



PURCHASING DEPARTMENT

County Of Hidalgo

**MEMORANDUM**

**TO:** Norma L. Longoira, Director  
Hidalgo County WIC Program

**ATTN:** Mague Gonzlacz  
Hidalgo County WIC Program

**FROM:** Sandy Suarez, Buyer  
Hidalgo County Purchasing Department

**DATE:** July 08, 2009

**RE:** Request Recommendation for RFB 2009-240-07-08-SGS  
"RFB Floor Maintenance for WIC Clinics located in Hidalgo County"

Attached you will find six (6) copies of the bids received for the above referenced project. Please review and reply with your recommendation. We need to present your recommendation on the next Commissioners Court Meeting; therefore, we would like to have your response on or before the following deadline.

Please indicate your recommendation or any concerns on the space provided below and reply to the Purchasing Dept. via fax to (956) 318-2629 or (956) 292-7612 by no later than Monday July 13, 2009 @ 3:00 P.M. in order to place this item on the agenda for next Commissioners Court Meeting, Tuesday, July 21, 2009.

If you have any questions or require additional information please do not hesitate to contact me. Thank you.

**DO** recommend accepting of response       **DO NOT** recommend accepting of response

BUDGET ACCOUNT # 9.1292.441.00.350.001.9.423

Recommendations/Concerns: Campbell's Services

Norma Longoira / Norma Longoira WIC      7/9/09  
Authorized Signature/ Printed Name      Department      Date



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

DAVID L. LAKEY, M.D.  
COMMISSIONER

P.O. Box 149347  
Austin, Texas 78714-9347  
1-888-963-7111  
TTY: 1-800-735-2989  
[www.dshs.state.tx.us](http://www.dshs.state.tx.us)

July 10, 2009

Norma L. Longoria, WIC Director  
LA#012, Hidalgo County Health Dept  
WIC Administrative Office  
3105 West University Drive  
Edinburg, TX 78539

Dear Ms. Longoria:

Approval is granted for the Hidalgo County Health Department, WIC Local Agency #012, to purchase the following:

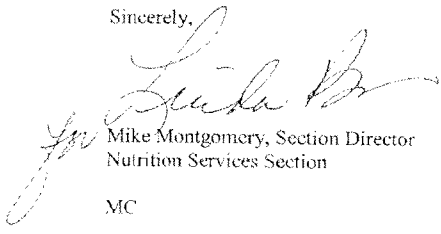
- Six Dell Desktop Computers with cost not to exceed \$5,078.82
- One Epson MovieMate72 Projector with cost not to exceed \$967.99
- Janitor services from Campbell's Janitorial with yearly cost not to exceed \$31,752.60

This approval is granted with the understanding that this computer equipment may not be connected to the T-WIN network or used to run the T-WIN application and should be used for the Nutrition Services, Women, Infants and Children (WIC) only.

This approval is granted with the stipulation that sufficient earned funds are available. This purchase must be in compliance with WIC policies and the Uniform Grant Management Standards. Please maintain all proper documentation for purposes of an audit or fiscal monitoring review.

If you have any questions or require additional information, please contact Alisin Genfan, Contract Development and Support Branch, at (512) 458-7111, extension 3156, or [alisin.genfan@dshs.state.tx.us](mailto:alisin.genfan@dshs.state.tx.us).

Sincerely,

  
Mike Montgomery, Section Director  
Nutrition Services Section

MC



PURCHASING DEPARTMENT  
County Of Hidalgo

June 22, 2009  
(Company's name and address)

Campbell's Services  
2212 Primrose Bldg.  
H  
McAllen, TX 78504

Re: **HIDALGO COUNTY WIC DEPARTMENTS**  
Request for Bids -"Floor Maintenance for WIC Clinics located in Hidalgo County"  
Bid No: 2009-240-07-08-SSS

Dear Gentleman/Ladies:

Enclosed please find a Request for Bid (RFB) packet for your review and consideration.

Hidalgo County Purchasing Department welcomes and appreciates your participation in the bid process.

If any further assistance is required, please do not hesitate to call the Purchasing Department 956/318-2626.

Sincerely,

*Martha L. Salazar* <sup>MSJ</sup>

Martha L. Salazar, CPPB  
Hidalgo County Purchasing Agent

MLS/sss

Enclosures

**COPY**



PURCHASING DEPARTMENT  
County Of Hidalgo

**REQUEST FOR BID (RFB)  
CHECKLIST**  
**HIDALGO COUNTY WIC DEPARTMENT**  
**"Floor Maintenance for WIC Clinics located in Hidalgo County"**  
**Bid No: 2009-240-07-08-SSS**

1. Request for Bid Letter, consisting of  1  page.
2. Request for Bid, Legal Notice, consisting of  8  pages.  
*(Page 8 must be submitted with bid)*
3. Exhibit "A" Specifications consisting of  4  pages
4. Exhibit "B" Bid Page consisting of  2  page.  
*(Must be submitted with bid)*
5. Exhibit "C" Insurance Requirements consisting of  4  pages.  
*(Must be submitted with bid)*
6. Exhibit "D" CIQ Conflict of Interest Questionnaire, consisting of  1  page.  
*(Must be submitted with bid)*
7. Vendor/Bidder Application and W-9 form consisting of  6  pages.  
*(Must be submitted with bid)*
8. Draft Service Agreement consisting of  8  pages.
9. Certification Regarding Debarment  1  page.  
*(Must be submitted with bid)*

The above mentioned items shall be found in the Request for Bid (RFB) packet that is attached herewith. Should you find that any of the items are not attached in its entirety please contact Purchasing by calling (956) 318-2626, advise of missing documentation, and Purchasing will forward information either through facsimile or by U.S. Mail.

Thank you.

*Martha L. Salazar* <sup>FW</sup>

Martha L. Salazar, CPPB  
Purchasing Agent

June 22, 2009

Date

<b>BID: 2009-240-07-08-SSS</b>	<b>Buyer: Sandy Suarez</b>	<b>Tel. No: (956) 318-2626 Ext. 4860</b>
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## **REQUEST FOR BIDS**

### **HIDALGO COUNTY WIC DEPARTMENT**

### **“FLOOR MAINTENANCE FOR WIC CLINICS LOCATED IN HIDALGO COUNTY”**

**BID NO: 2009-240-07-08-SSS**

**BID OPENING DATE:**

**JULY 08, 2009**

Contact Person:

Martha L. Salazar, CPPB, Purchasing Agent  
Hidalgo County Purchasing Department  
2812 S. Bus Hwy 281 New Administration Building  
Edinburg, Texas 78539

956 318-2626

Form HCPD-03

LEGAL NOTICE

BID NO: 2009-240-07-08-SSS

1. Sealed bids will be received for **"HIDALGO COUNTY WIC PROGRAM - FLOOR MAINTENANCE FOR WIC CLINICS LOCATED IN HIDALGO COUNTY"** in accordance with the specifications attached as Exhibit "A" hereto. Bids should address all specifications set forth. Bidders may suggest substitutions of features which they feel would be in the best interest of Hidalgo County ("County"). Strong rationale must be presented for any deviation from the specifications. Hidalgo County reserves the right to reject the deviation and its effect on the overall bid.
2. **One (1) original and Three (3) copies** of all bids are required with the bidders name and return address clearly typed/printed on upper left hand corner and the proper notation clearly typed/printed on the lower left hand corner of the envelope and/or package: **BID-09-240-07-08-SSS "HIDALGO COUNTY WIC PROGRAM - FLOOR MAINTENANCE FOR WIC CLINICS LOCATED IN HIDALGO COUNTY"** and in County's Purchasing Department, 2812 S. Business Highway 281, Edinburg, Texas, **on or before 9:30 A.M., WEDNESDAY, JULY 08, 2009. NO FACSIMILES OR LATE ARRIVALS WILL BE ACCEPTED. ANY RFB RECEIVED AFTER THAT TIME WILL NOT BE OPENED AND WILL BE RETURNED. OVERNIGHT MAIL MUST ALSO BE PROPERLY LABELED ON THE OUTSIDE OF EXPRESS ENVELOPE OR PACKAGE WITH REFERENCE TO "REQUEST FOR BIDS-09-240-07-08-SSS"**. Hidalgo County reserves the right to refuse and reject any/all RFB and to waive any/all formalities or technicalities, or to accept the RFB considered the best and most advantageous to Hidalgo County.
3. Hidalgo County reserves the right to: A. separate and accept, or eliminate any item(s) listed under this bid that it deems necessary to accommodate budgetary and/or operational requirements; B. reject any or all bids submitted and further reserves the right to design the evaluation criteria to be used in selecting the lowest and best bid for approval; and C. award the bid to one bidder or to multiple bidders if the County determines it is in its best interest to do so."
4. The Bidder shall not substitute items named in the bid without the express written consent of Hidalgo County. Failure of the delivered item(s) to perform as specified, or failure to meet the stated delivery schedule shall release Hidalgo County from all obligations to the contracting party with regard to the item(s) in question. In such event, County may elect to award the contract to the next-lowest responsible bidder, or to reject all bids and re-advertise.
5. For work to be performed at a County owned or operated location, each bidder shall, in its sole discretion, visit the job site before preparing the bid and thoroughly familiarize himself/herself with existing conditions. Bidder should take field dimensions and note all circumstances which affect the dollar amount of the bid.
6. Descriptive specifications are referenced in this document to indicate the general kind and quality of equipment desired by Hidalgo County. Due to various styles and models of equipment, bidders are required to include illustrations, specifications, explanation of warranties, and service data with their bid including catalogue numbers and any necessary references.
7. No bid may be withdrawn within thirty (30) days from the scheduled time to open bids.

