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, 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 7/4/2026 and end on 7/5/2026, unless terminated earlier under Section 8.

3. COMPENSATION

County agrees to pay Contractor a total amount not to exceed $7623.90 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.

EXHIBIT A
SCOPE OF WORK AND COMPENSATION

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

1. Description of work:

   INSTALL 3 TON 16 SEER GOODMAN A/C SYSTEM WITH NATURAL GAS FURNACE AND EVAPORATOR COIL. RETURN AND SUPPLY PLENUMS. EMERGENCY DRAIN PAN & DRAIN LINE. INSTALL (4) 8" FLEXIBLE SUPPLY DUCTS INSTALL ONE 16" SUPPLY DUCT. CONNECT ONE EXISTING RETURN AIR DUCT

2. Location of work:

   109 WOOD ST.
   EMORY, TX. 75440

3. Materials Provided by County:

   NONE

4. Rate or Lump Sum:

5. Total Cost to County:

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: _____

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:** 7/3/26

EXHIBIT D
W-9 AND COUNTY CONTACT INFORMATION

Vendor Tax ID (EIN/SSN): 26-0610048
Vendor Mailing Address:

Vendor Contact Name / Phone / Email:
EAST TEXAS HEATING & AIR CONDITIONING
P.O. Box 46
ALBA, TX - 75410

County Department Contact: JIM JOHNS

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

SIGNATURES

Rains County, Texas

_____

Date: _____

Contractor

_____

Date: 7/3/26

Date approved or ratified by Commissioners Court _____

Form **W-9**
(Rev. June 2025)
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*, on page 2.

1 Name of entity/individual. An entry is required. (For a sole proprietorship or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)
East Texas Heating & Air Conditioning, Inc

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 4):

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.
8550 S Fm 779 / PO Box 46

Requester's name and address (optional)

6 City, state, and ZIP code
Alba, Tx 75410

7 List account number(s) here (optional)

See *Specific Instructions* on page 3.

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). Do not enter the employer identification number (EIN) of a disregarded entity. For a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your 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
26 - 0610048

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; or
5. ☐ I am exempt from information reporting as a U.S. digital asset broker within the meaning of Regulations section 1.6045-1(g)(4)(i)(A)(1) (other than a registered investment adviser that is not otherwise an exempt recipient under Regulations section 1.6045-1(c)(3)(i)(B)(1) through (11)). I claim exempt status under Regulations section 1.6045-1(c)(3)(i)(B)(12).

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** Anthony Smith **Date** 7 / 3 / 26

TEXAS FARM BUREAU INSURANCE COMPANIES

TEXAS FARM BUREAU CASUALTY INSURANCE COMPANY
TEXAS FARM BUREAU MUTUAL INSURANCE COMPANY
FARM BUREAU COUNTY MUTUAL INSURANCE COMPANY OF TEXAS
SOUTHERN FARM BUREAU LIFE INSURANCE COMPANY
TEXAS FARM BUREAU UNDERWRITERS

TEXAS FARM BUREAU INSURANCE
AUTO / HOME / LIFE

7420 FISH POND RD · WACO TX 76710-1010 · (254) 772-3030 MAILING ADDRESS: PO BOX 2689 · WACO TX 76702-2689

CERTIFICATE OF INSURANCE
FOR INFORMATION PURPOSES ONLY

CERTIFICATE HOLDER NAME AND MAILING ADDRESS

JIM JONES, RAINS COUNTY COMMISSIONER PRECINCT #2
182 N TEXAS ST
EMORY, TX 75440

POLICY NUMBER
21979899
Date: 07/06/2026
Policy Period:
From: 07/06/2026
To: Until Cancelled

This is to certify that the policy (including endorsements) of insurance, as described below, has been issued by the undersigned, to the Insured named below, and is in force at this time. If cancelled at the request of either party, or changed in any manner for any reason during the period of coverage, as stated herein, so as to affect this Certificate, **10** days prior written notice will be given by this Insurance Company to the Certificate Holder named above.

The FARM BUREAU COUNTY MUTUAL INSURANCE COMPANY OF TEXAS hereby certifies that the following described policy has been issued and is in force and effect.

INSURED NAME AND MAILING ADDRESS
EAST TEXAS HEAT & AIR INC
8540 FM 779
ALBA, TX 75410-8557

DESCRIPTION OF RISK
18 TOYTA PICKUP 05200 5TFSX5EN7JX062588
22 FORD PICKUP 05100 1FTMF1CB0NKE65019
25 CHEVY PKUP 14000 1GB5HLE745F343926
24 FORD VAN 09700 1FTYE1C86RKA04244

