Public Notice
Request for Proposal
Subcontractor

Rains County Leader

PUBLISHER'S AFFIDAVIT

STATE OF TEXAS
COUNTY OF RAINS

BEFORE ME, the undersigned authority, on this day personally appeared **EARL HILL, III**, the Editor of the *RainsCountyLeader*, which has general circulation in Emory, Rains County, Texas, and surrounding counties, who being by me duly sworn, deposes and says that the foregoing attached notice was published in said newspaper once each week for (1) consecutive week/weeks, to wit:

MARCH 26, 2026

Editor, Earl Hill, III

SWORN TO AND SUBSCRIBED BEFORE ME by **Earl Hill, III** on **MARCH 26, 2026.**

LEA BOYKIN REED
Notary Public, State of Texas
Comm. Expires 10-22-2029
Notary ID 133408338

Notary Public, State of Texas

lied Ads

We Accept VISA DISCOVER AMERICAN EXPRESS

(903) 473-2653

CLASSIFIED DEADLINE 5:00 P.M. TUESDAY

NSTRUCTION

OTEN'S HARD-WARE, LLC
ll your welding, ng repair and r needs available e. Hwy. 69N in y. 903-473-

SON AND SONS ng, drywall, car- y and more. 259-8541. For bing needs call Trieb 903-474-

GRAVEL. All of gravel, ed asphalt, avail- for spreading, estimates. Miller e. Bret Garrett 268-6910.

/LANDSCAPE/MOWING

an Lawn Service 865-0662, 469- 4645, text, leave sage or call after p.m. Fully ed. Free esti- s.

SMITH'S LAWN CARE
lscaping, fencing, ge trimming, kly/biweekly rates. -521-8506, free nates.

ne: r.com

NE NG
73-5150 y, Emory 4233

KU ON

3	8	6
5	7	9

LAWN/LANDSCAPE/MOWING

HOOTEN'S LAWN & TREE SERVICE, LLC
Tim Hooten
Lawn maintenance, sodding, landscaping, tree trimming & removal, retaining walls, irrigation systems. LI 0019094. 903-473-8706, 903-474-4402.

Get your fence rows spring ready now. The roots of vegetation are more accessible for removal limiting future regrowth with minimal impact on wildlife habitat. Affordable pricing, Marvin 903-348-4399, text please.

TREE SERVICES

LEGACY TREE SERVICE. www.TheWilsonLegacy.com 903-455-1587. Insured, credit cards, appointments. We specialize in high risk removals. Trimming, Removals, Stumps.

HOOTEN'S LAWN & TREE SERVICE, LLC.
Tree trimming/removal. Credit cards, insured. LI0019094. 903-473-8706, 903-474-4402.

HELP WANTED

RAINS ISD NEEDS: Custodian/Custodian Substitutes, Bus Drivers/ Substitutes, Food Service Employee/Substitutes, Child Development Center Employee/ Substitutes. Salary based on experience. $320/month of full-time employee health coverage paid. Apply on-line at https://www.rainsisd.org Equal Employment Opportunity.

If you suspect

PUBLIC/LEGAL NOTICE

PUBLIC NOTICE
NOTICE TO ALL PERSONS BUYING PROPERTY IN THE VICINITY OF THE SHIRLEY WATER SUPPLY CORP.

Shirley Water Supply Corp. urges any prospective buyer to verify with the manager at the office, located on FM 1567, east of Hwy. 19, north of Emory, Tex., or south of Sulphur Springs, Tex., whether or not water is available at the tract of land in question.

Shirley Water Supply Corp.
6684 FM 1567W
Sulphur Springs, Texas 75482

PUBLIC NOTICE

Rains County is accepting Request for Proposal (sealed) regarding the position of Sub-Contractor to act as a consultant on real estate, subdivision, and zoning regulations; and has the necessary expertise and qualification to provide consulting services in these areas.

Due Date: Monday, April 13, 2026 by 10:00 am (Delivered in a sealed envelope marked "Zoning & Regulations.")

Address:
Office of the County Judge
167 E. Quitman Street
Emory, Texas 75440

You must agree to Sub-Contractor Agreement and its terms and conditions. Please go to the Rains County website *www.co.rains.tx.us* to review the Scope of Work and associated terms and conditions of the Sub-Contract.

BUY IT! SELL IT! FIND IT!
IN THE CLASSIFIEDS!
For information, call 903-473-2653

ADVERTISE

News? Advertising? Subscription? Questions?

Contact the *Rains County Leader* at:

(903) 473-2653

Jason Jarrett
115 Private Road 8010 (P.O. Box 1237)
Emory, Tx 75440
903-269-6467
jason@jarrettcommercial.com

April 2, 2026

Rains County Commissioners Court:

Good afternoon,

I'd like to be considered for the Rains County Subdivision Coordinator position that has been sent out for proposal.

I've been a resident of Rains County most of my life. I've raised my children here and would love to be an integral part of the growth that has started and will continue. I believe I offer and bring a lot of experience that would be beneficial to the County as well as the residents. I've contracted with the County in this position since 2023 and would love to continue that relationship as well.