8. Proposed prices are to remain firm for a minimum of ninety (90) days after bid opening.
9. Any interpretations, amendments, corrections or changes to this bid document must be in a written addendum and signed by the County Judge or his designee. Addenda will be mailed to all who are known to have received a copy of the Request for Bids. Bidders shall acknowledge receipt of all addenda as a part of their bid.
10. County reserves the right to accept or reject any or all bids.
11. Costs are to be net F.O.B., County Prepaid.
12. County is exempt from Federal Excise Tax, State Tax and Local Tax. Do Not include tax in cost figure. If it is determined that tax was included in the cost figures it will not be included in the tabulation of any awards. Tax exemption certificates will be furnished upon request.
13. Funds for this procurement have been provided through the County budget for this fiscal year only. County, on an annual basis, has the right to reconsider a contract during the budget process for ensuing years if financial resources of County are insufficient to meet the liabilities of said contract. The award of a bid or contract hereunder will not be construed to create a debt of the County which is payable out of funds beyond the current fiscal year.
14. Upon award and prior to execution of a contract, Sole Proprietorships are required to submit a copy of their social security cards to the Hidalgo County Auditor's Office in order to establish an account with the County. All awarded vendors must submit a completed W-9 and a copy of their Federal ID Number Certificate.

15. **DELIVERY INSTRUCTIONS:**

- . No deliveries accepted after 3:00 P.M., Monday-Friday.
- . At least seventy two (72) hours prior notice of delivery must be given to Martha L. Salazar, Purchasing Agent before delivery will be accepted.
- . If you need additional information call the office listed below:

Hidalgo County Purchasing Department  
 Martha L. Salazar, Purchasing Agent  
 (956) 318-2626

16. **BILLING AND PAYMENT INSTRUCTIONS:**

- . Invoices must include:
  - a) Name and address of successful bidder
  - b) Name and address of receiving department or official
  - c) Purchase Order Number (if any)
  - d) Notation - "**HIDALGO COUNTY WIC PROGRAM -FLOOR MAINTENANCE FOR WIC CLINICS LOCATED IN HIDALGO COUNTY**" Descriptive information as to the items or services delivered, including product code, item number, quantity, etc.



employee or former elected official, department head or employee of the County, to solicit, demand, accept or agree to accept from another person, entity or organization, a gratuity or an offer of employment in connection with any decision, approval, disapproval, recommendation, preparation or any part of a program requirement or purchase request, influencing the content of any specification or procurement standard, rendering of advice, investigation, auditing, or in any other advisory capacity in any proceeding or application, request for ruling, determination, claim or controversy, or other particular matter pertaining to any program requirement or a contract or subcontract, or to any solicitation or proposal therefore pending before any department or agency of the County.

. It shall be a breach of ethics for any payment, gratuity or offer of employment to be made by or on behalf of a subcontractor under a contract to the prime contractor or higher tier subcontractor for any contract for the County, or any person associated therewith, as an inducement for the award of a subcontract or order.

. No public official shall have an interest in a contract awarded hereunder except in accordance with Tex. Loc. Govt. Code Chapter 171.

20. **DISCLOSURE OF CONFLICT OF INTEREST:**

. Effective January 1, 2006, Chapter 176 of the Texas Local Government Code requires that any vendor, person, consultant or contractor considering doing business with Hidalgo County ("the County") to disclose in the Conflict of Interest Questionnaire (the "CIQ") attached as Exhibit D, the vendor, person, consultant or contractor's affiliation or business relationship that might cause a conflict of interest with the County. By law, the CIQ must be filed with the Hidalgo County Clerk's Office no later than the seventh business day after the date the person becomes aware of facts that require that statement to be filed. The disclosure requirement applies to a person or business who contracts or seeks to contract with Hidalgo County for the sale or purchase of property, goods or service. Any purchase order or contract resulting from this process shall be considered null and void if the successful bidder fails to comply with Texas Local Government Code Chapter 176. Vendors, consultants, contractors and others who desire to conduct business with Hidalgo County are encouraged to refer to Texas Local Government Code Chapter 176 for the details of this law. An offense under Texas Local Government Code Chapter 176 is a Class C Misdemeanor.

Please Submit completed CIQ forms to the Hidalgo County Clerk's Office located at 100 N. Clossner, Edinburg, Texas 78539-Hidalgo County Courthouse

**COMPLETION AND SUBMISSION OF FORM CIQ IS THE SOLE  
RESPONSIBILITY OF THE PROSPECTIVE BIDDER.**

21. If, during the life of any contract or bid awarded, the successful bidder's net prices generally available to other customers for items awarded herein are reduced below the contracted price, it is understood and agreed that the benefits of such reduction shall be extended to County.

22. Bids, and all goods and services provided there under, shall comply with all federal, state and local laws concerning this type(s) of goods and/or services.
23. Minimum Standards for Responsible Prospective Bidders: A prospective bidder must affirmatively demonstrate bidder's responsibility. A prospective bidder, by submitting a bid, represents to County that it meets the following requirements:
  - Possess or is able to obtain adequate financial resources as required to perform under the bid;
  - Be able to comply with the required or proposed delivery schedule;
  - Have a satisfactory record of performance;
  - Have a satisfactory record of integrity and ethics;
  - Be otherwise qualified and eligible to receive an award.
24. Successful bidder will pay or cause to be paid, without cost or expenses to County, all FICA, FUTA/SUTA and Federal Income Withholding Taxes of all employees, and all wages and benefits as required by Federal or State law. Successful bidder's officers, agents and/or employees will not be entitled to any benefits of an employee or elected official of County, including, but not limited to, benefits associated with County's civil service system.
25. Any contract award to a successful bidder will be in effect until (a) the contract expires, (b) delivery and acceptance of products, and/or performance of services ordered, or (c) terminated by County with thirty day's written notice prior to cancellation.
26. County reserves the right to enforce performance of any contract awarded hereunder in any manner prescribed by law or deemed to be in the best interest of the County in the event of breach or default by successful bidder; County reserves the right to terminate any contract immediately in the event a successful bidder fails to:
  - A. Meet schedules;
  - B. Pay any required fees or taxes; or
  - C. Otherwise perform in accordance with the specifications.
27. Successful bidder shall defend, indemnify and save harmless County and all its elected officials, officers, agents and employees from all suits, actions, or other claims of any character, name and description brought for or on account of any injuries or damages received or sustained by any person, persons, or property on account of any negligent act or fault of the successful bidder, or of any agent, employee, subcontractor or supplier of successful bidder in the execution of, or performance under, any contract which may result from bid award or which arises from any event or casualty happening on or within County premises themselves or happening upon or in any halls, elevators, entrances, stairways or approaches of or to such County facilities. Successful bidder shall pay any judgment with costs which may be obtained against County growing out of such injury or damages, and shall, upon request, provide a defense to County by counsel reasonably acceptable to County. Successful bidder's indemnity hereunder shall include, but is not limited to, claims relating to patent, copyright or trademark infringement, and the like, arising out of the goods and services provided by successful bidder.