COVERAGE	LIMITS OF LIABILITY	
PUBLIC LIABILITY	**BODILY INJURY/PROPERTY DAMAGE**	
☐ Commercial General Liability	$	EACH OCCURRENCE
☐ Premises and Operations	$	AGGREGATE
☐ Contractors Protective		
☐ Products – Completed Operations		
☐ Contractual – Designated Contracts Only		
☐ Excludes Explosion, Collapse and Underground Property Damage Hazard		
AUTOMOBILE LIABILITY	**BODILY INJURY/PROPERTY DAMAGE**	
☐ Fleet		
☒ Specific Automobiles Only	$1,000,000	EACH PERSON
☐ Non-Ownership and Hired Automobiles	$1,000,000	EACH ACCIDENT
	$1,000,000	EACH ACCIDENT
FARM LIABILITY	$	EACH OCCURRENCE
	$	AGGREGATE
PERSONAL LIABILITY		
☐ Homeowners	$	EACH OCCURRENCE
☐ Farm and Ranch Owners	$	EACH OCCURRENCE
UMBRELLA LIABILITY	$	EACH OCCURRENCE
	$	AGGREGATE

This Certificate of Insurance neither affirmatively nor negatively amends, extends, or alters the coverage or any provision afforded by the policy. This Certificate is executed and issued in duplicate by the aforesaid Company.

COI-ATB

TEXAS FARM BUREAU INSURANCE COMPANIES

TEXAS FARM BUREAU CASUALTY INSURANCE COMPANY
TEXAS FARM BUREAU MUTUAL INSURANCE COMPANY
FARM BUREAU COUNTY MUTUAL INSURANCE COMPANY OF TEXAS
SOUTHERN FARM BUREAU LIFE INSURANCE COMPANY
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CERTIFICATE HOLDER NAME AND MAILING ADDRESS

JIM JONES, RAINS COUNTY COMMISSIONER PRECINCT #2
182 N TEXAS ST
EMORY, TX 75440

POLICY NUMBER
21979900
Date: 07/06/2026
Policy Period:
From: 07/06/2026
To: Until Cancelled

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INSURED NAME AND MAILING ADDRESS
EAST TEXAS HEAT & AIR INC
8540 FM 779
ALBA, TX 75410-8557

DESCRIPTION OF RISK
16 FORD PICKUP 05100 1FTMF1C86GKF16336
13 GMC PICKUP 05600 1GTN1TEA4DZ390673
17 FORD PICKUP 10000 1FT7W2BTXHEE18189
18 FORD VAN 04900 1FTYE1YG5JKA31598

COVERAGE	LIMITS OF LIABILITY	
PUBLIC LIABILITY	**BODILY INJURY/PROPERTY DAMAGE**	
☐ Commercial General Liability	$	EACH OCCURRENCE
☐ Premises and Operations	$	AGGREGATE
☐ Contractors Protective		
☐ Products – Completed Operations		
☐ Contractual – Designated Contracts Only		
☐ Excludes Explosion, Collapse and Underground Property Damage Hazard		
AUTOMOBILE LIABILITY	**BODILY INJURY/PROPERTY DAMAGE**	
☐ Fleet	$1,000,000	EACH PERSON
☒ Specific Automobiles Only	$1,000,000	EACH ACCIDENT
☐ Non-Ownership and Hired Automobiles	$1,000,000	EACH ACCIDENT
FARM LIABILITY	$	EACH OCCURRENCE
	$	AGGREGATE
PERSONAL LIABILITY		
☐ Homeowners	$	EACH OCCURRENCE
☐ Farm and Ranch Owners	$	EACH OCCURRENCE
UMBRELLA LIABILITY	$	EACH OCCURRENCE
	$	AGGREGATE

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8540 FM 779
ALBA, TX 75410-8557

DESCRIPTION OF RISK
18 TOYTA PICKUP 05200 5TFSX5EN7JX062588
22 FORD PICKUP 05100 1FTMF1CB0NKE65019
25 CHEVY PKUP 14000 1GB5HLE745F343926
24 FORD VAN 09700 1FTYE1C86RKA04244

COVERAGE	LIMITS OF LIABILITY	
PUBLIC LIABILITY	**BODILY INJURY/PROPERTY DAMAGE**	
☐ Commercial General Liability	$	EACH OCCURRENCE
☐ Premises and Operations	$	AGGREGATE
☐ Contractors Protective		
☐ Products – Completed Operations		
☐ Contractual – Designated Contracts Only		
☐ Excludes Explosion, Collapse and Underground Property Damage Hazard		
AUTOMOBILE LIABILITY	**BODILY INJURY/PROPERTY DAMAGE**	
☐ Fleet		
☒ Specific Automobiles Only	$1,000,000	EACH PERSON
☐ Non-Ownership and Hired Automobiles	$1,000,000	EACH ACCIDENT
	$1,000,000	EACH ACCIDENT
FARM LIABILITY	$	EACH OCCURRENCE
	$	AGGREGATE
PERSONAL LIABILITY		
☐ Homeowners	$	EACH OCCURRENCE
☐ Farm and Ranch Owners	$	EACH OCCURRENCE
UMBRELLA LIABILITY	$	EACH OCCURRENCE
	$	AGGREGATE

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INSURED NAME AND MAILING ADDRESS
EAST TEXAS HEAT & AIR INC
8540 FM 779
ALBA, TX 75410-8557