I want the Court to know I'm not applying for the Rains County Subdivision Coordinator position to benefit my business. I'm submitting a proposal for this position to help the County as I have in the past, with over 25 years of experience in Subdivisions, Engineering Plans, Drainage Study's, as well as Flood Management. That experience will bring continue to bring a wealth of knowledge to the County and the position.

I'm not a Registered Land Surveyor, I don't believe a Subdivision Coordinator should be. A subdivision plat must be completed and signed by and under the supervision of a Registered Land Surveyor. They can influence a subdivision in ways that I can't. I can't sign and approve one, regardless of whether I own the company or not, therefore I can offer no undue influence on the signing or completion of a plat. A Subdivision Coordinator should be the liaison to work with the court to make sure all the requirements are met on the plat regarding the Subdivision Regulations, and work with the public to help them understand what they may or may not need done to get the Subdivision approved. As well as someone that can read and interpret the data, that most laymen don't have the knowledge to understand.

Sincerely,

Jason Jarrett

BY-LLLC000 MHORN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/21/2024

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	CONTACT NAME:	
Rollo Insurance Group, Inc 300 CR 4707 Sulphur Springs, TX 75482	PHONE (A/C, No, Ext): (903) 919-8452	FAX (A/C, No):
	E-MAIL ADDRESS: casey.phillips@rolloinsurance.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Acuity A Mutual Insurance Co	14184
INSURED	INSURER B :	
By-Line Surveying LLC 109 Prosperity Parkway Emory, TX 75440	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

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	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE [X] OCCUR	X	X	ZX0813	9/20/2024	9/20/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY [ ] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB [ ] OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$
	DED [ ] RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						[ ] PER STATUTE [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

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

CERTIFICATE HOLDER

Proof of Insurance
Jason Jarrett
115 Private Road 8010
Emory, Tx 75440

Additional Insured
Rains County
220 W. Quitman Street
Emory, Tx 75440

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

Jason Rollo

89559

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.

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PRODUCER	CONTACT NAME:	
ROLLO INSURANCE GROUP INC 1500 EARL RUDDER FWY S COLLEGE STATION TX 77840	PHONE (A/C, No, Ext): Ext:	FAX (A/C, No):
Phone: 979.774.2800 Fax: 979.256.2509	E-MAIL ADDRESS:	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
BY-LINE SURVEYING LLC PO BOX 834 EMORY TX 75440	INSURER A : Acuity, A Mutual Insurance Company	14184
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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

Proof of Insurance

Jason Jarrett
115 Private Road 8010
Emory, Tx 75440

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

Sherry Murphy

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.)

Jason Jarrett

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.

115 Private Road 8010

6 City, state, and ZIP code

Emory, Texas 75440

Requester's name and address (optional)

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

4 6 4 - 8 1 - 2 4 0 2

or

Employer identification number

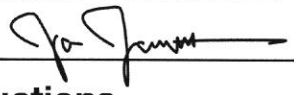
\-

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** 01/01/2026

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

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 03/16/2026

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PRODUCER	CONTACT NAME: Leon Farmer	
Leon Farmer 5634 Highway 78, Suite 111 Sachse, TX 75048	PHONE (A/C, No, Ext): 469-750-3020	FAX (A/C, No):
	E-MAIL ADDRESS: lfarmer@farmersagent.com	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
Jason Jarrett 115 Private Rd 8010 Emory, Tx 75440	INSURER A : Appalachian Underwriting	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 500000
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 25000
							MED EXP (Any one person)	$
				APR-PL-292947	03/19/2026	03/19/2027	PERSONAL & ADV INJURY	$ 25000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 500000
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						PER STATUTE OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? N / A						E.L. EACH ACCIDENT	$
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
	Professional Liability (Policy Limits on Page 2)							

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

Consultant - For the purposes of providing of advice to a third part for a fee.

CERTIFICATE HOLDER

RAINS COUNTY
220 W. QUITMAN ST
EMORY, TX 75440

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

Roderick K Nicholes

This Declaration Page is attached to and forms part of Certificate provisions (Form SLC-3 USA NMA2868)

Certificate Reference No: ATR/PL/292947 **Authority Reference No:** B1820WLS26C853

Professional Liability:

		Limit(s)	Coverage	Premium
I.	Each Claim Limit	$500,000	Yes	
II.	Annual Aggregate Limit	$500,000	Yes	
III.	Defendant's Reimbursement Per Day / Annual Aggregate	$250 / $5,000	Yes	
IV.	Defence of Disciplinary/ Administrative Proceedings Annual Aggregate	$25,000	Yes	
V.	Aggregate for Subpoena Expenses	$5,000	Yes	
VI.	Unintentional Copyright	$250,000	Yes	
Total Professional Liability				**$340.00**
VII.	Retroactive Date	19 March 2026		
VIII.	Professional Service	**Consultant** For the purposes of this insurance the term Consultant shall mean providing of advice to a third party for a fee		
IX.	Deductible	$5,000		

THIS PROFESSIONAL LIABILITY INSURANCE PROVIDES COVERAGE ON A CLAIMS MADE AND REPORTED BASIS. THE TOTAL LIABILITY UNDER THIS PROFESSIONAL LIABILITY INSURING CLAUSE, INCLUDING DEFENSE COSTS AND REGARDLESS OF THE NUMBER OF CLAIMS, WILL NOT EXCEED THE AGGREGATE LIMIT STATED ABOVE FOR THIS SECTION.