28. Successful bidder shall warrant that all items/services shall conform with the specifications and/or all warranties provided under the Uniform Commercial Code and be free from all defects in material, workmanship and the like. Items supplied under a contract pursuant to this Request for Bids shall be subject to County's approval. Items found to be defective or not meeting specifications shall be replaced by successful bidder within two business days at no expense to County. Items not picked up within one (1) week after notification shall be deemed a donation to County and may be used or disposed of at County's discretion and without waiver of any other rights of County as to the item's nonconformity.
29. This document and any disputes arising hereunder shall be governed and construed according to the laws of the State of Texas, and will be performable exclusively in Hidalgo County, Texas.
30. The successful bidder shall not assign, sell, transfer or convey its rights under any awarded contract, in whole or in part, without the prior written consent of County

Bid  
for  
**HIDALGO COUNTY WIC PROGRAM**  
**"FLOOR MAINTENANCE FOR WIC CLINICS LOCATED IN HIDALGO COUNTY"**  
**BID NO.: 09-240-07-08-SSS**

To: Martha L. Salazar, CPPB, Purchasing Agent  
Hidalgo County Purchasing Department  
2812 S Business Hwy 281 -New Administration Building  
Edinburg, Texas 78539

In accordance with the Specifications, and subject to all laws and regulations of the United States and state and local laws, the undersigned bidder proposes and commits to furnish all labor, equipment, material, software and services as set forth in the documents hereinbefore mentioned. The undersigned bidder further agrees, upon acceptance of its bid, to execute a contract and/or Purchase Order issued by Hidalgo County for performing and completing the work described in the Specifications within the time stated and for the prices proposed in the documents attached hereto and made a part hereof.

Bidder acknowledges receipt of all of the pages of the documents referenced in the Invitation to Bid Checklist presented in connection with this procurement. Bidder understands that Hidalgo County reserves the right to reject any or all bids and further reserves the right to design the evaluation criteria to be used in selecting the lowest and best bid.

Bidder agrees that this bid shall be good and may not be withdrawn for a period of thirty (30) calendar days after the scheduled closing time for receiving bids, as contained in the Specifications.

Respectfully submitted,

Bidder: Campbell's Services  
Address: 2212 Primrose Bldg. # McAllen, TX  
By: TM 78504  
Printed Name: Matthew Campbell  
Title: Owner

*(This page must be submitted with Bid Packet)*

**EXHIBIT "A"**  
**HIDALGO COUNTY WIC PROGRAM**  
**"FLOOR MAINTENANCE FOR WIC CLINICS LOCATED IN HIDALGO COUNTY"**  
**BID NO.: 2009-240-07-08-SSS**  
**SPECIFICATIONS**

**SCOPE OF SERVICES:**

Hidalgo County is accepting sealed bids for the service of floor maintenance for all leased WIC offices located in Hidalgo County.

- Floors will be maintained on a monthly basis for WIC locations as listed herein. (refer to Location of WIC Clinics)
- Floors must be stripped, sealed and waxed on a monthly basis.

**REQUIREMENTS:**

- Bidder will be responsible for moving furniture and placing back as originally set.
- Bidder is also responsible for any damages within the cleaning site/area.
- Bidder shall provide all necessary labor, supplies, tools, equipment and/or any other materials required to render services for all Clinics specified herein.

**LOCATION OF WIC CLINICS**

The following locations and/or sites listed below are to be considered minimum. The County reserves the right to request additional Clinics or reduce the number of Clinics as necessary and Vendor agrees to comply with such requests.

<b>LOCATION/SITE ADDRESS</b>	
1.	Alamo WIC CLINIC -1215 313 E. Business 83 Ste. 113 Alamo, Tx. 78516
2.	Alton WIC CLINIC -1214 3513 E. Main Ave Alton, Tx. 785
3.	Alton WIC CLINIC -1231 3519 W. Main Ave. Ste. B Alton, Tx. 785
4.	Donna WIC CLINIC -1206 301 S. 8 <sup>th</sup> Donna, Tx. 78537
5.	Edinburg WIC CLINIC -1219 113 Dawson Edinburg, Tx. 78539
6.	Edinburg Adm. Office. C. O. 3105 W. University Dr. Edinburg, Tx. 78539
7.	La Joya WIC CLINIC -1210 204 W. 2 <sup>nd</sup> La Joya, Tx. 78560
8.	Las Milpas WIC CLINIC -1211 7013 S. Cage Ste F Las Milpas, Tx. 78577
9.	McAllen WIC CLINIC-1218 220 S. BICENTENNIAL STE. D McAllen, TX. 78501
10.	McAllen WIC CLINIC-1230 3001 N. 23 <sup>RD</sup> STE. 8 McAllen, TX. 78501
11.	Mercedes WIC CLINIC -1208 540 S. Texas Mercedes, Tx. 78570
12.	North San Juan WIC CLINIC -1229 509 E. Earling San Juan, Tx. 78589
13.	Pharr WIC CLINIC -1224 925 W. Sam Houston Ste. 3 Pharr, Tx. 78577
14.	San Carlos WIC CLINIC -1226 230 N. 86th Edinburg, Tx. 78539
15.	Weslaco WIC CLINIC -1227 417 S. Oregon Weslaco, Tx. 78596
16.	South Tower Rd. Crc WIC-1245 1429 S. Tower Rd. Alamo, Tx. 78516
17.	Sullivan WIC CLINIC -1216 371 E. Expressway 83 Sullivan City, Tx, 78595

**EXHIBIT "A"**  
HIDALGO COUNTY WIC PROGRAM  
"FLOOR MAINTENANCE FOR WIC CLINICS LOCATED IN HIDALGO COUNTY"  
BID NO.: 2009-240-07-08-SSS  
SPECIFICATIONS

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**TERMS & CONDITION:**

1. Term of contract is for one (1) year period with County's option to renew contract for additional two (2) one (1) year term under the same rates and conditions.
2. County reserves the right to continue this bid for an additional sixty (60) day grace period at the end of the contract term for unforeseen delay in award of new bid for next contract term.
3. County will seek purchases from state awarded vendors whenever it is, its best interest to do so.
4. After bid is awarded and successful awarded contractor defaults in meeting the general instructions to bidders(s) and/or in complying with the contract agreement, Hidalgo County reserves the right to seek the services of the next lowest bidder(s). In such event, Hidalgo County shall charge the successful bidder the difference for any additional cost to the County.
5. Hidalgo County reserves the right to add or delete Clinics during the term of the contract under the same rates and conditions.
6. Any contract awarded to a successful bidder will be in effect until;
  - a) The contract expires
  - b) Delivery acceptance of products and/or performance of services ordered, or
  - c) Terminated by County with thirty (30) days written notice prior to be cancellation.
7. Hidalgo County reserves the right to award the bid to MULTIPLE bidders if the County determines it is in its best interest to do so.
8. Have been in business for at least two years.
9. Insurance requirements for this project to be maintained through out the contract term (Refer to limits on the Exhibit "C" for limits).
10. Hidalgo County reserves the right to reject any/all bids, to waive any/all formalities or technicalities, or to accept the bid considered the best and most advantage to the County.
11. All costs and expenses associated with the preparation and submission of bids shall be the responsibility of the bidder and no reimbursements for such charges or expenses shall be passed on to Hidalgo County.
12. Termination for cause and for convenience by the grantee of subgrantee including the manner by which it will be effected and the basis for settlement. (All contracts in excess of \$10,000).
13. Notice of awarding agency requirements and regulations pertaining to patent rights with respect to any discovery or invention which arises or is developed in the course of or under such contract.

**EXHIBIT "A"**  
HIDALGO COUNTY WIC PROGRAM  
"FLOOR MAINTENANCE FOR WIC CLINICS LOCATED IN HIDALGO COUNTY"  
BID NO.: 2009-240-07-08-SSS  
SPECIFICATIONS

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14. Awarding agency requirements and regulations pertaining to copyrights and rights in data.
15. Access by the grantee, the subgrantee, the federal grantor agency, the Comptroller General of the United States, **the State of Texas** or any of their duly authorized representatives to any books, Documents, papers, and records of the contractor which are directly pertinent to that specific contract for the purpose of making audit, examination, excerpts, and transcriptions.
16. Retention of all required records for three years after grantees or subgrantees make final payments and all other pending matters are closed.
17. Mandatory standards and policies relating to efficiency which are contained in the state energy plan issued in compliance with the Energy Policy and Conservation Act (Pub. L. 94-163).

