

Hidalgo County Purchasing Department
2812 S. Business Highway 281
Edinburg, Texas 78539
(956) 318-2626/ Fax: (956) 318-2629

November 03, 2016

Jesse A. Garringer, Vice President
Henry Schein, Incorporated
d/b/a **Henry Schein Matrix Medical**
P. O. Box 3227 / 140 Crouch Commercial Court
Irmo, SC 29063
P (800) 845-3550 C (803) 622-7771 F (800) 533-4793

via email jesse.garringer@henryschein.com

Re: **Extension/HB1295 Form Notice**
Contract No. C-13-156-12-20 - "Purchase of Medical Supplies & Equipment" for Hidalgo County Sheriff's Office

Dear Mr. Garringer:

Be advised, that County has chosen the option to exercise the **SECOND (2nd) & FINAL** of the additional two (2) one (1) **year periods, under the same rates, terms and conditions** with **Henry Schein, Incorporated d/b/a Henry Schein Matrix** for the referenced project. However, in order to proceed with approval of the extension, the County is required, as of **January 1, 2016**, to comply with the **Texas Government Code, §2252.908**, and the rules issued by the **Texas Ethics Commission** found in Title 1, Section 46.1, 46.3 and 46.5 of the Texas Administrative Code. In accordance with these requirements for the type of contract being considered, a business must submit a completed **Certificate of Interested Parties Form 1295**, to the County before the County may enter into a contract with the business entity.

Thus, in order for County staff to process the above referenced extension/renewal; you must complete Form 1295 and file Form 1295 with the Texas Ethics Commission. You can find the 1295 Form through the Texas Ethics Commission at the following website:

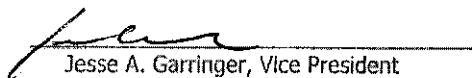
https://www.ethics.state.tx.us/whatsnew/elf_info_form1295.htm

In box 3 of **Form 1295**, provide **Renewal/Extension No. E-16-391-00-00**. Once completed and filed with the Texas Ethics Commission, Form 1295 must be printed and signed in the presence of a notary and submitted to our office by the deadline stated below.

In order to proceed with approval of **Renewal/Extension** for referenced project by **Commissioners Court**, the signed and notarized "**HB Form 1295**" and "**Extension Notice**" must be received in our office completed via fax to (956) 292-7612 or via email to: Leticia.saenz@co.hidalgo.tx.us **by no later than Friday, November 18, 2016**. Hidalgo County cannot enter into a contract until Form 1295 is submitted, therefore, failure to timely submit Form 1295 signed, and notarized may result in delay of award.

In, addition, please include your "**Updated Certificate of Insurance**" with acknowledgment of receipt to this notice by signing below and returning to the Hidalgo County Purchasing Department, via email: leticia.saenz@co.hidalgo.tx.us by no later than date reflected above.

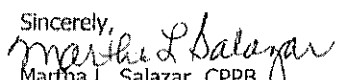
By:


Jesse A. Garringer, Vice President

Date:

11/17/16

Hidalgo County Purchasing Department welcomes and appreciates your participation in the contract process. If any further assistance is required, please do not hesitate to call the Purchasing Department 956/318-2626.

Sincerely,

Martha L. Salazar, CPPB
Hidalgo County Purchasing Agent

MLS/lhs
Enclosures



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
05/24/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Aon Risk Services Northeast, Inc. New York NY Office 199 Water Street New York NY 10038-3551 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105		
	E-MAIL ADDRESS:		
INSURED Henry Schein, Inc. 135 Duryea Road Melville NY 11747 USA	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Illinois National Insurance Co		23817
	INSURER B: ACE American Insurance Company		22667
	INSURER C: Liberty Mutual Fire Ins Co		23035
	INSURER D: Liberty Insurance Corporation		42404
	INSURER E: North American Elite Insurance Company		29700
INSURER F: Noetic Specialty Insurance Co		17400	

Holder Identifier :

COVERAGES **CERTIFICATE NUMBER: 570062192874** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
C	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			TB2621093363036	06/01/2016	06/01/2017	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$1,000,000 PRODUCTS - COMP/OP AGG Excluded
C	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			AS2-621-093363-046	06/01/2016	06/01/2017	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
E	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION			UMB000813602 SIR applies per policy terms & conditions	06/01/2016	06/01/2017	EACH OCCURRENCE \$25,000,000 AGGREGATE \$25,000,000
D	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WA762D093363016 AOS WC7621093363026 WI	06/01/2016	06/01/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE-EA EMPLOYEE \$1,000,000 E.L. DISEASE-POLICY LIMIT \$1,000,000
F	<input checked="" type="checkbox"/> Products Liab			N16NY380028 Claims Made SIR applies per policy terms & conditions	06/01/2016	06/01/2017	Each Occurrence \$1,000,000 Aggregate \$1,000,000

Certificate No : 570062192874

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

RE: Bid No. 2009-10-07-SGS. County of Hidalgo is included as Additional Insured as required by written contract, but limited to the operations of the Insured under said contract, per the applicable endorsement with respect to the General Liability, Automobile Liability and Products Liability policies.

CERTIFICATE HOLDER Hidalgo County 2812 S. Business Highway 281 Edinburg TX 78539 USA	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Aon Risk Services Northeast, Inc</i>
--	--

CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
 Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY
 CERTIFICATION OF FILING**

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
 Henry Schein Inc
 Irmo, SC United States

Certificate Number:
 2016-138081

Date Filed:
 11/17/2016

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
 Hidalgo County

Date Acknowledged:
 11/17/2016

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.
 renewal/ext no.E-16-391-00-00
 medical supplies

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.

6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

 Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY CERTIFICATION OF FILING

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Hidalgo County

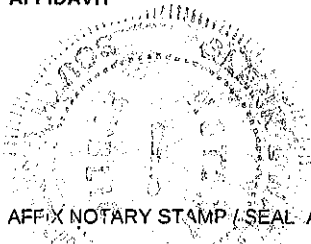
Date Acknowledged:

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.
renewal/ext no.E-16-391-00-00
medical supplies

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO interested party.

6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.



[Signature]
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said JESSE A. GARRINGER, this the 17th day of November 2016, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

GLENN L. WATTS III
Printed name of officer administering oath

NOTARY - S. CAROLINA
Title of officer administering oath

E-15-387-10-27



Hidalgo County Purchasing Department
2812 S. Business Highway 281
New Administration Building
Edinburg, Texas 78539
(956) 318-2626/ Fax: (956) 318-2629

September 25, 2015

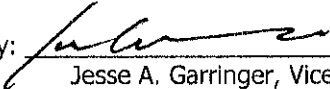
Jesse A. Garringer, Vice President
Henry Schein, Incorporated
d/b/a **Henry Schein Matrix Medical**
P. O. Box 3227 / 140 Crouch Commercial Court
Irmo, SC 29063
P (800) 845-3550 C (803) 622-7771

via email jesse.garringer@henryschein.com
via facsimile (800) 533-4793
via certified mail

Re: Extension/Renewal -Contract No. C-13-156-12-20 - "Purchase of Medical Supplies & Equipment" for Hidalgo County Sheriff's Office

Dear Mr. Garringer:

Hidalgo County Purchasing Department will be requesting Commissioners' Court to consider the County's sole option to exercise the extension/renewal for the **First (1st) Year** of the additional two (2) one (1) year periods as provided in the current contract (under the same rates, terms and conditions). Please acknowledge receipt of this notice for placement on the next Commissioners' Court agenda for discussion, consideration and action of the extension by signing and returning to the Purchasing Department, via facsimile to (956) 956-318-2629 (or) via email to: leticia.saenz@co.hidalgo.tx.us, so, as, to meet the agenda request deadlines.

By: 
Jesse A. Garringer, Vice President

Date: 10/2/15

Additionally, we are requesting that your company provides an "Updated Certificate of Insurance" as required by Hidalgo County's procurement through "Request for [Bids, Quotes, Proposals, and Statements of Qualifications]".

Should you have any questions or require additional information, please do not hesitate to contact our office at (956) 318-2626. Your cooperation to this matter is greatly appreciated and we hope your company continues its business relationship with Hidalgo County.