DESCRIPTION OF RISK
16 FORD PICKUP 05100 1FTMF1C86GKF16336
13 GMC PICKUP 05600 1GTN1TEA4DZ390673
17 FORD PICKUP 10000 1FT7W2BTXHEE18189
18 FORD VAN 04900 1FTYE1YG5JKA31598

COVERAGE	LIMITS OF LIABILITY	
PUBLIC LIABILITY	**BODILY INJURY/PROPERTY DAMAGE**	
☐ Commercial General Liability	$	EACH OCCURRENCE
☐ Premises and Operations	$	AGGREGATE
☐ Contractors Protective		
☐ Products – Completed Operations		
☐ Contractual – Designated Contracts Only		
☐ Excludes Explosion, Collapse and Underground Property Damage Hazard		
AUTOMOBILE LIABILITY	**BODILY INJURY/PROPERTY DAMAGE**	
☐ Fleet	$1,000,000	EACH PERSON
☒ Specific Automobiles Only	$1,000,000	EACH ACCIDENT
☐ Non-Ownership and Hired Automobiles	$1,000,000	EACH ACCIDENT
FARM LIABILITY	$	EACH OCCURRENCE
	$	AGGREGATE
PERSONAL LIABILITY		
☐ Homeowners	$	EACH OCCURRENCE
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COI-ATB

TEXAS FARM BUREAU INSURANCE
AUTO / HOME / LIFE

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TEXAS FARM BUREAU CASUALTY INSURANCE COMPANY
FARM BUREAU COUNTY MUTUAL INSURANCE COMPANY OF TEXAS
SOUTHERN FARM BUREAU LIFE INSURANCE COMPANY

CERTIFICATE OF INSURANCE

FOR INFORMATION PURPOSES ONLY

CERTIFICATE HOLDER:
JIM JONES, RAINS COUNTY COMMISSIONER PRECINCT #2
182 N TEXAS ST.

EMORY, TX 75440

POLICY NUMBER 02-CP-082023276-1

POLICY PERIOD 05/14/2026 – 05/14/2027

THIS IS TO CERTIFY THAT THE POLICY (INCLUDING ENDORSEMENTS OF INSURANCE, AS DESCRIBED BELOW, HAS BEEN ISSUED BY THE UNDERSIGNED, TO THE INSURED NAMED BELOW, IS IN FORCE AT THIS TIME, AND HAS BEEN DULY COUNTERSIGNED. IF CANCELLED AT THE REQUEST OF EITHER PARTY, OR CHANGED IN ANY MANNER FOR **TEN (10)** DAYS PRIOR WRITTEN NOTICE WILL BE GIVEN BY THIS INSURANCE COMPANY TO THE CERTIFICATE HOLDER NAMED ABOVE.

THE TEXAS FARM BUREAU CASUALTY INSURANCE COMPANY OF WACO, TEXAS HEREBY CERTIFIES THAT THE FOLLOWING DESCRIBED POLICY HAS BEEN ISSUED AND IS IN FORCE AND EFFECT:

INSURED NAME AND ADDRESS East Texas Heating & Air Conditioning INC
Po Box 46
Alba, TX 75410

DESCRIPTION OF RISK **HVAC CONTRACTOR**

COVERAGE	LIMITS OF LIABILITY
PUBLIC LIABILITY----------	**BODILY INJURY / PROPERTY DAMAGE**
(**X**) COMMERCIAL GENERAL LIABILITY	**$1,000,000 EACH OCCURRENCE**
(**X**) PREMISES AND OPERATIONS	**$2,000,000 AGGREGATE**
() CONTRACTORS PROTECTIVE	
(**X**) PRODUCTS--COMPLETED OPERATIONS	
() CONTRACTUAL – DESIGNATED CONTRACTS ONLY	
(**X**) EXCLUDES EXPLOSION, COLLAPSE AND UNDERGROUND PROPERTY DAMAGE HAZARD	

THIS CERTIFICATE OF INSURANCE NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE OR ANY PROVISION AFFORDED BY THE POLICY. THIS CERTIFICATE IS EXECUTED AND ISSUED IN DUPLICATE BY THE AFORESAID COMPANY THE DAY AND DATE HEREIN BELOW WRITTEN.

DATE: **07-06-26**
COI-FLGL

0000000112 - 35249

Resolution # IV.B.11081326

WHEREAS, the Commissioners' Court has reviewed the proposed contract with **East Texas Heating and Air Conditioning**; and

WHEREAS, the Court finds that approval of the contract is in the best interest of the County;

NOW, THEREFORE, BE IT RESOLVED THAT the Commissioners' Court hereby approves the contract with East Texas Heating and Air Conditioning.

BE IT FURTHER RESOLVED THAT the County Judge is authorized to execute the contract and take all actions necessary or appropriate to carry out and administer this matter.

APPROVED AND ADOPTED this 13th day of August, 2026.

Brent D. Hilliard, Rains County Judge

Jeremy Cook, Commissioner Precinct 1

Jim Jones, Commissioner Precinct 2

Korey Young, Commissioner Precinct 3

Lori Northcutt, Commissioner Precinct 4