**MARKET VOLATILITY AND UNIT PRICE ADJUSTMENTS:**

Hidalgo County recognizes that during periods of national crisis and unstable economic conditions, unforeseen price increases might affect costs for goods and services contracted on an annual basis. The following procedure may be employed to mediate price volatility:

- 1) **Requesting Price Adjustment:** Upon written request of the Vendor to the County Purchasing Agent, the County may review evidence of prevailing industry-wide market conditions that warrant an adjustment in bid prices contained in the contract.
  - A Vendor must tie any price change clause to an industry-wide or otherwise nationally recognized index, or some other form of verifiable document. Such written request must be accompanied by a certified copy of the supplier's advisory or notification to the vendor of the price changes.
  - The Vendor must put the Purchasing Agent on the mailing lists for such publications so that the Purchasing Agent can monitor said changes. Such membership shall be at no cost to the County.
  - The County Purchasing Agent retains the right to determine whether or not such proposed price changes are in the best interest of the County.
  - No price escalation will be authorized in excess of the amount of the increase referred to in the supplier's notice.
  - The County may only grant a price increase if the evidence presented is deemed reliable. Should the County allow a price increase, the approved price change shall be honored for all orders received by the vendor or contractor after the effective date of such price change. Approved price changes are not applicable to orders already issued and in process at time of price change.
- 2) **Price Reduction:** Vendor shall notify the County at the time when the Vendor's costs for items and/or supplies reduce due to stabilization in the market at which time prices for items on this contract shall be reduced accordingly. Failure by the Vendor to notify the County of a decrease in costs for items and/or supplies for which the Vendor was granted a price adjustment, may result in

**EXHIBIT "A"**  
HIDALGO COUNTY WIC PROGRAM  
"FLOOR MAINTENANCE FOR WIC CLINICS LOCATED IN HIDALGO COUNTY"  
BID NO.: 2009-240-07-08-SSS  
SPECIFICATIONS

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immediate termination of this contract and the County shall not be obligated to pay the Vendor the difference between the contract price and the price adjustment.

- 3) **Timeframe for Adjusted Price Increases:** Price increases are only valid for the quarter in which they are requested and approved. Prices shall return to the original contract price at the beginning of the following quarter unless a Vendor notifies the County in writing within ten (10) days of expiration of the quarter in which the price increase is in effect, that it desires to have the price increase continue or that the Vendor is requesting a different price increase for the following quarter. Such request must be supplemented with sufficient justification to demonstrate that the price increase remains necessary. The County Purchasing Department shall have sole discretion whether to grant the price increase extension. The County too, shall have discretion to unilaterally reduce, eliminate or extend a price adjustment to the Vendor at any time upon written notice from the County to the Vendor demonstrating justification for such reduction, elimination or extension of the price adjustment.
- 4) **Allowable Review Periods:** Price adjustment reviews may only be requested by the Vendor on a quarterly basis. However, the County may at its own discretion, conduct temporary price adjustment reviews at any time. The County Purchasing Agent and/or the County Auditor reserve the right to audit and/or examine any pertinent books, documents, papers, records or invoices relating directly to the contract transaction in question after reasonable notice and during normal business hours.
- 5) **Dollar Limit to Price Changes:** The total increase in contract price shall not exceed twenty-five percent (25%) of the original contract price during the contract term.

**ADDITIONAL INFORMATION:**

Further information required for this project can be addressed to, Sandy Suarez, Buyer, Hidalgo County Purchasing Department (956) 318-2626. Hidalgo County is requesting that any and all questions, inquiries, and clarifications regarding quotes, bids, proposals, or statement of qualifications be addressed to Martha L. Salazar, Purchasing Agent, 2812 S. Business Highway 281, Edinburg, Texas 78539. **TELEPHONE INQUIRIES WILL NOT BE ACCEPTED.**

**ALL WRITTEN INQUIRIES WILL BE ACCEPTED VIA FACSIMILE (956)318-2629 or (956)292-7612 OR VIA E-MAIL TO: sandy.suarez@co.hidalgo.tx.us by NO LATER THAN, WEDNESDAY, JULY 01, 2009 by 5:00 P.M.** Responses will be sent to all applicants via e-mail by no later than, **FRIDAY, JULY 03, 2009 by 5:00 P.M.**

**EXHIBIT "C"**  
**Insurance Requirements**  
**Applicable to the Acquisition of Goods and /or Services**  
**(other than Professional Services)**

The Bidder awarded the contract shall furnish proof of insurance, which will also include any subcontractor that is subcontracted by the bidder in at least the following limits, to be in place prior to providing any services under this Contract and to continue at all times in force in effect during the term of this Contract:

1. A Five Hundred Thousand Dollar (\$500,000.00) Comprehensive General Liability insurance policy providing additional coverage to all underlying liabilities of County.
2. Automobile liability insurance policy with limits of at least Three Hundred Thousand Dollars (\$300,000.00) per person and Five Hundred Thousand Dollars (\$500,000.00) per occurrence. Coverage should include injury to or death of persons and property damage claims with limits up to Five Hundred Thousand (\$500,000.00) arising out of the services provided to County hereunder.
3. Uninsured/Underinsured motorist coverage in an amount equal to the bodily injury limits set forth immediately above;
4. Workers compensation insurance in amounts established by Texas law, unless the Bidder is specifically exempted from the Texas Workers Compensation Act, Texas Labor Code Chapter 401, et. seq.

**Hidalgo County will only accept certificates of insurance on an Acord form (as attached hereto).** Certificates of insurance shall name Hidalgo County as additional insured and must be submitted to County for approval prior to any services being performed by Contractor. Each policy of insurance required hereunder shall extend for a period equivalent to, or longer than the term of the Contract, and any insurer hereunder shall be required to give at least thirty (30) days written notice to the County prior to the cancellation of any such coverage on the termination date, or otherwise. This Contract shall be automatically suspended upon the cancellation, or other termination, of any required policy of insurance hereunder, and such suspension shall continue until evidence adequate replacement coverage is provided to County. If replacement coverage is not provided within thirty (30) days following suspension of the Contract, this Contract shall automatically terminate.

Revised 10/01/08

# Insurance Requirement Acknowledgment

I, \_\_\_\_\_, authorized representative for \_\_\_\_\_,  
Company/Vendor

hereby acknowledge receipt of the County's required insurance limits. Said requirements:

- will be acquired within 10 working days after notification from Purchasing Department of bid awarded by the Hidalgo County Commissioners= Court;
- will acquire additional amounts required to meet the County's requirements within 10 working days after notification from Purchasing Department of bid award by the Hidalgo County Commissioners= Court; currently carry the following:

Automobile Liability: \$ \_\_\_\_\_ General Liability: \$ \_\_\_\_\_

- have already been met, see attached copy of insurance certificate.

Matthew Campbell  
Authorized Representative

7/3/09  
Date

## **Notice to Bidder:**

A certificate of insurance for the required insurance limits shall be provided to the Purchasing Department's Contract Managers in order to qualify for award of bid and to execute a contract between your Company and the County

Failure to provide Certificates of Insurance to the Purchasing Department's Contract Managers will cause the bid award to be rescinded and re-awarded to next lowest bidder. Certificates of Insurance will be monitored and verified on a **quarterly basis** to ensure coverage policy is in place. It is the Company=s obligation to maintain the appropriate insurance coverage throughout the term of the contract.

**THIS FORM MUST ACCOMPANY BID PACKET**

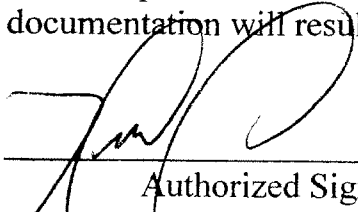
**PROJECT REQUIREMENTS  
ACKNOWLEDGMENT**

This is to certify that I, Matthew Campbell, possess all of the APPLICABLE:

- 1. Licenses: \_\_\_\_\_
- 2. Bonds: \_\_\_\_\_
- 3. Certificates: \_\_\_\_\_
- 4. Permits: \_\_\_\_\_
- 5. Other: \_\_\_\_\_

necessary to carry out the required project. Furthermore, I am providing copies of the required documentation so that, if my company is awarded this bid, I may be eligible to enter into a contract with Hidalgo County and proceed to complete the project in a timely manner.