Respectively,

Leticia H. Saenz, CPPB/Contracts Manager
Hidalgo County Purchasing Department

xc: file



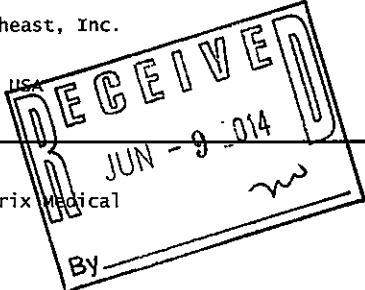
CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
06/05/2014

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PRODUCER Aon Risk Services Northeast, Inc. New York NY Office 199 Water Street New York NY 10038-3551 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105
	E-MAIL ADDRESS:
INSURED Henry Schein, Inc. Dba: Henry Schein Matrix Medical 135 Duryea Road Melville NY 11747 USA	INSURER(S) AFFORDING COVERAGE NAIC #
	INSURER A: Liberty Mutual Fire Ins Co 23035
	INSURER B: Liberty Insurance Corporation 42404
	INSURER C: Noetic Specialty Insurance Co 17400
	INSURER D:
	INSURER E:



Holder Identifier :

COVERAGES CERTIFICATE NUMBER: 570054027459 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURED	SUBROGATION WAIVED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			TB2621093363034	06/01/2014	06/01/2015	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$1,000,000 PRODUCTS - COMP/OP AGG Excluded
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			AS2-621-093363-044	06/01/2014	06/01/2015	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION						EACH OCCURRENCE AGGREGATE
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WA762D093363014 AOS WC7621093363024 WI OR	06/01/2014 06/01/2014	06/01/2015 06/01/2015	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE-EA EMPLOYEE \$1,000,000 E.L. DISEASE-POLICY LIMIT \$1,000,000
C	Products Liab			N14NY380025 Claims Made SIR applies per policy terms & conditions	06/01/2014	06/01/2015	Aggregate \$1,000,000 Per Occurrence \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 RE: Bid No. 2009-10-07-SGS. County of Hidalgo is included as Additional Insured as required by written contract, but limited to the operations of the Insured under said contract, per the applicable endorsement with respect to the General Liability, Automobile Liability and Products Liability policies.

CERTIFICATE HOLDER Hidalgo County 2812 S. Business Highway 281 Edinburg TX 78539 USA	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Aon Risk Services Northeast, Inc.</i>
--	--

Certificate No : 570054027459

SPECIAL MEETING - October 27, 2015

BE IT REMEMBERED, that on this 27th day of October A.D., 2015, there was begun and held a **SPECIAL MEETING** of the Honorable Commissioners' Court of Hidalgo County, Texas, wherein the following members thereof were present, to-wit:

HONORABLE RAMON GARCIA	HIDALGO COUNTY JUDGE
HONORABLE A.C. CUELLAR, JR.	COMMISSIONER, PRECINCT NO. 1
HONORABLE EDUARDO "EDDIE" CANTU	COMMISSIONER, PRECINCT NO. 2
HONORABLE JOE M. FLORES	COMMISSIONER, PRECINCT NO. 3
HONORABLE JOSEPH PALACIOS	COMMISSIONER, PRECINCT NO. 4

and **ARTURO GUAJARDO, JR.**, COUNTY CLERK & EX-OFFICIO CLERK OF THE **COMMISSIONERS' COURT** of Hidalgo County, Texas, wherein the following proceedings were had, to-wit:



AGENDA
CC REGULAR CONSENT
COMMISSIONERS' COURT
October 27, 2015
9:30 A.M.

NOTICE is hereby given in accordance with Chapter 551, Texas Government Code, that a SPECIAL MEETING of the Commissioners' Court will be held at the Edinburg Council Chambers 415 W. University Drive, Edinburg, Hidalgo County, Texas. Discussion and possible action relating to the following business will be transacted:

NOTICE TO THE PUBLIC
CONSENT AGENDA

The following items are of a routine or administrative nature. The Commissioners' Court has been furnished with background and support on each item, and/or it has been discussed at a previous meeting. All items will be acted upon by one vote without being discussed separately unless requested by a Court Commissioner, in which event the item or items will immediately be withdrawn for individual consideration in its normal sequence after the items not requiring separate discussion have been acted upon. The remaining items will be adopted by one vote.

On motion by COMMISSIONER PCT. 1, A.C. CUELLAR, JR., seconded by COMMISSIONER PCT. 2, EDUARDO "EDDIE" CANTU the Court made a UNANIMOUS vote of approval for the exception of Item.11.H. to be pulled for discussion.

Vote: 5 - 0 - Unanimously

1. **Approval of check register and payment of claims and bills -**
(Payments from Juvenile Probation, Adult Probation, LEOSE Fund, DA Motor Vehicle Theft Fund, DA Bad Check Processing Fund, DA Forfeiture Fund, Sheriff Forfeiture Funds, Constable Forfeiture Funds, HIDTA Forfeiture Funds and VIT Interest Fund are presented for recording purposes only.)
2. **2015 Intradepartmental transfers:**
 - A. **AI-51981** 2015 - Public Affairs (1100)
 - B. **AI-51977** 2015 - County Judge (1100)
 - C. **AI-51962** 2015 - Human Resources (1100)
 - D. **AI-51976** 2015 - Pct. 4 Doolittle Recovery (1100)
 - E. **AI-51903** 2015 - Pct. 4 Admin (1200)
 - F. **AI-51956** 2015 - Constable Pct. 2 (1100)

- B. AI-51578** 1. Approval of reimbursement in the amount of \$994,336.01 to Blue Cross Blue Shield Insurance Company for claims paid on behalf of Hidalgo County from 09/26/15 to 10/09/15.

09/26-30/15	\$197,596.68
10/01-02/15	\$360,733.64
10/03-09/15	\$436,005.69
TOTAL	\$994,336.01

2. Approval of wire transfer to cover claims paid.

- C. AI-51963** Transfers In-Gen Fund (1285):
Approval of 2015 interfund transfer from Co Wide Adm-Contingency to Transfers In-General Fund (1285) in the amount of \$5,421.18 to fund the total local match required to appropriate funds for the STOP Truancy Grant, CC 10/27/15 (AI-51591), in the total amount of \$5,421.18.

11.

Purchasing Dept:

Notes:

A. FOR ANY CONTRACTS(S) AWARDED AND APPROVED UNDER THIS AGENDA, EXECUTED COPIES OF THE CONTRACT(S) WILL BE AVAILABLE ON THE COUNTY INTRA-NET WEBSITE AND WILL BE FOWARDED VIA E-MAIL, FAX OR HAND DELIVERED TO HIDALGO COUNTY AUDITOR'S OFFICE.

B. ANY AND ALL REQUESTS FOR PAYMENT(S) APPROVED WILL BE SUBJECT TO COUNTY AUDITORS PROCESSING PROCEDURES INCLUDING AUTHORITY FOR COUNTY TREASURER TO ISSUE PAYMENT(S)/CHECK(S).

- A. AI-51984** Acceptance and approval of proposal submitted by AAMECC, LLC awarded vendor (through County's participation with TIPS /TAPS Contract No. 1042513) for HC-Facilities Management Project titled: "Asbestos Abatement Consulting Services, including but not limited to Preparation of Specifications, Project Air Monitoring and Air Monitoring for Final Clearance" in the amount of \$3,915.00 for the County Owned building located at 300 E. Hackberry Ave, McAllen, TX (Project# 2015-331A-MSS).
- B. AI-51978** Ratification of fully executed Change Orders No. 1 & 2 in connection with the Precinct. No. 2 -SIOUX ROAD PAVING IMPROVEMENTS PROJECT (from I Road to 3,500 feet East of Raul Longoria) as recommended by project engineer, Mr. Raul Sesin, P.E, Hidalgo County Drainage District No. 1. Project cost was increased in the amount of \$2,185.00 on Change Order No. 1, and \$5,554.56 on Change Order No. 2.

UNANIMOUS vote of approval subject to legal review of the invoicing for the auditor's office.

Vote: 5 - 0 -Unanimously

Correction on Item.11.H.2 PO# 7178799 to PO# 717899

- I. AI-51579** Requesting approval of the **additional one (1) year extension/renewal** for agreements as (set forth below) for **Hidalgo County Sheriff's Office (on an as needed basis)**, under the same rates, terms and conditions;

1. "Purchase of Tires-Including Installation and other Related Services" (on an as needed basis), including **All other Hidalgo County Law Enforcement Agencies, (First (1st) Year** of the two (2) one (1) year terms) with the following multi awarded vendors:

A. Southern Tire Mart, C-14-324-12-02, effective, **12/06/15**;

B. A to Z Tire & Battery, Inc., C-14-324A-12-02, **[TIRES ONLY]**, effective, **12/06/15**.

APPROVED

2. Henry Schein, Inc. d/b/a Henry Schein Matrix Medical-"Purchase of Medical Supplies & Equipment" in connection to contract# **C-13-156-12-20, (First (1st) Year** of the additional two (2) one (1) year terms), effective, **12/22/15**.

3. Tropical Texas Behavioral Health Center (MHMR)-Screening Assessments and Psychiatric Evaluation of Inmates Incarcerated at County Jail, in connection to **ILA #C-13-356-12-20, (First (1st) Yr** of the five (5) one (1) year terms), effective, **01/01/16**.