Additional Coverages :

	Limit(s)	Coverage	Premium
Hired and Non Owned Auto coverage	$0	No	
Business Personal Property	$25,000	Yes	
Total Additional Coverages			**$0.00**

PUBLIC NOTICE

Rains County is accepting Request for Proposal (sealed) regarding the position of Sub-Contractor to act as a consultant on real estate, subdivision, and zoning regulations; and has the necessary expertise and qualification to provide consulting services in these areas.

Due Date: Monday, April 13, 2026 by 10:00 am (Delivered in a sealed envelope marked "Zoning & Regulations.")

Address:
Office of the County Judge
167 E. Quitman Street
Emory, Texas 75440

You must agree to Sub-Contractor Agreement and its terms and conditions. Please go to the Rains County website *www.co.rains.tx.us* to review the Scope of Work and associated terms and conditions of the Sub-Contract.

Diana Wolfe

From: Diana Wolfe
Sent: Monday, March 23, 2026 4:07 PM
To: Jason Jarrett
Subject: Request for Proposal - Dated 4-13-2026
Attachments: RAINS COUNTY SMALL CONTRACT PACKAGE Bid Date 04_13_2026.docx

Mr. Jarrett;

Please see attached Request for Proposal.

Best regards,

Diana Wolfe
Analyst
Rains County
903-473-5000 ext. 119
214-802-8329 (cell)
Diana.wolfe@co.rains.tx.us

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 ("Contractor").

1. PURPOSE AND SCOPE

This Agreement is for one-time, 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 4/23/26 and end on 4/23/27, unless terminated earlier under Section 8.

3. COMPENSATION

County agrees to pay Contractor a total amount not to exceed $18,000 per year, 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.
5. Professional Liability - $500,000 per incident.

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

Brent D. Hilliard, County Judge

Date: 4-23-26

Contractor

Jason Jarrett

Date: 04/02/2026

Date approved or ratified by Commissioners Court 4/23/26

EXHIBIT A

Scope of Work:

Sub-contractor agrees to provide consulting services to the County related to real estate, subdivision, and zoning regulations. Specific duties may include, but are not limited to;

Advising on zoning and subdivisions regulations, Recreational Vehicle regulations, Manufactured Homes regulations, Tiny Homes regulations and general land regulations.

Reviewing proposed developments for compliance with city and county ordinances.

Preparing reports or recommendations related to land use and planning.

Attending meetings as scheduled by the County.

Sub-Contractor agrees to perform the services with the highest professional standards and in compliance with all applicable laws and regulations.

See attached Statement of Qualifications, labeled EXHIBIT E.

Compensation $18,000 per year and monthly installments of $1,500 per month.

EXHIBIT D
W-9 AND COUNTY CONTACT INFORMATION

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

Vendor Mailing Address:

115 Private Road 8010
Emory, Tx 75440

Vendor Contact Name / Phone / Email:

Name: Jason Jarrett
Phone: 903-269-6467
Email: jason@jarrettcommercial.com

County Department Contact: _____

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

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:

x Certificate of Insurance attached

x County listed as Additional Insured

Policy Numbers / Carriers / Effective Dates:

Professional Liability & Commercial General Liability Insurance
Policy Number: APR-PL-292947
Farmers Insurance (Appalachian Underwriting)
03/19/2026 through 03/19/2027

Worker's Compensation Insurance
Policy Number: CWCZZ5707
Rollo Insurance Group (Acuity Underwriting)
05/01/2025 through 05/01/2026

Commercial General Liability Insurance
Policy Number: ZX0813
Rollo Insurance Group (Acuity Underwriting)
09/20/2025 through 09/20/2026

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: _____ **Date:** 04/02/2026

Diana Wolfe

From: Diana Wolfe
Sent: Monday, March 23, 2026 4:12 PM
To: Greg@Tri-pointsurveying.com
Subject: FW: Request for Proposal dated 04-13-2026
Attachments: RAINS COUNTY SMALL CONTRACT PACKAGE Bid Date 04_13_2026.pdf

From: Diana Wolfe
Sent: Monday, March 23, 2026 4:09 PM
To: 'Greg@Tri-pointsurveying.com' <Greg@Tri-pointsurveying.com>
Subject: Request for Proposal dated 04-13-2026

Greg;

Please see attached information regarding a Request For Proposal due 04-13-2026.

Best regards,

Diana Wolfe

Analyst
Rains County
903-473-5000 ext. 119
214-802-8329 (cell)
Diana.wolfe@co.rains.tx.us