

Bid
for
HIDALGO COUNTY HEALTH & HUMAN SERVICES -

BID NO.: 2010-284-09-15-MEG

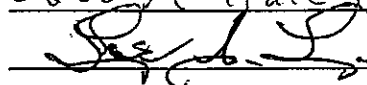
To: Martha L. Salazar, CPPB, Purchasing Agent
Hidalgo County Purchasing Department
2812 S Business Hwy 281 -New Administration Building
Edinburg, Texas 78539

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Bidder agrees that this bid shall be good and may not be withdrawn for a period of ninety (90) calendar days after the scheduled closing time for receiving bids, as contained in the Specifications.

Respectfully submitted,

Bidder: Texas Association of Local Health Officials
Address: 2000 McHale Court, Suite 100, Austin, TX 78758
By: 
Printed Name: Lee Lane
Title: Executive Director



PURCHASING DEPARTMENT
County Of Hidalgo

September 2, 2010

RE: **ADDENDUM NO.1**

FOR RFB No: 2010-284-09-15-MEG HIDALGO COUNTY HEALTH & HUMAN SERVICES-"PURCHASE OF NEW HIGH DENSITY POWER STATION TRAILER"

Dear Bidder:

Attached you will find **ADDENDUM NO. 1**, in connection with **HIDALGO COUNTY HEALTH & HUMAN SERVICES-Request for Sealed Bids for the "PURCHASE OF NEW HIGH DENSITY POWER STATION TRAILER"**.


Please add this **ADDENDUM NO. 1** to your procurement packet, to permit your company to submit a complete packet. See original procurement packet **LEGAL NOTICE** page 3 paragraph 9.

ACKNOWLEDGE RECEIPT of ADDENDUM NO. 1 by signing and returning this notice to by no later than September 15, 2010 at 9:30 a.m. via e-mail to elena.gomez@co.hidalgo.tx.us or via fax to (956)292-7612.

If you do not receive all pages of **ADDENDUM NO. 1** please notify us immediately at (956) 318-2626.

Please be advised that this **ADDENDUM NO. 1** will complete your procurement packet for **HIDALGO COUNTY HEALTH & HUMAN SERVICES -"PURCHASE OF NEW HIGH DENSITY POWER STATION TRAILER"**.

Thank you for your prompt attention to this matter.


Martha L. Salazar, CPPB
Hidalgo County Purchasing Agent

BY:


ADDENDUM NO 1
ACKNOWLEDEMENT OF RECEIPT

Texas Association of
Local Health Officials

Firm's Name

MLS:meg
Enclosures

ADDENDUM NO. 1
SEPTEMBER 2, 2010

HIDALGO COUNTY HEALTH & HUMAN SERVICES
"PURCHASE OF NEW HIGH DENSITY POWER STATION TRAILER"
RFB NO. 2010-284-09-15-MEG

PLEASE NOTE THE FOLLOWING **CHANGES:**

1. **REPLACE EXHIBIT "B"** with REVISED EXHIBIT "B" (bid page)-consisting of 1 page.

I, Lee Lane, acknowledge receipt of ADDENDUM NO. 1 dated, September 2, 2010 for RFB NO.: 2010-284-09-15-MEG "Hidalgo County Health & Human Services -"PURCHASE OF NEW HIGH DENSITY POWER STATION TRAILER"

Texas Association of
Local Health Officials
Print VENDOR's Name

9/13/10
Date

***NOTE: THIS ORIGINAL ADDENDUM MUST BE SUBMITTED WITH YOUR PROCUREMENT PACKET RESPONSE.**

EXHIBIT "A"

SPECIFICATIONS/REQUIREMENTS

**HIDALGO COUNTY HEALTH & HUMAN SERVICES
"PURCHASE OF NEW HIGH DENSITY
POWER STATION TRAILER"**

BID NO. 2010-284-09-15-MEG

EXHIBIT "A"
HIDALGO COUNTY HEALTH AND HUMAN SERVICES
"PURCHASE ONE (1) HIGH DENSITY POWER STATION TRAILER"
BID NO.: 2010-284-09-15-MEG

SPECIFICATIONS:

The following are the minimum requirements and/or specifications that will be acceptable to the County. These requirements and/or specifications may be equal or better. Any bid that does not meet the minimum requirements and/or specifications will be rejected.

Hidalgo County Health Department is seeking to purchase "One (1) High Density Power Station Trailer" as a Turnkey (ready to operate) from a qualified vendor, to include but not limited to the following:

SERVICE SPECIFICATIONS:

A "High Density Power Station Manual" that outlines general features and trailer use is supplied. Bidder must specify if any other Equipment and/or Accessories will be included.