- J. AI-51923** Acceptance and approval for payment of invoices as submitted by LEFEVRE Engineering [for the provision of engineering services] under Contract #C-14-308-09-09-PO#721465 through Work Authorization No. 1 including, but not limited to the following:

INVOICE #JULY 15-4:\$12,586.00 for services rendered July 1 thru July 26, 2015

INVOICE #AUGUST 15-10:\$832.50 for services rendered August 1 thru August 25, 2015

- K. AI-51916** 1. Approval of Request for Payment-Application No. 9 in the amount of \$124,070.95 from Central Air and Heating Services, Inc., awarded contractor for the Sheriff's Office "Adult Detention Center and Law Enforcement Facility Roof &/or Air Condition Repairs &/or Replacement", and as certified for payment by project engineer, Chanin Engineering, and reviewed & initialed by construction manager, Prodigy Construction Management through contract C-14-047-01-20;

2. Acceptance & approval of Invoice No. 1281 in the amount of \$2,700.00 submitted by contracted vendor, Prodigy Construction Management, LLC, C-14-360-10-14, for the provision of construction management services for, "Adult Detention and Law Enforcement Facility Repairs and/or Replacement."

APPROVED

AI-51579

Purchasing Department

17. 0.

CC CONSENT

Meeting Date: 11/03/2015

Submitted For: Marty Salazar, PURCHASING DEPT.

Submitted By: Letty Saenz, PURCHASING DEPT.

Department: PURCHASING DEPT.

Information

CAPTION

Requesting approval of the **additional one (1) year extension/renewal** for agreements as (set forth below) for **Hidalgo County Sheriff's Office (on an as needed basis)**, under the same rates, terms and conditions;

a. "Purchase of Tires-Including Installation and other Related Services" (on an as needed basis), including **All other Hidalgo County Law Enforcement Agencies, (First (1st) Year** of the two (2) one (1) year terms) with the following multi awarded vendors:

- 1. Southern Tire Mart, C-14-324-12-02, effective, 12/06/15;**
- 2. A to Z Tire & Battery, Inc., C-14-324A-12-02, [TIRES ONLY], effective, 12/06/15.**

b. Henry Schein, Inc. d/b/a Henry Schein Matrix Medical-"Purchase of Medical Supplies & Equipment" in connection to contract# **C-13-156-12-20, (First (1st) Year** of the additional two (2) one (1) year terms), effective, **12/22/15.**

c. Tropical Texas Behavioral Health Center (MHMR)-Screening Assessments and Psychiatric Evaluation of Inmates Incarcerated at County Jail, in connection to **ILA #C-13-356-12-20, (First (1st) Yr** of the five (5) one (1) year terms), effective, **01/01/16.**

BACKGROUND

Extensions/Renewals:

Southern Tire Mart -C-14-324-12-02

A to Z Tire & Battery, Inc. -C-14-324A-12-02

Henry Schein, Inc. d/b/a Henry Schein Matrix Medical -C-13-156-12-20

Tropical Texas Behavioral Health Center (MHMR) -ILA #C-13-356-12-20

Fiscal Impact

FISCAL YEAR: 2015

ACCT. #: 5-1100-421-00-280-001-0-672

FUNDS AVAILABLE Y/N?:

MATCHING FUNDS Y/N?:

BUDGETARY IMPACT:

BUDGETARY IMPACT:
4-1100-421-00-291-001-0-672
4-1100-421-00-292-001-0-672
4-1100-421-00-293-001-0-672
4-1100-421-00-294-001-0-672
4-1100-421-00-295-001-0-672
4-1254-412-00-270-014-0-672

FISCAL YEAR: 2015

ACCT. #: 5-1100-421-00-291-001-0-672

FUNDS AVAILABLE Y/N?: MATCHING FUNDS Y/N?:

BUDGETARY IMPACT:

ACCT. #: 4-1100-421-00-280-001-0-672

FUNDS AVAILABLE Y/N?: MATCHING FUNDS Y/N?:

BUDGETARY IMPACT:

4-1100-421-00-291-001-0-672
4-1100-421-00-292-001-0-672
4-1100-421-00-293-001-0-672
4-1100-421-00-294-001-0-672
4-1100-421-00-295-001-0-672
4-1254-412-00-270-014-0-672

FISCAL YEAR: 2015

ACCT. #: 5-1100-421-00-292-001-0-672

FUNDS AVAILABLE Y/N?: MATCHING FUNDS Y/N?:

BUDGETARY IMPACT:

4-1100-421-00-292-001-0-672
4-1100-421-00-293-001-0-672
4-1100-421-00-294-001-0-672
4-1100-421-00-295-001-0-672
4-1254-412-00-270-014-0-672

FISCAL YEAR: 2015

ACCT. #: 5-1100-421-00-293-001-0-672

FUNDS AVAILABLE Y/N?: MATCHING FUNDS Y/N?:

BUDGETARY IMPACT:

4-1100-421-00-294-001-0-672
4-1100-421-00-295-001-0-672
4-1254-412-00-270-014-0-672

FISCAL YEAR: 2015

ACCT. #: 5-1100-421-00-294-001-0-672

FUNDS AVAILABLE Y/N?: MATCHING FUNDS Y/N?:

BUDGETARY IMPACT:

4-1100-421-00-294-001-0-672
4-1100-421-00-295-001-0-672
4-1254-412-00-270-014-0-672

FISCAL YEAR: 2015 ACCT. #: 5-1100-421-00-295-001-0-672
FUNDS AVAILABLE Y/N?: MATCHING FUNDS Y/N?:
BUDGETARY IMPACT:

4-1100-421-00-295-001-0-672
4-1254-412-00-270-014-0-672

FISCAL YEAR: 2015 ACCT. #: 5-1254-412-00-270-014-0-672
FUNDS AVAILABLE Y/N?: MATCHING FUNDS Y/N?:
BUDGETARY IMPACT:

4-1254-412-00-270-014-0-672

FISCAL YEAR: 2015 ACCT. #: 5-1100-423-21-280-002-0-604
FUNDS AVAILABLE Y/N?: MATCHING FUNDS Y/N?:
BUDGETARY IMPACT:

FISCAL YEAR: 2015 ACCT. #: 5-1100-423-21-280-002-0-331
FUNDS AVAILABLE Y/N?: MATCHING FUNDS Y/N?:
BUDGETARY IMPACT:

Attachments

Extension-A to Z Tire & Battery

Extension-Southern Tire Mart

Extension-Henry Schein Inc dba Henry Schein Matrix Medical-HCSO

Extension-ILA-TTBH-MHMR-HCSO

Form Review

Inbox	Reviewed By	Date
Purchasing Department	Marty Salazar	10/19/2015 04:01 PM
Budget & Management Manuel Chapa	Veronica Ortiz	10/21/2015 02:43 PM
Auditor's Office		

Form Started By: Letty Saenz

Started On: 09/28/2015 09:04 AM

REQUIREMENTS AGREEMENT
C-13-156-12-20

THIS AGREEMENT (the "Agreement") is entered into effective as of the **20th** day of **December, 2013** by and between **Henry Schein, Inc. d/b/a Henry Schein Matrix Medical** ("Seller") and **Hidalgo County, Texas** ("Buyer").

WHEREAS, Buyer has solicited sealed bids for the supply of its requirements of **Hidalgo Buyer** including for the **Purchase of Medical Supplies and Equipment (on an as needed basis)**, (the "Product") as further described in Exhibit "A", Request for Sealed Bids (RFB) Procurement Packet as attached hereto and incorporated herein by reference for all purposes (the "RFB") for a period of **two (2) years** and;

WHEREAS, Seller has submitted a proposal to supply Buyer's requirements; and

WHEREAS, Buyer has determine that Seller has submitted the lowest and best bid to meet Buyer's requirements for certain of the Products, as herein after described.

NOW THEREFORE, for and in consideration of the mutual covenants and conditions hereinafter set forth, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereto agree as follows:

1. Buyer agrees to purchase from Seller, and Seller agrees to sell and deliver to Buyer, all of the Products listed on Exhibit "B", which is attached hereto and incorporated herein by reference, that Buyer may require for use by Buyer in Hidalgo Buyer projects for a period of a **two (2) years** with the Buyer's option to extend for an additional two (2) one (1) year terms under the same rates terms and conditions. Hidalgo Buyer also reserves the right to continue this bid for an additional sixty (60) day grace period, under the same rates, terms and conditions at the end of the contract term for unforeseen delays in award of new bid for the next contract term. The initial term of this Contract shall commence on **December 22, 2013** and expire on **December 21, 2015**, and it is agreed that the Product will meet the Specifications in the Request for Sealed Bids (RFB) Procurement Packet set forth in Exhibit "A" hereto.

2. When Buyer determines that it needs a quantity of the Product to be delivered, it will, according to its Purchasing Policies, complete and submit to Seller a Purchase Order describing the type and quantity of the Product required. The Product shall be delivered by Buyer to the location in Hidalgo Buyer specified by Buyer in its Purchase Order.

3. Buyer agrees to pay Seller for each Purchase Order based on the prices set out in Exhibit "B". Seller shall render invoices for each Purchase Order, and the invoices shall be paid by Buyer on or before the 30th day following receipt of the invoice.