\* Any licenses, bonds, certificates, permits, etc. which are required must be presented as part of the bid packet in order to expedite the bid evaluation process. Failure to provide said documentation will result in the disqualification of your bid.

  
\_\_\_\_\_  
Authorized Signature

7/3/09  
Date

Campbell's Services  
Company

2212 Primrose Bldg. H  
Address

McAllen, TX 78504  
City, State, Zip

EXHIBIT "D"

<p><b>CONFLICT OF INTEREST QUESTIONNAIRE</b> For vendor or other person doing business with local governmental entity</p>	<p><b>FORM CIQ</b></p>
<p>This questionnaire reflects changes made to the law by H.B. 1491, 80th Leg., Regular Session. This questionnaire is being filed in accordance with Chapter 176, Local Government Code by a person who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the person meets requirements under Section 176.006(a).  By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the person becomes aware of facts that require the statement to be filed. See Section 176.006, Local Government Code  A person commits an offense if the person knowingly violates Section 176.006 Local Government Code. An offense under this section is a Class C misdemeanor.</p>	<p style="text-align: center;"><b>OFFICE USE ONLY</b></p> <p>Date Received</p>
<p><b>1</b> Name of person who has a business relationship with local governmental entity.</p> <p style="text-align: center; font-size: 1.2em;"><u>Campbell's Services</u></p>	
<p><b>2</b> <input type="checkbox"/> Check this box if you are filing an update to a previously filed questionnaire.  (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)</p>	
<p><b>3</b> Name of local government officer with whom filer has employment or business relationship.</p> <p style="text-align: center; font-size: 1.5em;"><u>N/A</u></p> <p style="text-align: center; font-size: 0.8em;">Name of Officer</p> <p>This section (item 3 including subparts A, B, C &amp; D) must be completed for each officer with whom the filer has an employment or other business relationship as defined by Section 176.001(1-a), Local Government Code. Attach additional pages to this Form CIQ as necessary.</p> <p>A Is the local government officer named in this section receiving or likely to receive taxable income other than investment income, from the filer of the questionnaire?</p> <p style="text-align: center;"><input type="checkbox"/> Yes      <input checked="" type="checkbox"/> No</p> <p>B Is the filer of the questionnaire receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer named in this section AND the taxable income is not received from the local governmental entity?</p> <p style="text-align: center;"><input type="checkbox"/> Yes      <input checked="" type="checkbox"/> No</p> <p>C Is the filer of this questionnaire employed by a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?</p> <p style="text-align: center;"><input type="checkbox"/> Yes      <input checked="" type="checkbox"/> No</p> <p>D Describe each employment or business relationship with the local government officer named in this section</p>	
<p><b>4</b></p> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 45%;"> <p style="text-align: center; font-size: 1.5em;"><u>Matthew Campbell</u></p> <p style="font-size: 0.8em;">Signature of person doing business with the governmental entity</p> </div> <div style="width: 45%; text-align: right;"> <p style="font-size: 1.5em;"><u>7/13/2009</u></p> <p style="font-size: 0.8em;">Date</p> </div> </div>	

Adopted 05/25/2007

(Copy of receipt and this form must be submitted with bid)

\*-----\*

Official Receipt for Recording in:

Hidalgo County Clerk  
P.O. Box 58  
Edinburg, TX 78540

Issued To:

MATTHEW CAMPBELL  
2212 PRIMOSE BLDG G  
956-687-6243  
MCALLEN TX 78504

Recording Fees

Document Description	Number	Recording Amount
Recording CIQ	2016126	16.00
		-----
		16.00

Collected Amounts

Payment Type	Amount
CASH	20.00
	-----
	20.00

Total Received :	20.00
Less Total Recordings:	16.00
	-----
Change Due :	4.00

Thank You  
ARTURO GUAJARDO JR. - County Clerk

By - Azeneth Uresti

Receipt# Date Time  
1053480 07/14/2009 08:27a

# HIDALGO COUNTY PURCHASING DEPARTMENT Bidder/Vendor Application

Complete in print or type. Please return this application to the Hidalgo County Purchasing Department  
thru Facsimile: (956) 318-2629 or Fax (956) 292-7612  
in person or regular mail to: 2812 S. Business Hwy. 281 , Edinburg, Texas 78539  
or email: purchasing@co.hidalgo.tx.us

Company Name: <u>G. P. Campbell's</u> Telephone No. ( <u>956</u> ) <u>687-6243</u>	
dba Name: <u>Campbell's Janitorial Service</u>	
Legal Name:	
Mailing Address: <u>2212 Primrose Bldg.</u> Fax No. ( <u>956</u> ) <u>971-8468</u>	
Physical Address: <u>same as above</u>	
City, State, Zip <u>McAllen, TX 78504</u> Tax I.D. No. <u>74-2876409</u>	
Remit to Address: <u>same as above</u> City, State, Zip	
E-Mail Address: <u>Campbell's services@hotmail.com</u>	
Representative(s) Name(s) & Title(s) <u>Matthew Campbell / Owner</u>	
Type of Organization (check one): <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other, Specify	
State Identification No. _____ (Please attached completed W-9 form with this application) Federal Identification No. or (if individual) SS No.	
State of Incorporation: _____ Date: _____ Other:	
Type of Business (check one): <input type="checkbox"/> Manufacturer <input type="checkbox"/> Wholesaler <input type="checkbox"/> Retailer <input type="checkbox"/> Broker <input type="checkbox"/> Distributor <input type="checkbox"/> Service Organization <input type="checkbox"/> Other, Specify	
Name & Title of Person(s) Authorized to Sign Bids, Proposals, and/or Contracts: <u>Matthew Campbell / owner , Anabel Balderras / office Manager</u>	
Small and/or Disadvantaged Business Information (check application criteria)	
Small Business: _____ Disadvantaged Business (At Least 51% Ownership)	
<input type="checkbox"/> Less than 125,000 annual gross receipt <input type="checkbox"/> Black American <input type="checkbox"/> Native American <input type="checkbox"/> Less than 250,000 annual gross receipt <input type="checkbox"/> Hispanic American <input type="checkbox"/> Women <input type="checkbox"/> Less than 499,000 annual gross receipt <input type="checkbox"/> Asian Pacific American <input type="checkbox"/> Other <input type="checkbox"/> More than 500,000 annual gross receipt	
Have you been certified as a HUB or an MBE/WBE source?: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Indicate Certification No.(s): _____ or are Certificate(s) attached?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
What type of product(s) is/are solicited by your company?:	
Would you like to be provided with specifications for procurements of such products?: Yes No	
To Be Completed by the County: Rec'd by (Purchasing): _____ Date Rec'd by (Purchasing):	
Date Forwarded Information to Auditor's Office: _____ Entry Date: _____ Vendor No.:	

**HISTORICALLY UNDERUTILIZED BUSINESS (HUB) DECLARATION**

The primary objective of the Hidalgo County HUB Program is to ensure Historically Underutilized Businesses receive a fair and equal opportunity for participation in the County's procurement process. This fact holds true for Services (Professional & Non-Professional), Commodities, and Construction contracts and any subcontracts thereto. The program strongly encourages Prime Contractors to provide subcontracting opportunities to Certified Hub Contractors/Vendors. Our goal for HUB contractor/vendor participation, as well as HUB subcontractor participation is 30%. To be considered as a "Certified HUB Contractor/Vendor" the contractor/vendor must have been certified by, and hold a current and valid certification with any of the three agencies listed below.

Have you been Certified as a HUB or an MBE/WBE source?:             Yes  No

If yes, by whom?:  Texas Building & Procurement Commission     Other \_\_\_\_\_

Indicate Certification No(s): \_\_\_\_\_ or Are Certificate(s) Attached?:  Yes  No

---

**LIST OF CERTIFIED HUB SUBCONTRACTORS**

(Attach additional pages if necessary)

What percentage of the Bid, RFP, or RFQ is to be subcontracted with Certified HUB sources?: \_\_\_\_\_%  
(List HUB Subcontractor information below).