One (1) New High Density Power Station Trailer"

MINIMUM SPECIFICATION:

Purchase One (1) High Density Power Station Trailer" unit with the following equipment, all equipment mentioned below will be equal or better as follows.

- 2400 Amp Hours of charge supplied by lithium, iron phosphate 12V battery system with remote battery management and monitoring system.
- Battery charging system for charging from generator
- 2800 watt inverter to supply AC power from the battery system
- 6000 watt Honda super quiet 120/240 generator with inverter system for ultraclean sine wave power, equipped for tri-fuel operation on gas, LP, and propane
- 840 watt solar panel array on a telescoping hydraulic system with sun tracking system and MPPT solar charge controller with remote management module
- 200lbs of propane storage
- Air compressor for light duty tools and inflation purposes
- Battery charging station to accommodate two 12V car batteries, 4 lantern batteries, capacity for numerous smaller AA, AAA, 9V, D, C batteries
- Rechargeable handheld spotlight and 8 rechargeable flashlights with a charging station
- 65qt refrigerator/freezer
- Mini-microwave
- 250 watt LED flood-lamp
- 2000 watt pod of halogen flood-lamp on telescoping mast
- 120 and 240 watt shore power connector for charging and distribution of power
- 12V DC power outlets

EXHIBIT "A"
HIDALGO COUNTY HEALTH AND HUMAN SERVICES
"PURCHASE ONE (1) HIGH DENSITY POWER STATION TRAILER"
BID NO.: 2010-284-09-15-MEG

TERMS & CONDITIONS:

1. All tangible goods being bid must be new and unused, unless otherwise specified, in first-class condition, of current manufacture, and furnished ready to use. All items not specifically mentioned that are required for a complete unit shall be furnished.
2. 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 advantageous to the County.
3. **AWARD:** Bid award will be made to the lowest, responsive, responsible bidder meeting all specifications /and or requirements.
4. **MAINTENANCE:** Maintenance required for equipment bid should be available in Hidalgo County by authorized manufacturer. Cost for this service shall be included in this bid. If Hidalgo County opts to include maintenance, it shall be so stated in the purchase order and said cost will be included. Service will commence only upon expiration of applicable.
5. **WARRANTY:** Bidder's submission must include warranty information, a 1-800 service number for the use of clients and/or agency staff and documentation that the proposed product meets minimum efficiency requirements.
6. **INSURANCE (REQUIREMENTS)** certificates must be submitted to Hidalgo County Purchasing Department for approval prior to delivery or any services being performed which is applicable to the awarded bidder in accordance to Exhibit "C" attached.
7. 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.
8. **DESCRIPTIONS:** Unless otherwise specified, any reference to make, manufacturer and/or model used in the bid specifications is merely descriptive and not restrictive, and is used only to indicate type, style, or quality of material desired.
9. Hidalgo County reserves the right to purchase from state contracts whenever it is in the best interest to do so.
10. Vendor must thoroughly fill in each section of the Bid Page (Exhibit "B") if applicable **INCOMPLETE** submittals shall be considered a probable cause for disqualification.
11. All items must be shipped **F.O.B. INSIDE DELIVERY.**

ADDITIONAL INFORMATION:

Hidalgo County is requesting that any and all questions, inquiries, and clarifications regarding quotes, bids, proposals, or statements of qualifications be addressed to, Martha L. Salazar, CPPB, Purchasing Agent, 2812 S. Business Hwy. 281, Edinburg, Texas 78539. **TELEPHONE INQUIRIES WILL NOT BE ACCEPTED.**

ALL WRITTEN INQUIRIES WILL BE ACCEPTED VIA FACSIMILE TO (956) 292-7612 OR VIA E-MAIL TO Elena.gomez@co.hidalgo.tx.us by NO LATER THAN WEDNESDAY, SEPTEMBER 8, 2010 @ 5:00 P.M. Responses will be sent to all applicants via facsimile or e-mail by no later than FRIDAY, SEPTEMBER 10, 2010 @ 5:00 P.M.