4. General Provisions.

a. **Conflict with Applicable Law.** Nothing in this Agreement shall be construed so as to require the commission of any act contrary to law, and whenever there is any conflict between any provision of this Agreement and any present or future law, ordinance or administrative, executive or judicial regulation, order or decree, or amendment thereof, contrary to which the parties have no legal right to contract, the latter shall prevail, but in such event the affected provision or provisions of this Agreement shall be modified only to the extent necessary to bring them within the legal requirements and only during the time such conflict exists.

b. **No Waiver.** No waiver by Buyer of any breach of any provision of this Agreement shall be deemed to be a waiver of any preceding or succeeding breach of the same or any other provision hereof.

c. **Entire Agreement.** This Agreement contains the entire contract between the parties hereto, and each party acknowledges that neither has made (either directly or through any agent or representative) any representations or agreements in connection with this Agreement not specifically set forth herein. This Agreement may be modified or amended only by agreement in writing executed by Buyer and Seller, and not otherwise.

d. **Texas Law to Apply.** This Agreement shall be construed under and in accordance with the laws of the State of Texas, and all obligations of the parties created hereunder are performable in Hidalgo Buyer, Texas. The parties hereby consent to personal jurisdiction in Hidalgo Buyer, Texas.

e. **Notice.** Except as may be otherwise specifically provided in this Agreement, all notices, demands, requests or communications required or permitted hereunder shall be in writing and shall either be (i) personally delivered against a written receipt, or (ii) sent by registered or certified mail, return receipt requested, postage prepaid and addressed to the parties at the addresses set forth below, or at such other addresses as may have been theretofore specified by written notice delivered in accordance herewith:

If to Buyer:

Hidalgo County
Attn: County Judge
302 West University Drive
Edinburg, Texas 78539

If to Seller:

Henry Schein, Inc. d/b/a
Henry Schein Matrix Medical
Attn: Jesse A. Garringer, Vice President
140 Crouch Commercial Court
Irmo, SC 29063

Each notice, demand, request or communication which shall be delivered or mailed in the manner described above shall be deemed sufficiently given for all purposes at such time as it is personally delivered to the addressee or, if mailed, at such time as it is deposited in the United States mail.

f. **Termination.** Buyer may terminate this Agreement at any time for any reason or no reason at all upon giving thirty (30) days written notice.

g. **Additional Documents.** The parties hereto covenant and agree that they will execute such other and further instruments and documents as are or may become necessary or convenient to effectuate and carry out the terms of this Agreement.

h. **Successors.** This Agreement shall be binding upon and inure to the benefit of the parties hereto and their respective heirs, executors, administrators, legal representatives, successors, and assigns where permitted by this Agreement.

i. **Assignment.** This Agreement shall not be assignable.

j. **Headings.** The headings and captions contained in this Agreement are solely for convenient reference and shall not be deemed to affect the meaning or interpretation of any provision or paragraph hereof.

k. **Gender and Number.** All pronouns used in this Agreement shall include the other gender, whether used in the masculine, feminine or neuter gender, and the singular shall include the plural whenever and as often as may be appropriate

l. **Authority to Execute.** The execution and performance of this Agreement by Buyer and Seller have been duly authorized by all necessary laws, resolutions or corporate action, and this Agreement constitutes the valid and enforceable obligations of Buyer and Seller in accordance with its terms.

m. **Insurance.** Seller shall provide, to the extent it deems necessary, insurance in force on all persons connected with providing services under this Contract naming Buyer as an additional insured, and shall furnish to Buyer certificates of such insurance coverage Exhibit "C", which is attached hereto.

n. **Commitment of Current Revenues Only.** In the event that, during any term hereof, the Commissioners Court does not appropriate sufficient funds to meet the obligations of Buyer under this Agreement, Buyer may terminate this Agreement upon ninety (90) days written notice to Seller. Buyer agrees, however, to use reasonable efforts to secure funds necessary for the continued performance of this Agreement. The parties intend this provision to be a continuing right to terminate this Agreement at the expiration of each budget period of Buyer pursuant to the

provisions of Tex. Loc. Govt. Code Ann. ' 271.903 (Vernon Supp. 1996).

o. **Purchasing Ethics.** Seller represents and warrants it has not, during the process of being awarded this contract violated the following ethical standards of Buyer and, upon and after the execution of this Agreement, agrees to abide by the following ethical standards of Buyer:

- (1) It shall be a breach of ethics to offer, give or agree to give any elected official, department head or employee, or former elected official, department head or employee, of Buyer, or for any elected official, department head or employee or former elected official, department head or employee of Buyer, to solicit, demand, accept or agree to accept from another person, entity or organization, a gratuity or an officer 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 advise, 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 Buyer.
- (2) 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 Buyer, or any person associated therewith, as an inducement for the award of a subcontract or order.

EXECUTED effective as of the day and year first above written.

Approved by Commissioner's Court: December 20, 2013.

APPROVED AS TO FORM:
Atlas & Hall, LLP

By: 
Stephen L. Crain, Attorney

BUYER:
COUNTY OF HIDALGO

By: 
Ramon Garcia, Buyer Judge

ATTEST:


Arturo Guajardo Jr., Buyer Clerk

Approved by Commissioners' Court

on 12/20/13 rd

SELLER:
HENRY SCHEIN, INC. d/b/a
HENRY SCHEIN MATRIX MEDICAL


By: 
Printed Name: Jesse Garringer
Title: Vice President

EXHIBIT "A"
REQUEST FOR SEALED BIDS (RFB) PROCUREMENT PACKET



**Hidalgo County Purchasing Department
New Administration Building
2812 S. Business Highway 281
Edinburg, Texas 78539
(956) 318-2626/ Fax: (956) 318-2629**

November 25, 2013

Participant's name

Address

City

State, Zip Code

Re: Hidalgo County Sheriff's Office
Request for Bids -Purchase of Medical Supplies and Equipment
Bid No: 2013-156-12-11-SMA

Dear Prospective Bidders:

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, CPPB
Hidalgo County Purchasing Agent

MLS/sma
Enclosures



Hidalgo County Purchasing Department
2812 S. Business Highway 281
Edinburg, Texas 78539
(956) 318-2626/ Fax: (956) 318-2629

REQUEST FOR BIDS (RFB)

Hidalgo County Sheriff's Office

"Purchase of Medical Supplies & Equipment"

RFB NO: 2013-156-12-11-SMA

Table of Contents

Item	Description	No. of Pages
1.	Request for Bid Letter	1
2.	Request for Bid, Legal Notice	8
3.	Exhibit "A" Specifications	5
4.	Exhibit "B" Bid Page	4
5.	Exhibit "C" Insurance Requirements	4
6.	Exhibit "D" CIQ Conflict of Interest Questionnaire	1
7.	Vendor/Bidder Application and W-9 form	6
8.	Certification Regarding Debarment	1
9.	Draft Requirement Agreement	8

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 or via email to sandra.montalvo@co.hidalgo.tx.us, and advise of missing documentation.

Thank you.


Martha L. Salazar, CPPB, Purchasing Agent

November 25, 2013
Date

Bid No: 2013-156-12-11-SMA	Buyer: Sandra Montalvo	Tel. No: (956) 318-2626 Ext. 4865
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REQUEST FOR BIDS

HIDALGO COUNTY SHERIFF'S OFFICE

“Purchase of Medical Supplies & Equipment”

BID OPENING DATE: December 11, 2013@ 9:30 a.m.

Contact Person:

Martha L. Salazar, CPPB, Purchasing Agent
Hidalgo County Purchasing Department
Physical Address: 2802 S. Business Hwy. 281 -New Administration Building
Mailing/Postal Address: 2812 S. Business Hwy. 281
Edinburg, Texas 78539

956 318-2626



Form HCPD-03

- 1) Sealed bids will be received for **"Hidalgo County Sheriff's Office- Purchase of Medical Supplies & Equipment"** 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: **"RFB-2013-156-12-11-SMA-"Hidalgo County Sheriff's Office-Purchase of Medical Supplies & Equipment"** and in County's Purchasing Department, physical address: 2812 S. Business Hwy. 281, mailing address: 2812 S. Business 281- New Administration Building, Edinburg, Texas, **on or before 9:30 A.M., WEDNESDAY, DECEMBER 11, 2013. 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 RFB-2013-156-12-11-SMA-"Hidalgo County Sheriff's Office-Purchase of Medical Supplies & Equipment"**

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 reserve 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 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 and/or Contract Number (if any)
 - d) Notation "Hidalgo County Sheriff's Office--Purchase of Medical Supplies & Equipment" Descriptive information as to the items or services delivered,

including product code, item number, quantity, etc.