HUB Subcontractor Name: \_\_\_\_\_ HUB Status: \_\_\_\_\_  
Certifying Agency (Check all applicable):  Texas Building & Procurement Commission  Other  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Phone No.: (    )  
Subcontract Amount: \$ \_\_\_\_\_ Description of Work to be Performed: \_\_\_\_\_

---

HUB Subcontractor Name: \_\_\_\_\_ HUB Status: \_\_\_\_\_  
Certifying Agency (Check all applicable):  Texas Building & Procurement Commission  Other  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Phone No.: (    )  
Subcontract Amount: \$ \_\_\_\_\_ Description of Work to be Performed: \_\_\_\_\_

---

HUB Subcontractor Name: \_\_\_\_\_ HUB Status: \_\_\_\_\_  
Certifying Agency (Check all applicable):  Texas Building & Procurement Commission  Other  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Phone No.: (    )  
Subcontract Amount: \$ \_\_\_\_\_ Description of Work to be Performed: \_\_\_\_\_

---

**Request for Taxpayer  
 Identification Number and Certification**

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

Print or type  
 See Specific Instructions on page 2.

Name (as shown on your income tax return)  
**G.P. Campbell's Inc.**

Business name, if different from above  
**Campbell's Janitorial Service**

Check appropriate box:  Individual/  
 Sole proprietor  Corporation  Partnership  Other  Exempt from backup  
 withholding

Address (number, street, and apt. or suite no.)  
**2212 Primrose Bldg. #**

City, state, and ZIP code  
**McAllen, TX 78504**

List account number(s) here (optional)

Requester's name and address (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 your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

--	--	--	--	--	--	--	--	--	--

or

Employer identification number  
**742870409**

**Part II Certification**

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. person (including a U.S. resident alien).

**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 on page 4.)

Sign Here Signature of U.S. person **Crakul Balderas** Date **7/3/09**

**Purpose of Form**

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**U.S. person.** Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If 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.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
  - A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
  - Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.
- Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**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 recipient 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 his or her 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 his or her 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 not subject to backup withholding, give the requester the appropriate completed Form W-8.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments (after December 31, 2002). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, 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 Part II instructions on page 4 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 under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules regarding partnerships* on page 1.

## 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

### Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

**Sole proprietor.** Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

**Limited liability company (LLC).** If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line. Check the appropriate box for your filing status (sole proprietor, corporation, etc.), then check the box for "Other" and enter "LLC" in the space provided.

**Other entities.** Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

**Note.** You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

### Exempt From Backup Withholding

If you are exempt, enter your name as described above and check the appropriate box for your status, then check the "Exempt from backup withholding" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

**Note.** If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

**Exempt payees.** Backup withholding is not required on any payments made to the following payees:

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 possession of the United States, or any of their political subdivisions or instrumentalities,
  4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
  5. An international organization or any of its agencies or instrumentalities.
- Other payees that may be exempt from backup withholding include:
6. A corporation,
  7. A foreign central bank of issue,
  8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
  9. A futures commission merchant registered with the Commodity Futures Trading Commission,
  10. A real estate investment trust,
  11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
  12. A common trust fund operated by a bank under section 584(a),
  13. A financial institution,
  14. A middleman known in the investment community as a nominee or custodian, or
  15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt recipients listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt recipients except for 9
Broker transactions	Exempt recipients 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt recipients 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt recipients 1 through 7

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

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

## 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 individual taxpayer identification number (ITIN). Enter it in the social security number box. 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. However, the IRS prefers that you use your SSN.

If you are a single-owner LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter your SSN (or EIN, if you have one). If the LLC is a corporation, partnership, etc., enter the entity's EIN.

**Note.** See the chart on page 4 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 Social Security Administration office or get this form online at [www.socialsecurity.gov](http://www.socialsecurity.gov). You may also get this form by calling 1-800-772-1213. 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/businesses](http://www.irs.gov/businesses) and clicking on Employer ID Numbers under Related Topics. You can get Forms W-7 and SS-4 from the IRS by visiting [www.irs.gov](http://www.irs.gov) or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "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, generally you will 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.** Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded domestic 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 items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see *Exempt From Backup Withholding* on page 2.

**Signature requirements.** Complete the certification as indicated in 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 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), 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)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
5. Sole proprietorship or single-owner LLC	The owner <sup>3</sup>
For this type of account:	Give name and EIN of:
6. Sole proprietorship or single-owner LLC	The owner <sup>3</sup>
7. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. 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

<sup>1</sup> 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.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one). If you are a sole proprietor, IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the legal 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.) Also see *Special rules regarding partnerships* on page 1.

**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.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax 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. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

# **DEBARMENT**

HIDALGO COUNTY WIC PROGRAM

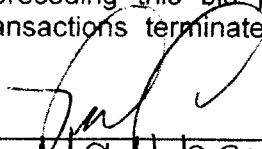
“FLOOR MAINTENANCE FOR WIC  
CLINICS LOCATED IN HIDALGO  
COUNTY”

RFB: 2009-240-07-08-SSS

**Certification  
Regarding Debarment, Suspension and Ineligibility**

As is required by the Federal Regulations Implementing Executive Order 12549, Debarment and Suspension, 45 CFR Part 76, Government-wide Debarment and Suspension, the applicant certifies, to the best of his or her knowledge and belief, that both it and its principals:

- a. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency;
- b. Have not within a three-year period preceding this bid proposal and/or application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction, violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- c. Are not presently indicted for or otherwise criminally or civilly charged by a government entity with commission of any of the offenses enumerated herein; and
- d. Have not within a three-year period preceding this bid proposal and/or application had one or more public transactions terminated for cause or default.

Signature:   
Print Name: Matthew Campbell  
Title: Owner  
Telephone Number: (956) 687-6243  
Date: 7/3/09

If the bidder is unable to certify to all of the statements in this Certification, such bidder should attach an explanation to this proposal.

**EXHIBIT "B"**  
**VENDOR'S BID**

**EXHIBIT "B"**  
**HIDALGO COUNTY WIC PROGRAM**  
**"FLOOR MAINTENANCE FOR WIC CLINICS LOCATED IN HIDALGO COUNTY"**  
**BID NO.: 2009-240-07-08-SSS**  
**BID PAGE**

1. The following locations and/or sites listed below are to be considered minimum. The County reserves the right to request additional Clinics or reduce the number of Clinics as necessary and Vendor agrees to comply with such requests.
2. Vendor must thoroughly fill in each section of this section, INCOMPLETE submittals shall be considered a probable cause for disqualification.
3. The following listed sites are to be billed to: Hidalgo County WIC Program-Administration Office  
 3105 W. University Dr.  
 Edinburg, Tx 78539  
 Attn: Mague Gonzalez  
 956-381-4646

	LOCATION/ADDRESS	MONTHLY RATE
1.	Alamo WIC CLINIC-1215 313 E. Business 83 Ste. 113 Alamo, Tx. 78516	\$ 155.65
2.	Alton WIC CLINIC -1214 3513 E. Main Ave Alton, Tx. 785	\$ 155.65
3.	Alton WIC CLINIC -1231 3519 W. Main Ave. Ste. B Alton, Tx. 785	\$ 155.65
4.	Donna WIC CLINIC -1206 301 S. 8 <sup>th</sup> Donna, Tx. 78537	\$ 155.65
5.	Edinburg WIC CLINIC -1219 113 Dawson Edinburg, Tx. 78539	\$ 155.65
6.	Edinburg Adm. Office. C. O. 3105 W. University Dr. Edinburg, Tx. 78539	\$ 155.65
7.	La Joya WIC CLINIC -1210 204 W. 2 <sup>nd</sup> La Joya, Tx. 78560	\$ 155.65
8.	Las Milpas WIC CLINIC -1211 7013 S. Cage Ste F Las Milpas, Tx. 78577	\$ 155.65
9.	McAllen WIC CLINIC-1218 220 S. BICENTENNIAL STE. D McAllen, TX. 78501	\$ 155.65
10.	McAllen WIC CLINIC-1230 3001 N. 23 <sup>RD</sup> STE. 8 McAllen, TX. 78501	\$ 155.65
11.	Mercedes WIC CLINIC -1208 540 S. Texas Mercedes, Tx. 78570	\$ 155.65
12.	North San Juan WIC CLINIC -1229 509 E. Earling San Juan, Tx. 78589	\$ 155.65
13.	Pharr WIC CLINIC -1224 925 W. Sam Houston Ste. 3 Pharr, Tx. 78577	\$ 155.65
14.	San Carlos WIC CLINIC -1226 230 N. 86 <sup>th</sup> Edinburg, Tx 78539	\$ 155.65
15.	Weslaco WIC CLINIC -1227 417 S. Oregon Weslaco, Tx. 78596	\$ 155.65
16.	South Tower Rd. CRC W-1245 1429 S. Tower Rd. Alamo, Tx. 78516	\$ 155.65
17.	Sullivan Wic Clinic-1216 371 E. Expressway 83 Sullivan City, Tx. 78595	\$ 155.65

