasurer 220 W. Quitman St. Ste. A Emory, Texas 75440



Lic# 0019094	Store #	Tim's Cell #	Fax #
	903 473-8706	903-474-4402	903-953-2680
Description	Qty	Rate	Total
Landscaping proposal for properties of Rains County and it includes the following.		0.00	0.00T
Rains County Courthouse: Mow on a weekly basis, weedeat, edge and blow off all walks and parking areas. Trim hedges three times a year and remove debris. Mulch flowerbeds twice a year, and weed flowerbeds once monthly. Spay grass in parking areas as needed. Install seasonal color in flowerbeds twice a year. Fertilize yard twice a year. Overseed yard with rye grass in fall. Adjust sprinkler system as needed through the year to maintain plants and yard. Any repairs to sprinkler will be an additional charge. Maintain property and report any additional work to be done to the Judge and Commissioners.		0.00	0.00T
Rains County Library: Mow on a weekly basis, weedeat, edge and blow off all walks and parking areas. Trim hedges three times a year and remove debris.		0.00	0.00T
Rains County Senior Building: Mow on a weekly basis, weedeat, edge and blow off all sidewalks and parking areas.		0.00	0.00T
Rains County Emergency Building: Mow on a weekly basis, weedeat, edge and blow off all sidewalks and parking areas.		0.00	0.00T
Rains County Ag Extension Office: Mow on a bi-weekly basis, weedeat, edge and blow off all sidewalks and parking areas, trim trees once a year.		0.00	0.00T
Subtotal			
Sales Tax ()			
Total			

Signature

HOOTEN'S LAWN & TREE SERVICE LLC

• LANDSCAPING • IRRIGATION & STONE

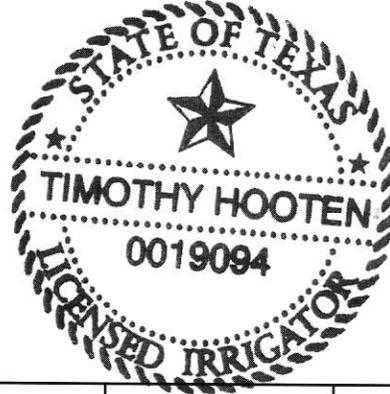
hootenslawncare@yahoo.com

Emory, Texas 75440

Estimate

Date	Estimate #
7/9/2025	15143

Name / Address
Rains County Treasurer 220 W. Quitman St. Ste. A Emory, Texas 75440



Lic# 0019094

Store #	Tim's Cell #	Fax #
903 473-8706	903-474-4402	903-953-2680

Description	Qty	Rate	Total
Rains County Historical Park. Mow on a bi-weekly basis, weedeat, edge and blow off all sidewalks and parking areas, trim trees once a year.		0.00	0.00T
Total for the year for the above listed services on listed properties is 25,900.00 to be paid out in twelve monthly installments of 2158.33		0.00	0.00T
2,000,000.00 dollar General Liability Insurance through Federated insurance, one million each occurrence. Workers Compensation Plan through Federated insurance. Rains County can be listed as additional insured at no additional cost.		0.00	0.00T
		Subtotal	\$0.00

Hooten's Lawn & Tree LLC will not be responsible for damage to underground lines which have not been marked or disclosed.

If paying with a credit card there will be an additional 3% administrative fee.

Workmans Comp/ Insured

Signature _____

Sales Tax ()	\$0.00
Total	\$0.00



COUNTY OF RAINS

BRENT D. HILLIARD

COUNTY JUDGE



Resolution #121125IVB1

STATE OF TEXAS

COUNTY OF RAINS

BE IT REMEMBERED, at a regular meeting of the Commissioners Court of Rains County, Texas, held on the 11th day of December, 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 Hooten's Lawn and Tree Service; 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 11th day of December, 2025.

Brent D. Hilliard, County Judge

Jeremy Cook, Precinct 1

Mike Willis, Precinct 2

Korey Young, Precinct 3

Lori Northcutt, Precinct 4