- Discount payments will be considered when offered.
- Contact person for Billing and Payment questions:

HIDALGO COUNTY AUDITOR'S OFFICE
2802 S. BUSINESS HWY 281
Edinburg, Texas 78539
956-318-2511

17) SCHEDULE OF EVENTS:

Bid Opening, 9:30 AM	DECEMBER 11, 2013
Award of Contract	2013
Commence Work or Deliver Products	2013

18) BID OR PERFORMANCE BOND AND DEBARMENT CERTIFICATION
PAYMENT UNDER CONTRACT (if applicable)

- If the contract proposed is for the construction of public works or is for a contract for goods & services exceeding \$100,000, all bidders shall furnish a good and sufficient bid bond in the amount of five percent of the total contract price. A bid bond must be executed with a surety company authorized to do business in Texas. All bidders are also required to furnish a certification or acknowledgment stating that the contractor or vendor is free from suspension or debarment pursuant to federal regulation 45CFR Part 76.
- Together with the signing of a contract or issuance of a purchase order following the acceptance of a bid, and prior to commencement of the actual work, the bidder shall furnish a performance bond to the County for the full amount of the contract, if that contract exceeds \$50,000.
- If the contract is for \$50,000 or less, no money will be paid to the contractor until completion and acceptance of the work or the fulfillment of the purchase obligation to the County, and, if applicable, the receipt by County of satisfactory evidence that all subcontractors and material men have been paid.
- If a contract is for the construction, alteration or repair of public buildings or public works, the contractor *shall* provide a payment bond for a contract in excess of Twenty Five Thousand Dollars (\$25,000.00), as required by Tex. Govt. Code Ch. 2253.
- For requirements contracts, bond requirements are determined by applying the proposed unit price to the estimated quantities included in the specifications.

19) ETHICAL STANDARDS:

- It shall be a breach of ethics to offer, give or agree to give any elected official, department head or employee, or former elected official, department head or employee, of the County, or for any elected official, department head or 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. Closner, 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 (30) 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 to 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.

***Hidalgo County Sheriff's Office
"Purchase of Medical Supplies & Equipment"***

To: Martha L. Salazar, CPPB, Purchasing Agent
Hidalgo County Purchasing Department
Physical Address: 2802 S. Business Hwy. 281 -New Administration Building
Mailing/Postal Address: 2812 S. Business Hwy. 281
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: _____

Address: _____

By: _____

Printed Name: _____

Title: _____

EXHIBIT "A"
Specifications/Requirements
Hidalgo County Sheriff's Office
"Purchase of Medical Supplies & Equipment"
Bid No: 2013-156-12-11-SMA

SCOPE OF SERVICES:

- 1) Hidalgo County is requesting to obtain Medicals Supplies and Equipment on an **"As Needed Basis Only"**, for the Hidalgo County Sheriff's Office-Adult Detention Center (Jail Infirmary), located at 711 El Cibolo Road, Edinburg, Texas 78542.
- 2) Bidder(s) will supply the Hidalgo County Sheriff's Office (Adult Detention Center) requirements of Medical Supplies and Equipment throughout the contract period on an **"AS NEEDED BASIS"** only. Medical supplies will be ordered approximately every month on a one-time per month basis. Bid information will be furnished to Hidalgo County Sheriff's Office-Adult Detention Center (Jail Infirmary).
- 3) The Bidder(s) will offer Hidalgo County Sheriff's Office-Adult Detention Center (Jail Infirmary) a percentage discount from retail on all purchases by Hidalgo County Sheriff's Office-Adult Detention Center (Jail Medical Supplies and Equipment).
- 4) Bidder(s) agrees that to the extent an item is unavailable from Bidder(s) own inventory, Bidder(s) will be responsible for locating an alternative supplier and for providing the product or service to Hidalgo County Sheriff's Office-Adult Detention Center (Jail Infirmary) for the bid price.
- 5) All bids are for new equipment or merchandise unless otherwise specified.
- 6) Bid unit price on quantity specified-extend and show total. In case of error in extension, unit prices shall govern. Bids subject to unlimited price increases will not be considered.

The following list of medical supplies and equipment are estimated quantity amounts to be used monthly. This list should not be understood to be an exhaustive listing of all medical supplies & equipment in which may be required by Hidalgo County Adult Detention Center (Jail Infirmary).

MEDICAL SUPPLIES		
Description of Items		Estimated Monthly Quantities
1.	Alcohol Isopropyl 70%	15
2.	Alcohol Prep Pads	5
3.	Arm Splint- No Metal	5
4.	Band-Aids	1" X 3"
		2"X3"
5.	Blood Glucose Strips	4800
6.	Butterfly Strips	Med. 1 3/4" x 3/8"
		Large 2 3/4" x 1/2"
7.	Colostomy Drainable Pouches Size - 2 3/4"	30
8.	Combine Pads	30
9.	Cotton Balls	6
10.	Cotton Tip Applicators 6" Non-Sterile(Individually Wrapped)	450
11.	Diagnostic Pen Lights	1
12.	Disposable Under pads	1500
13.	Elastic Bandage 2'	20
14.	Electrodes For Welch/Alleyn Ekg	90

15.	Expandover Elastic Medical tape 1" X 5yds	90
16.	Foley Catheters	5
17.	Gauze Sponges- 4inch x 4inch	20
18.	Glucometers	5
19.	Hand/ Wrist Splints- No Metal	5
20.	HCG Urine Pregnancy Test Kit	90
21.	Hernia Belts	2
22.	Hydrogen Peroxide	30
23.	Insulin Syringes 28" X 1/2" Single U-100	3200
24.	Iodoform Packing Strip	1
25.	Irrigative Eye Solution	1
26.	Iv Cannulas	1
27.	Iv Fluid 0.9%Ns,D5w,Lr	1
28.	Iv Poles	1
29.	Iv Start Kits	1
30.	Iv Tubing	1
31.	Kerlix Otc 6" x 5 yds	450
32.	KY Jelly	50
33.	Lancets	5000
34.	Latex Gloves- S/M/L/XL	180 boxes assorted sizes
35.	Latex Strips	1
36.	Lifescan Unistix	250
37.	Lindane Shampoo 1%	5
38.	Multistix 10 Sg. Dib And Read Tests	2
39.	N-95 Respirator Masks	100
40.	Nebulizer Tuhing	70
41.	Non Adhesive Pads	200
42.	Non Sterile Stretch Bands	10
43.	Oxygen Mask With Tubing/Nasal Cannula	10
44.	Personal Urinal Container	5
45.	Physician's Desk Reference	LATEST EDITION YRLY
46.	Pill Crusher Pouches	300
47.	Plain Packing Strip	2
48.	Post Op Sponges	100
49.	Procedure Mask with Ear Loops	100
50.	Provolone Scrub	5
51.	Quick Ice Instant Cold	50
52.	Scalpel Sterile Stainless	10
53.	Self Adhering Gauze 12"x10"Yds	100
54.	Self-Adherent Bandage 1" X 5 Yds	100
55.	Sharps Containers	15
56.	Small Plastic Baggies 1 x 2	100
57.	Soft-Kling Confirming Bandage	50
58.	Soft Procedure Masks W/ Ear Loops	30

59.	Specimen Containers	150
60.	Soft Plastic Cup	2000
61.	Soufflés Plastic	1000
62.	Staple Remover Kits	10
63.	Sterile Cotton Applicator Swabs	500
64.	Sterile Eye Pads, Oval 2C" x 2E"	50
65.	Sterile H2o	10
66.	Stoma adhesive Flexible Wafers-Size - 2¾"	5
67.	Suture Kit	1
68.	Suture Removal Kits	10
69.	Suture Sets	50
70.	Syringes With Needle 5cc Gauge 1"	100
71.	Syringes With Needles 0.37x12.7 MI 28 G ½ Needle	100
72.	Tela Pads 3" X 4" Adhesive	100
73.	Tender skin/ Transparent Tape	50 rolls
74.	Thermometer Covers	300
75.	Toe Nail Clippers Small	3
76.	Tongue Blade Depressors	200
77.	Touch Vinyl Non-Sterile Gloves	10
78.	Ultra Sound Gel	1
79.	Urine Container-24 Hour-	1
80.	Urine Dip Stick/ Multistix 10 Sg	2
81.	Welch Probe Covers	50
82.	Wound Cleaner Spray	50

REQUIREMENTS:

- 1) Bidder will provide stock bottles (upon request) when ordered.
- 2) All items will be ordered and delivered by bidder (s) during regular business hours only, unless item(s) are of emergency, therefore, item(s) must be delivered within a six (6) to eight (8) hour time frame.
- 3) The bidder(s) representative must be available to respond to all calls from the using County department to assist in the resolution of complaints and problems regarding orders and deliveries and the return of any and/or all goods.
- 4) The bidder(s) shall provide a telephone number for placement of calls against this bid, and shall provide the name, title and telephone number of a representative who may be contacted whenever problems arise concerning services. No telephone numbers provided for this purpose shall be serviced through an answering machine or other automatic answering device, or in any manner to impede immediate access to a representative capable of addressing problems.
Name: Business and Cell Phone Numbers:

TERMS & CONDITION:

1. Term of the contract will commence upon termination of current contract and will continue for a period of two (2) year with the County's option to extend for two (2) additional one (1) year terms under the same rates, terms and conditions
2. Hidalgo 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. The contract shall remain in effect until: a) the contract expires b) delivery/completion of services ordered, or c) Terminated by County with thirty (30) days written notice prior to the cancellation.
4. 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.
5. 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.
6. Items may be substituted by vendors but, must be equal or better and must be approved by the Hidalgo County if quoted item is out of stock.
7. Insurance requirements for this project to be maintained through out the contract term. (Refer to limits on the Exhibit C, Insurance Requirements).
8. The successful bidder will indemnify and hold harmless the County, and its officers, officials, and employees, agents and attorneys for any and all claims and expenses arising out of or related to the performance of the contract awarded pursuant hereto.
9. Hidalgo County reserves the right to seek purchases for "Medical Supplies & Equipment" from State Awarded contracts whenever it is in the County's best interest to do so.
10. Hidalgo County reserves the right to award on an "all or none basis".
11. Hidalgo County reserves the right to add or delete items during the term of the contract under the same rates and conditions.