**OPENED**

9:55am

7-8-09

**Witnessed**

*[Signature]*

**EXHIBIT "B"**  
**HIDALGO COUNTY WIC PROGRAM**  
**"FLOOR MAINTENANCE FOR WIC CLINICS LOCATED IN HIDALGO COUNTY"**  
**BID NO.: 2009-240-07-08-SSS**  
**BID PAGE**

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BIDDER/COMPANY NAME: Campbell's Services  
ADDRESS: 2212 Primrose Bldg. A  
CITY/STATE/ZIP CODE: McAllen, TX 78504  
PHONE & FAX NO.'S: (956) 687-6243 / Fax: (956) 971-8468  
CELL PHONE: (956) 345-4717  
AUTHORIZED SIGNATURE: Anabel Balderas  
PRINTED NAME: Anabel Balderas  
TITLE: Office Manager

EXHIBIT "C"  
INSURANCE REQUIREMENTS

# ACORD CERTIFICATE OF LIABILITY INSURANCE

PRODUCER  
**MUNAL INSURANCE AGENCY, P.C.**  
 800 N MCCOLL RD.  
 MCALLEN, TX 78501  
 (956) 631-4365

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

**COMPANIES AFFORDING COVERAGE**

- COMPANY A CATLIN SPECIALTY INSURANCE CO
- COMPANY B ARGONAUT MIDWEST INSURANCE CO
- COMPANY C TEXAS MUTUAL INSURANCE CO
- COMPANY D OLD REPUBLIC INSURANCE CO

INSURED  
**CAMPBELL'S JANITORIAL SERVICE**  
 2212 PRIMROSE BLDG G  
 MCALLEN, TX 78504

**COVERAGES**

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS												
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR OWNER'S & CONTRACTOR'S PROT	MAX 011900000530	01-08-2009	01-08-2010	<table border="1"> <tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 2,000,000</td></tr> <tr><td>PERSONAL &amp; ADV INJURY</td><td>\$ 1,000,000</td></tr> <tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr> <tr><td>FIRE DAMAGE (Any one fire)</td><td>\$ 100,000</td></tr> <tr><td>MED EXP (Any one person)</td><td>\$ 5,000</td></tr> </table>	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ 2,000,000	PERSONAL & ADV INJURY	\$ 1,000,000	EACH OCCURRENCE	\$ 1,000,000	FIRE DAMAGE (Any one fire)	\$ 100,000	MED EXP (Any one person)	\$ 5,000
GENERAL AGGREGATE	\$ 2,000,000																
PRODUCTS - COMP/OP AGG	\$ 2,000,000																
PERSONAL & ADV INJURY	\$ 1,000,000																
EACH OCCURRENCE	\$ 1,000,000																
FIRE DAMAGE (Any one fire)	\$ 100,000																
MED EXP (Any one person)	\$ 5,000																
B	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	BA3591013	07-23-2008	07-23-2009	<table border="1"> <tr><td>COMBINED SINGLE LIMIT</td><td>\$ 1,000,000</td></tr> <tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr> <tr><td>PROPERTY DAMAGE</td><td>\$</td></tr> </table>	COMBINED SINGLE LIMIT	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE	\$				
COMBINED SINGLE LIMIT	\$ 1,000,000																
BODILY INJURY (Per person)	\$																
BODILY INJURY (Per accident)	\$																
PROPERTY DAMAGE	\$																
	GARAGE LIABILITY ANY AUTO				<table border="1"> <tr><td>AUTO ONLY - EA ACCIDENT</td><td>\$</td></tr> <tr><td>OTHER THAN AUTO ONLY</td><td>\$</td></tr> <tr><td>EACH ACCIDENT</td><td>\$</td></tr> <tr><td>AGGREGATE</td><td>\$</td></tr> </table>	AUTO ONLY - EA ACCIDENT	\$	OTHER THAN AUTO ONLY	\$	EACH ACCIDENT	\$	AGGREGATE	\$				
AUTO ONLY - EA ACCIDENT	\$																
OTHER THAN AUTO ONLY	\$																
EACH ACCIDENT	\$																
AGGREGATE	\$																
X	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM OTHER THAN UMBRELLA FORM	BG12309	1-23-09	1-23-10	<table border="1"> <tr><td>EACH OCCURRENCE</td><td>\$ 2,000,000</td></tr> <tr><td>AGGREGATE</td><td>\$ 2,000,000</td></tr> </table>	EACH OCCURRENCE	\$ 2,000,000	AGGREGATE	\$ 2,000,000								
EACH OCCURRENCE	\$ 2,000,000																
AGGREGATE	\$ 2,000,000																
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input checked="" type="checkbox"/> INCL <input checked="" type="checkbox"/> EXCL	TSF-0001164216	03-17-2009	03-17-2010	<table border="1"> <tr><td>WC STATUTORY LIMITS</td><td>OTH. PR</td></tr> <tr><td>EL EACH ACCIDENT</td><td>\$ 1,000,000</td></tr> <tr><td>EL DISEASE - POLICY LIMIT</td><td>\$ 1,000,000</td></tr> <tr><td>EL DISEASE - EA EMPLOYEE</td><td>\$ 1,000,000</td></tr> </table>	WC STATUTORY LIMITS	OTH. PR	EL EACH ACCIDENT	\$ 1,000,000	EL DISEASE - POLICY LIMIT	\$ 1,000,000	EL DISEASE - EA EMPLOYEE	\$ 1,000,000				
WC STATUTORY LIMITS	OTH. PR																
EL EACH ACCIDENT	\$ 1,000,000																
EL DISEASE - POLICY LIMIT	\$ 1,000,000																
EL DISEASE - EA EMPLOYEE	\$ 1,000,000																
D	BUSINESS SERVICE BOND	BBS 2050015	03-17-2009	03-17-2010	BOND AMOUNT -\$50,000												

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

**CERTIFICATE HOLDER**

Hidalgo County Purchasing  
 Department  
 2812 S. Bus. 281  
 Edinburg, TX 78539