EXHIBIT "B"

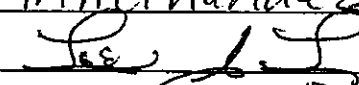
BID PAGE

**HIDALGO COUNTY HEALTH & HUMAN SERVICES
"PURCHASE OF NEW HIGH DENSITY
POWER STATION TRAILER"**

BID NO. 2010-284-09-15-MEG

EXHIBIT "B"
 HIDALGO COUNTY HEALTH DEPARTMENT
 "PURCHASE NEW HIGH DENSITY POWER STATION TRAILER"
 RFB NO.: 2010-284-09-15-MEG

Description	Prices
TRAILER	\$ 73,000
MAINTENANCE	\$ N/A - 90 days / no cost
WARRANTY	\$ N/A - 90 days / no cost
FRIEGHT	\$ N/A - no cost

BIDDER/COMPANY NAME:	Lee Lane / Texas Association of Local Health Officials
ADDRESS:	2600 McHale Court, Suite 100, Austin TX
CITY/STATE/ZIP:	78757
PHONE NO/FAX NO:	(512) 814-2546 phone (512) 814-2557
E-MAIL ADDRESS:	mhernandez@talho.org
AUTHORIZED SIGNATURE:	
TITLE:	Executive Director

OPENED
 9:57am

9-15-2010
 Witnessed



EXHIBIT "D"

CIQ FORM

**HIDALGO COUNTY HEALTH & HUMAN SERVICES
"PURCHASE OF NEW HIGH DENSITY
POWER STATION TRAILER"**

BID NO. 2010-284-09-15-MEG

EXHIBIT "D"

CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor or other person doing business with local governmental entity

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.

OFFICE USE ONLY

Date Received

1 Name of person who has a business relationship with local governmental entity.

N/A

2 Check this box if you are filing an update to a previously filed questionnaire.

Input box for question 2

(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.)

3 Name of local government officer with whom filer has employment or business relationship.

N/A Name of Officer

This section (item 3 including subparts A, B, C & 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.

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?

Input boxes for Yes/No for question A

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?

Input boxes for Yes/No for question B

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?

Input boxes for Yes/No for question C

D. Describe each employment or business relationship with the local government officer named in this section.

4 Signature of person doing business with the governmental entity

9/13/10 Date

VENDOR'S APPLICATION
&
W-9 FORM

HIDALGO COUNTY HEALTH & HUMAN SERVICES
"PURCHASE OF NEW HIGH DENSITY
POWER STATION TRAILER"

BID NO. 2010-284-09-15-MEG

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 (956) 292-7612
 in person or regular mail to:
 Mailing/Postal Address: 2812 S. Business Hwy. 281
 Physical Address: 2802 S. Business Hwy. 281
 Edinburg, Texas 78539
 or e-mail: purchasing@co.hidalgo.tx.us

Company Name: <u>Texas Association of Local Health Officials</u>		Telephone No. <u>(512) 814-2546</u>
dba Name: <u>N/A</u>		
Legal Name: <u>Texas Association of Local Health Officials</u>		
Mailing Address: <u>2000 McHale Ct, Suite 100</u>		Fax No. <u>(512) 814-2551</u>
Physical Address: <u>2000 McHale Court, Suite 100</u>		
City, State, Zip <u>Austin TX 78758</u>		Tax I.D. No. <u>74 2897556</u>
Remit to Address: <u>2000 McHale Ct.</u>		City, State, Zip <u>Austin TX - 78758</u>
E-Mail Address: <u>mhernandez@talho.org</u>		
Representative(s) Name(s) & Title(s) <u>Lec Lane, Exec. Director / Mary Hernandez, CFO</u>		
Type of Organization (check one): <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" 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: <u>Texas</u>		Date: <u>1/27/98</u> 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 checked="" type="checkbox"/> Other, Specify <u>private, non profit</u>		
Name & Title of Person(s) Authorized to Sign Bids, Proposals, and/or Contracts: <u>Lec Lane, Exec. Director / Mary Hernandez, CFO/COO</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): <u>N/A</u> 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?: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: _____

N/A

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) Texas Association of Local Health Officials	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input checked="" type="checkbox"/> Other (see instructions) ▶ Non-profit	
Address (number, street, and apt. or suite no.) 2600 McHale Court, Suite 100	Requester's name and address (optional)
City, state, and ZIP code Austin, Texas 78758	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is 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
74 : 2897556

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).

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 ▶	Date ▶ 9/13/10
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

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.

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:

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

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

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,

***CERTIFICATION REGARDING
DEBARMENT***

**HIDALGO COUNTY HEALTH & HUMAN SERVICES
"PURCHASE OF NEW HIGH DENSITY
POWER STATION TRAILER"**

BID NO. 2010-284-09-15-MEG

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 indicated 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: Lee Lane

Title: Executive Director

Telephone Number: (572) 814-2546

Date: 9/13/10

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