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 Hidalgo 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 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:

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.

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 NO LATER THAN, DECEMBER 4, 2013 by 5:00 P.M. Responses will be sent to all applicants via facsimile or via e-mail by no later than, DECEMBER 6, 2013 BY 5:00 P.M.

EXHIBIT "B"**BID PAGE**

Hidalgo County Sheriff's Office
"Purchase of Medical Supplies & Equipment"
Bid No: 2013-156-12-11-SMA

Description of Items		Unit of Measurement (cs/box/ea/bottles or other)	Unit Price	Total Price
1.	Alcohol Isopropyl 70%-16 fl.oz.			
2.	Alcohol Prep Pads	50 per pk		
3.	Arm Splint- No Metal	1 per pk		
4.	Band-Aids	1" X 3"	100 per pk	
		2"X3"	100 per pk	
5.	Blood Glucose Strips	100 per pk		
6.	Butterfly Strips	Med. 1 3/4" x 3/8"	300 per pk	
		Large 2 3/4" x 1/2"	200 per pk	
7.	Colostomy Drainable Pouches Size - 2 3/4"	10 per pk		
8.	Combine Pads	20 per pk		
9.	Cotton Balls	2000 per pk		
10.	Cotton Tip Applicators 6" Non-Sterile(Individually Wrapped)	100 per pk		
11.	Diagnostic Pen Lights	1 per pack		
12.	Disposable Under pads	50 per pk		
13.	Elastic Bandage 2'	20 per pk		
14.	Electrodes For Welch/Alleyn Ekg	10 per pk		
15.	Expandover Elastic Medical tape 1" X 5yds	10 per pk		
16.	Foley Catheters	1 per pk		
17.	Gauze Sponges- 4 x 4	200 per pk		
18.	Glucometers	1 per pk		
19.	Hand/ Wrist Splints- No Metal	1 per pk		
20.	HCG Urine Pregnancy Test Kit	25 per bx		
21.	Hernia Belts	1 per pk		
22.	Hydrogen Peroxide-12 fl oz			
23.	Insulin Syringes 28" X 1/2" Single U-100	100 per bx		
24.	Iodoform Packing Strip	5 yards per bottle		
25.	Irrigative Eye Solution-8 oz.			
26.	IV Cannulas -16 gauge	16 guage needles		
27.	IV Fluid 0.9%Ns,D5w,Lr	1 quart bags		
28.	IV Poles	1		
29.	IV Start Kits	Pre pack kit		
30.	IV Tubing	12 ft tubing		
31.	Kerlix Otc 6" x 5 yds	10 per pk		
32.	KY Jelly	8 oz		
33.	Lancets	100 per bx		
34.	Latex Gloves- S/M/L/XL	100 gloves per bx		
35.	Latex Strips	1 foot		
36.	Lifescan Unistix	100 per pk		
37.	Lindane Shampoo 1% -16 oz	16 oz		
38.	Multistix 10 Sg. Dib And Read Tests	100 per pk		
39.	N-95 Respirator Masks	20 per bx		

40.	Nebulizer Tubing	25 per pk		
41.	Non Adhesive Pads	20 per pk		
42.	Non Sterile Stretch Bands	10 yrds		
43.	Oxygen Mask With Tubing/Nasal Cannula	20 per pk		
44.	Personal Urinal Container	1 quart bottle		
45.	Physician's Desk Reference			
46.	Pill Crusher Pouches	50 per bx		
47.	Plain Packing Strip	1 in. x 5 yds-		
48.	Post Op Sponges	50 per pk		
49.	Procedure Mask with Ear Loops	50 per pk		
50.	Provolone Scrub	32 oz bottle		
51.	Quick Ice Instant Cold	10 per pk		
52.	Scalpel Sterile Stainless	10 per bx		
53.	Self Adhering Gauze 12''x10''Yds	10 per bx		
54.	Self-Adherent Bandage 1" X 5 Yds	10 per bx		
55.	Sharps Containers	5.4 quart		
56.	Small Plastic Baggies 1 x 2	100 per pk		
57.	Soft-Kling Confirming Bandage- 3 x 4" 1Yds	10 per bx		
58.	Soft Procedure Masks W/ Ear Loops	50 per pk		
59.	Specimen Containers	50 per pk		
60.	Soft Plastic Cup	4 oz cup		
61.	Soufflés Plastic- ¾ oz. Plastic Cups	100 per pk		
62.	Staple Remover Kits	1 kit per pk		
63.	Sterile Cotton Applicator Swabs	100 per pk		
64.	Sterile Eye Pads, Oval 2C" x 2E"	50 per pk		
65.	Sterile H2o	24 oz bottle		
66.	Stoma adhesive Flexible Wafers-Size - 2¾"	10 per pk		
67.	Suture Kit	1 complete kit		
68.	Suture Removal Kits	1 kit per pk		
69.	Suture Sets	50 per pack		
70.	Syringes With Needle 5cc Gauge 1"	50 per pk		
71.	Syringes With Needles 0.37x12.7 MI 28 G ½ Needle	50 per pk		
72.	Tela Pads 3" X 4" Adhesive	50 per pk		
73.	Tender skin/ Transparent Tape	2 in x 10yds		
74.	Thermometer Covers	25 per pk		
75.	Toe Nail Clippers Small			
76.	Tongue Blade Depressors	100 per bx		
77.	Touch Vinyl Non-Sterile Gloves	100 gloves per bx		
78.	Ultra Sound Gel	16 oz bottle		
79.	Urine Container-24 Hour-	1gallon bottle		
80.	Urine Dip Stick/ Multistix 10 Sg	100 per pk		
81.	Welch Probe Covers	50 per pk		
82.	Wound Cleaner Spray	16 oz bottle		

MISCELLANEOUS LIST

On all other Medical Supplies not listed Hidalgo County will receive _____% off catalog list prices.

**ALL APPICABLE CATALOGS WITH LIST PRICE MUST ACCOMPANY BIDS
SUMMITTED**

BIDDER'S INFORMATION:

I/We the undersigned hereby certify that I/We am/are a duly authorized official of the company and have the authority to sign on behalf of the company and assure that all statements made in the bid are true. I/We agree to furnish and deliver the specified items/services at the prices stated herein, and have read, understand, and agree to the terms and conditions contained herein and on all of the attachments.

BIDDER/COMPANY NAME: _____

ADDRESS: _____

CITY/STATE/ZIP CODE: _____

PHONE & FAX NO.'S: _____

CELLULAR PHONE: _____

AUTHORIZED SIGNATURE: _____

PRINTED NAME: _____

TITLE: _____

EMAIL: _____

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 naming County as an **additional insured** shall 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 03/11/11

ACORD **CERTIFICATE OF INSURANCE** DATE (MM/DD/YY)

PRODUCER	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.
	INSURERS AFFORDING COVERAGE
INSURED	INSURER A:
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:

COVERAGES

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 THEIR TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$
	<input type="checkbox"/> CLAIMS MADE OCCUR				MEDICAL (Any one person) \$
	<input type="checkbox"/> OWNER'S & CONT. PROT				PERSONAL & ADV INJURY \$
	<input type="checkbox"/> OWNER'S PROTECTIVE LIABILITY				GENERAL AGGREGATE \$
	<input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER POLICY PROJECT <input type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG \$
B	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS				
<input type="checkbox"/> NON OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY-EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN FA ACC \$
					AUTO ONLY \$
C	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
D	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY				W/ STATU <input type="checkbox"/> OTHER TORY LIMITS
					E L EACH ACCIDENT \$
					E L DISEASE-EA EMPLOYEE \$
					E L DISEASE-POLICY LIMIT \$
	OTHER				

DESCRIPTION OF OPERATIONS / LOCATION / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 County of Hidalgo shall be named as additional insured on all Commercial General Liability policies.