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

*[Signature]*

**HIDALGO COUNTY PURCHASING DEPARTMENT  
TABULATION SHEET**

**DEPARTMENTS NAME: HIDALGO COUNTY WIC PROGRAM**

**BID OPENING: JULY 08, 2009**

**OPENING TIME: 9:30 A.M.**

**DESCRIPTION OF BID: RFB "FLOOR MAINTENANCE FOR WIC CLINICS LOCATED IN HIDALGO COUNTY"**

**BID NO. 2009-240-07-08-SSS**

**MONTHLY RATE**

	<b>LOCATIONS/SITE</b>	<b>Action Janitorial Serv.</b>	<b>Campbell's Services</b>	<b>Green Cleaning Serv.</b>	<b>Guerra Maintenance Mgmt</b>	<b>H L Projects &amp; Construction</b>	<b>LS Cleaning Serv.</b>
1.	Alamo WIC CLINIC -1215 313 E. Business 83 Ste 113 Alamo, Tx. 78516	\$ 319.95	\$ 155.65	\$ 297.00	\$ 252.00	\$ 1,000.00	\$ 1,000.00
2.	Alton WIC CLINIC -1214 3513 E. Main Ave. Alton, Tx. 78572	\$ 417.15	\$ 155.65	\$ 371.00	\$ 315.00	\$ 1,250.00	\$ 1,250.00
3.	Alton WIC CLINIC -1231 3519 W. Main Ave. Ste. B Alton, Tx. 78572	\$ 198.18	\$ 155.65	\$ 279.00	\$ 236.25	\$ 937.50	\$ 937.50
4.	Donna WIC CLINIC -1206 301 S. 8 <sup>th</sup> Donna, Tx. 78537	\$ 411.60	\$ 155.65	\$ 334.00	\$ 283.50	\$ 1,125.00	\$ 1,125.00
5.	Edinburg WIC CLINIC -1219 113 Dawson Edinburg, Tx. 78539	\$ 253.13	\$ 155.65	\$ 223.00	\$ 189.00	\$ 750.00	\$ 750.00
6.	Edinburg Adm. Office C.O. 3105 W. University Dr. Edinburg, Tx. 78539	\$ 490.00	\$ 155.65	\$ 445.00	\$ 378.00	\$ 1,500.00	\$ 1,500.00
7.	La Joya WIC CLINIC -1210 204 W. 2 <sup>nd</sup> La Joya, Tx. 78560	\$ 265.82	\$ 155.65	\$ 223.00	\$ 189.00	\$ 750.00	\$ 750.00
8.	Las Milpas WIC CLINIC -1211 7013 S. Cage Ste F. Las Milpas, Tx. 78577	\$ 167.33	\$ 155.65	\$ 228.00	\$ 194.04	\$ 770.00	\$ 770.00
9.	McAllen WIC CLINIC -1218 220 S. Bicentennial Ste. D McAllen, Tx. 78501	\$ 155.79	\$ 155.65	\$ 260.00	\$ 220.50	\$ 875.00	\$ 875.00
10.	McAllen WIC CLINIC -1230 3001 N. 23 <sup>rd</sup> Ste. 8 McAllen, Tx. 78501	\$ 201.10	\$ 155.65	\$ 189.00	\$ 160.40	\$ 636.50	\$ 725.00
11.	Mercedes WIC CLINIC -1208 540 S. Texas Mercedes, Tx. 78570	\$ 407.82	\$ 155.65	\$ 377.00	\$ 320.04	\$ 1,270.00	\$ 1,270.00
12.	North San Juan WIC CLINIC 1229 509 E. Earling San Juan, Tx. 78589	\$ 206.15	\$ 155.65	\$ 210.00	\$ 177.66	\$ 705.00	\$ 750.00
13.	Pharr WIC CLINIC -1224 925 W. Sam Houston Ste. 3 Pharr, Tx. 78577	\$ 227.21	\$ 155.65	\$ 211.00	\$ 178.42	\$ 708.00	\$ 750.00
14.	San Carlos WIC CLINIC -1226 230 N. 86 <sup>th</sup> Edinburg, Tx. 78539	\$ 177.52	\$ 155.65	\$ 149.00	\$ 126.00	\$ 500.00	\$ 700.00
15.	Weslaco WIC CLINIC -1227 417 S. Oregon Weslaco, Tx. 78596	\$ 323.96	\$ 155.65	\$ 243.00	\$ 205.75	\$ 816.50	\$ 816.50
16.	South Tower Rd. CRC WIC -1245 1429 S. Tower Rd. Alamo, Tx. 78516	\$ 295.79	\$ 155.65	\$ 157.00	\$ 132.86	\$ 527.25	\$ 675.00
17.	Sullivan WIC CLINIC -1216 371 E. Expressway 83 Sullivan City, Tx. 78595	\$ 300.10	\$ 155.65	\$ 179.00	\$ 151.76	\$ 602.50	\$ 650.00
<b>TOTALS</b>		<b>\$4,818.60</b>	<b>\$2,646.05</b>	<b>\$4,375.00</b>	<b>\$3,710.18</b>	<b>\$14,723.25</b>	<b>\$15,294.00</b>

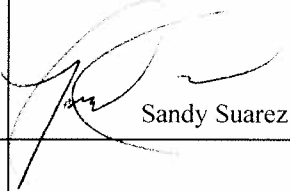
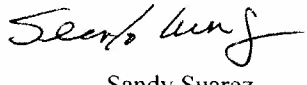
**HIDALGO COUNTY PURCHASING DEPARTMENT  
PARTICIPATING BIDDER'S LOG  
SPECIFICATIONS/BID PACKETS**

**RFB-RFP-RFQ**

**BID OPENING DATE:** July 08, 2009 **BID OPENING TIME:** 9:30 A.M.

**DEPARTMENT/BID DESCRIPTION:** "FLOOR MAINTENANCE FOR WIC CLINICS  
LOCATED IN HIDALGO COUNTY"

**BID NO.:** 2009-240-07-08-SSS

NAME OF VENDOR: COMPANY/FIRM	BID REQUEST *VIA	SIGNATURE(IF APPLICABLE) OR INITIALS OF STAFF ADDRESSING MAIL OUT	DATE	ADDRESS & PHONE NO
ABC Janitorial Service Attn: Dina Guerra	Email	Sandy Suarez	06/22/09	908 Sycamore Ave McAllen, Tx. 78501 (956)682-1700 abcfloor1@netzero.com
Action Janitorial Service Attn: Frank Cole	Email	Sandy Suarez	06/22/09	509 E. Schunior Edinburg, Tx. 78539 (956)380-1771 ajsgo@yahoo.com
Campbell's Janitorial Services Attn: Matthew Campbell	IP/ Email	 Sandy Suarez	06/22/09	2212 S. Primrose Bldg. G McAllen, Tx. 78501 (956)687-6243 Campbells.services@hotmail.com
Commercial Cleaning Service Attn: Chris Kohert	Email	Sandy Suarez	06/22/09	5500 N. Athol Pharr, Tx. 78577 (956)702-3892 ccsirgv@aol.com
Green Cleaning Services Attn: Sandra	Email	Sandy Suarez	06/22/09	3107 San Gabriel Mission, Tx. 78572 (956)212-1835 greencleaningserv@hotmail.com
Guerra Maintenance Management Attn: Servando Guerra	IP	 Sandy Suarez	06/22/09	401 W. Sansada Street Falfurrias, Tx. 78355 (361)228-1541 guerraservando@yahoo.com

**\*VIA:**  
**IN PERSON (IP)**  
**TELEPHONE REQUEST (TR)**  
**BIDDER LIST MAIL OUT (BLM)**  
**E-MAIL (EM)**  
**FACSIMILE (FAX)**

**HIDALGO COUNTY PURCHASING DEPARTMENT  
PARTICIPATING BIDDER'S LOG  
SPECIFICATIONS/BID PACKETS**

**RFB-RFP-RFQ**

**BID OPENING DATE:** July 08, 2009 **BID OPENING TIME:** 9:30 A.M.

**DEPARTMENT/BID DESCRIPTION:** "FLOOR MAINTENANCE FOR WIC CLINICS  
LOCATED IN HIDALGO COUNTY"

**BID NO.:** 2009-240-07-08-SSS

<b>Maistro Services</b> Attn: Francisco Tenorio	Email	Sandy Suarez	06/22/09	31/2 Mile N. I Rd. San Juan, Tx. 78589 (956)638-9818 maistrosvc@msn.com <i>phone not working</i>
<b>B.A. Enterprise</b> Attn: Ann King	Email	Sandy Suarez	06/22/09	2605 Royalty Dr. Garland, Tx. 75044 (972)496-0615 baenterprise1@yahoo.com
<b>Diversitech Systems</b> Attn: Paul Wild	IP	Sandy Suarez	06/25/09	416 East Cedar McAllen, Tx. 78501 (956)221-1983 paul.wild@dssg4u.com <i>No Bid</i>
<b>LS Cleaning</b> Attn: Ted Snavely	IP	Sandy Suarez	07/01/09	4010 Ora St. Edinburg, Tx. 78539 (956)793-3449 tsnv4@aol.com
<b>HL Projects &amp; Construction</b> Attn: Hernan Lugo	IP	Sandy Suarez	07/02/09	5111 N. 10 <sup>th</sup> St. # 246 McAllen, TX. 78504 (956)383-3938 (956)648-9799 cell hernanlugo@cantv.net

**\*VIA:**  
**IN PERSON (IP)**  
**TELEPHONE REQUEST (TR)**  
**BIDDER LIST MAIL OUT (BLM)**  
**E-MAIL (EM)**  
**FACSIMILE (FAX)**