CERTIFICATE HOLDER	ADDITIONAL INSURED, INSURER LETTER	CANCELLATION
Hidalgo County Attn: Purchasing Department 2812 S Highway Bus. 281 Edinburg, Texas 78539		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BY CANCELLED BEFORE THE EXPIRATION DATE THEREOF. THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES AUTHORIZED REPRESENTATIVE

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.

Authorized Representative

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, _____, possess all of the APPLICABLE:

1. Licenses: _____.

2. Bond (if applicable) _____.

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 (if applicable), certificates, permits, etc. which are required must be presented as part of the bid packet in order to expedite the bid evaluation process.

Authorized Signature

Date

Company

Address

City, State, Zip

THIS FORM MUST ACCOMPANY BID PACKET

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.

2 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.)

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

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?

Yes No

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?

Yes No

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?

Yes No

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

Date

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)	
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"/> Other ▶ <input type="checkbox"/> Exempt from backup withholding	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
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.

Social security number								
or								
Employer identification number								

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

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. 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 ▶	Date ▶
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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:

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.

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 ¹	Generally, exempt recipients 1 through 7 ²

¹See Form 1099-MISC, Miscellaneous Income, and its instructions.

²However, 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. 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 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 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 ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship or single-owner LLC	The owner ³
For this type of account:	Give name and EIN of:
6. Sole proprietorship or single-owner LLC	The owner ³
7. A valid trust, estate, or pension trust	Legal entity ⁴
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

¹ 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.

² Circle the minor's name and furnish the minor's SSN.

³ 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.

⁴ 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.

**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: _____
Title: _____
Telephone Number: _____
Date: _____

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"
TAB and BID PAGE

**HIDALGO COUNTY PURCHASING DEPARTMENT
TABULATION SHEET**

Department Name/Description of Project: Hidalgo County Sheriff's Office –Purchase of Medical Supplies & Equipment

BID OPENING DATE: December 11, 2013

BID OPENING TIME: 9:30 A.M.

BID No.: 2013-156-12-11-SMA

BUYER: Sandra Montalvo

PARTICIPATING VENDORS

DESCRIPTION OF ITEMS		HENRY SCHEIN INC. Irmo, South Carolina		
		Unit of Measurement (cs/box/ea/bottles or other)	UNIT PRICE	TOTAL PRICE
1.	Alcohol Isopropyl 70%-16 fl.oz.		\$.97	\$.97
2.	Alcohol Prep Pads	50 per pk	\$.02	\$ 1.00
3.	Arm Splint- No Metal	1 per pk	\$ 2.32	\$ 2.32
4.	Band-Aids	1" X 3"	100 per pk	\$.02
		2"X3"	100 per pk	\$.08
5.	Blood Glucose Strips	100 per pk	\$.36	\$ 36.00
6.	Butterfly Strips	Med. 1¼" x 3/8"	300 per pk	\$.04
		Large 2¼" x ½"	200 per pk	\$.08
7.	Colostomy Drainable Pouches Size - 2¾"	10 per pk	\$ 2.06	\$ 20.60
8.	Combine Pads	20 per pk	\$.12	\$ 2.40
9.	Cotton Balls	2000 per pk	\$.02	\$ 40.00
10.	Cotton Tip Applicators 6" Non-Sterile(Individually Wrapped)	100 per pk	\$.01	\$ 1.00
11.	Diagnostic Pen Lights	1 per pack	\$.73	\$.73
12.	Disposable Under pads	50 per pk	\$.11	\$ 5.50
13.	Elastic Bandage 2'	20 per pk	\$.25	\$ 5.00
14.	Electrodes For Welch/Alleyn Ekg	10 per pk	\$.19	\$ 1.90
15.	Expandover Elastic Medical tape 1" X 5yds	10 per pk	\$.51	\$ 5.10
16.	Foley Catheters	1 per pk	\$ 5.53	\$ 5.53
17.	Gauze Sponges- 4 x 4	200 per pk	\$.02	\$ 4.00
18.	Glucometers	1 per pk	\$ 8.55	\$ 8.55
19.	Hand/ Wrist Splints- No Metal	1 per pk	\$ 4.80	\$ 4.80
20.	HCG Urine Pregnancy Test Kit	25 per bx	\$.48	\$ 12.00
21.	Hernia Belts	1per pk	\$ 25.78	\$ 25.78
22.	Hydrogen Peroxide-12 fl oz	12.fl oz.	\$.63	\$.63
23.	Insulin Syringes 28" X 1/2" Single U-100	100 per bx	\$.10	\$ 10.00
24.	Iodoform Packing Strip	5 yards per bottle	\$ 1.52	\$ 1.52
25.	Irrigative Eye Solution-8 oz.	8oz.	\$ 2.24	\$ 2.24
26.	IV Cannulas -16 gauge	16 guage needles	\$ 1.50	\$ 1.50
27.	IV Fluid 0.9%Ns,D5w,Lr	1 quart bags	\$ 1.02	\$ 1.02
28.	IV Poles	1	\$ 37.75	\$ 37.75
29.	IV Start Kits	Pre pack kit	\$.84	\$.84
30.	IV Tubing	12 ft tubing	\$ 1.32	\$ 1.32
31.	Kerlix Otc 6" x 5 yrds	10 per pk	\$.71	\$ 7.10
32.	KY Jelly	8 oz	\$.91	\$.91
33.	Lancets	100 per bx	\$.10	\$ 10.00
34.	Latex Gloves- S/M/L/XL	100 gloves per bx	\$.04	\$ 4.00
35.	Latex Strips	1 foot	\$.04	\$.04

36.	Lifescan Unistix	100 per pk	\$.16	\$16.00
37.	Lindane Shampoo 1% -16 oz	16 oz	\$132.97	\$132.97
38.	Multistix 10 Sg. Dib And Read Tests	100 per pk	\$.41	\$41.00
39.	N-95 Respirator Masks	20 per bx	\$.38	\$.76
40.	Nebulizer Tubing	25 per pk	\$.28	\$7.00
41.	Non Adhesive Pads	20 per pk	\$.06	\$1.20
42.	Non Sterile Stretch Bands	10 yrds	\$.29	\$2.90
43.	Oxygen Mask With Tubing/Nasal Cannula	20 per pk	\$.19	\$3.80
44.	Personal Urinal Container	1 quart bottle	\$.43	\$.43
45.	Physician's Desk Reference		\$88.59	\$88.59
46.	Pill Crusher Pouches	50 per bx	\$.05	\$2.50
47.	Plain Packing Strip	1 in. x 5 yds-	\$.50	\$2.50
48.	Post Op Sponges	50 per pk	\$.04	\$2.00
49.	Procedure Mask with Ear Loops	50 per pk	\$.28	\$14.00
50.	Provolone Scrub	32 oz bottle	\$.10	\$.10
51.	Quick Ice Instant Cold	10 per pk	\$.27	\$2.70
52.	Scalpel Sterile Stainless	10 per bx	\$.36	\$3.60
53.	Self Adhering Gauze 12"x10"Yds	10 per bx	\$.28	\$2.80
54.	Self-Adherent Bandage 1" X 5 Yds	10 per bx	\$1.55	\$15.50
55.	Sharps Containers	5.4 quart	\$4.88	\$4.88
56.	Small Plastic Baggies 1 x 2	100 per pk	\$.02	\$2.00
57.	Soft-Kling Confirming Bandage- 3 x 4" 1Yds	10 per bx	\$.07	\$.70
58.	Soft Procedure Masks W/ Ear Loops	50 per pk	\$.03	\$1.50
59.	Specimen Containers	50 per pk	\$.16	\$8.00
60.	Soft Plastic Cup	4 oz cup	\$.19	\$.19
61.	Soufflés Plastic- ¾ oz. Plastic Cups	100 per pk	\$.02	\$2.00
62.	Staple Remover Kits	1 kit per pk	\$3.58	\$3.58
63.	Sterile Cotton Applicator Swabs	100 per pk	\$.02	\$2.00
64.	Sterile Eye Pads, Oval 2C" x 2E"	50 per pk	\$.08	\$4.00
65.	Sterile H2o	24 oz bottle	\$.01	\$.01
66.	Stoma adhesive Flexible Wafers-Size - 2¾"	10 per pk	\$4.51	\$45.10
67.	Suture Kit	1 complete kit	\$.90	\$.90
68.	Suture Removal Kits	1 kit per pk	\$.45	\$.45
69.	Suture Sets	50 per pack	\$13.24	\$662.00
70.	Syringes With Needle 5cc Gauge 1"	50 per pk	\$.13	\$6.50
71.	Syringes With Needles 0.37x12.7 Ml 28 G ½ Needle	50 per pk	\$.10	\$5.00
72.	Tela Pads 3" X 4" Adhesive	50 per pk	\$.08	\$4.00
73.	Tender skin/ Transparent Tape	2 in x 10yds	\$.90	\$.90
74.	Thermometer Covers	25 per pk	.05	\$1.25
75.	Toe Nail Clippers Small		\$1.49	\$1.49
76.	Tongue Blade Depressors	100 per bx	\$.02	\$2.00
77.	Touch Vinyl Non-Sterile Gloves	100 gloves per bx	\$.03	\$3.00
78.	Ultra Sound Gel	16 oz bottle	\$.92	\$.92
79.	Urine Container-24 Hour-	1gallon bottle	\$2.09	\$2.09
80.	Urine Dip Stick/ Multistix 10 Sg	100 per pk	\$.41	\$41.00
81.	Welch Probe Covers	50 per pk	\$.04	\$2.00
82.	Wound Cleaner Spray	16 oz bottle	\$5.81	\$5.81

MISCELLANEOUS LIST

On all other Medical Supplies not listed Hidalgo County will receive 18.2 % off catalog list prices.

ALL APPLICABLE CATALOGS WITH LIST PRICE MUST ACCOMPANY BIDS SUMMITTED

EXHIBIT "B"

BID PAGE

**Hidalgo County Sheriff's Office
"Purchase of Medical Supplies & Equipment"
Bid No: 2013-156-12-11-SMA**

Description of Items		Unit of Measurement (cs/box/ea/bottles or other)	Unit Price	Total Price
1.	Alcohol Isopropyl 70% -16 fl.oz.		.97	.97
2.	Alcohol Prep Pads	50 per pk	.02	1.00
3.	Arm Splint- No Metal	1 per pk	2.32	2.32
4.	Band-Aids	1" X 3"	.02	2.00
		2" X 3"	.08	8.00
5.	Blood Glucose Strips	100 per pk	.36	36.00
6.	Butterfly Strips	Med. 1 3/4" x 3/8"	.04	12.00
		Large 2 3/4" x 1/2"	.08	16.00
7.	Colostomy Drainable Pouches Size - 2 3/4"	10 per pk	2.06	20.60
8.	Combine Pads	20 per pk	.12	2.40
9.	Cotton Balls	2000 per pk	.02	40.00
10.	Cotton Tip Applicators 6" Non-Sterile(Individually Wrapped)	100 per pk	.01	1.00
11.	Diagnostic Pen Lights	1 per pack	.73	.73
12.	Disposable Under pads	50 per pk	.11	5.50
13.	Elastic Bandage 2'	20 per pk	.25	5.00
14.	Electrodes For Welch/Alleyn Ekg	10 per pk	.19	1.90
15.	Expandover Elastic Medical tape 1" X 5yds	10 per pk	.51	5.10
16.	Foley Catheters	1 per pk	5.53	5.53
17.	Gauze Sponges- 4 x 4	200 per pk	.02	4.00
18.	Glucometers	1 per pk	8.55	8.55
19.	Hand/ Wrist Splints- No Metal	1 per pk	4.80	4.80
20.	HCG Urine Pregnancy Test Kit	25 per bx	.48	12.00
21.	Hernia Belts	1 per pk	25.78	25.78
22.	Hydrogen Peroxide-12 fl oz		.63	.63
23.	Insulin Syringes 28" X 1/2" Single U-100	100 per bx	.10	10.00
24.	Iodoform Packing Strip	5 yards per bottle	1.52	1.52
25.	Irrigative Eye Solution-8 oz.		2.24	2.24
26.	IV Cannulas -16 gauge	16 gauge needles	1.50	1.50
27.	IV Fluid 0.9%Ns,D5w,Lr	1 quart bags	1.02	1.02
28.	IV Poles	1	37.75	37.75
29.	IV Start Kits	Pre pack kit	.84	.84
30.	IV Tubing	12 ft tubing	1.32	1.32
31.	Kerlix Otc 6" x 5 yds	10 per pk	.71	7.10
32.	KY Jelly	8 oz	.91	.91
33.	Lancets	100 per bx	.10	10.00
34.	Latex Gloves- S/M/L/XL	100 gloves per bx	.04	4.00
35.	Latex Strips	1 foot	.04	.04
36.	Lifescan Unistix	100 per pk	.16	16.00
37.	Lindane Shampoo 1% -16 oz	16 oz	132.97	132.97
38.	Multistix 10 Sg. Dib And Read Tests	100 per pk	.41	41.00
39.	N-95 Respirator Masks	20 per bx	.38	.76

OPENED

DEC 11 2013

959am

Witnessed

40.	Nebulizer Tubing	25 per pk	.28	7.00
41.	Non Adhesive Pads	20 per pk	.06	1.20
42.	Non Sterile Stretch Bands	10 yds	.29	2.90
43.	Oxygen Mask With Tubing/Nasal Cannula	20 per pk	.19	3.80
44.	Personal Urinal Container	1 quart bottle	.43	.43
45.	Physician's Desk Reference		88.59	88.59
46.	Pill Crusher Pouches	50 per bx	.05	2.50
47.	Plain Packing Strip	1 in. x 5 yds-	.50	2.50
48.	Post Op Sponges	50 per pk	.04	2.00
49.	Procedure Mask with Ear Loops	50 per pk	.28	14.00
50.	Provolone Scrub	32 oz bottle	.10	.10
51.	Quick Ice Instant Cold	10 per pk	.27	2.70
52.	Scalpel Sterile Stainless	10 per bx	.36	3.60
53.	Self Adhering Gauze 12"x10"Yds	10 per bx	.28	2.80
54.	Self-Adherent Bandage 1" X 5 Yds	10 per bx	1.55	15.50
55.	Sharps Containers	5.4 quart	4.88	4.88
56.	Small Plastic Baggies 1 x 2	100 per pk	.02	2.00
57.	Soft-Kling Confirming Bandage- 3 x 4" 1Yds	10 per bx	.07	.70
58.	Soft Procedure Masks W/ Ear Loops	50 per pk	.03	1.50
59.	Specimen Containers	50 per pk	.16	8.00
60.	Soft Plastic Cup	4 oz cup	.19	.19
61.	Soufflés Plastic- ¼ oz. Plastic Cups	100 per pk	.02	2.00
62.	Staple Remover Kits	1 kit per pk	3.58	3.58
63.	Sterile Cotton Applicator Swabs	100 per pk	.02	2.00
64.	Sterile Eye Pads, Oval 2C" x 2E"	50 per pk	.08	4.00
65.	Sterile H2o	24 oz bottle	.01	.01
66.	Stoma adhesive Flexible Wafers-Size - 2¾"	10 per pk	4.51	45.10
67.	Suture Kit	1 complete kit	.90	.90
68.	Suture Removal Kits	1 kit per pk	.45	.45
69.	Suture Sets	50 per pack	13.24	662.00
70.	Syringes With Needle 5cc Gauge 1"	50 per pk	.13	6.50
71.	Syringes With Needles 0.37x12.7 MI 28 G ½ Needle	50 per pk	.10	5.00
72.	Tela Pads 3" X 4" Adhesive	50 per pk	.08	4.00
73.	Tender skin/ Transparent Tape	2 in x 10yds	.90	.90
74.	Thermometer Covers	25 per pk	.05	1.25
75.	Toe Nail Clippers Small		1.49	1.49
76.	Tongue Blade Depressors	100 per bx	.02	2.00
77.	Touch Vinyl Non-Sterile Gloves	100 gloves per bx	.03	3.00
78.	Ultra-Sound Gel	16 oz bottle	.92	.92
79.	Urine Container-24 Hour-	1 gallon bottle	2.09	2.09
80.	Urine Dip Stick/ Multistix 10 Sg	100 per pk	.41	41.00
81.	Welch Probe Covers	50 per pk	.04	2.00
82.	Wound Cleaner Spray	16 oz bottle	5.81	5.81

OPENED

DEC 11 2013
G. S. [Signature]

Witnessed

[Signature]

MISCELLANEOUS LIST

On all other Medical Supplies not listed Hidalgo County will receive 18.2 % off catalog list prices.

**ALL APPICABLE CATALOGS WITH LIST PRICE MUST ACCOMPANY BIDS
SUMITTED**

EXHIBIT "C"
CERTIFICATE OF INSURANCE



SEP 10 2013
nw

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
09/04/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Aon Risk Services Northeast, Inc. New York NY Office 199 Water Street New York NY 10038-3551 USA	CONTACT NAME PHONE (A/C No. Ext): (866) 283-7122 FAX (A/C No.): (800) 363-0105	
	E-MAIL ADDRESS:	
INSURED Henry Schein, Inc. Db: Henry Schein Matrix Medical 135 Duryea Road Melville NY 11747 USA	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Noetic Specialty Insurance Co NAIC # 17400	
	INSURER B: Liberty Mutual Fire Ins Co 23035	
	INSURER C: Liberty Insurance Corporation 42404	
	INSURER D:	
	INSURER F:	

Holder Identifier :

COVERAGES **CERTIFICATE NUMBER: 570051161119** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC		TB2621093363033	08/30/2013	06/01/2014	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$1,000,000 PRODUCTS - COMP/OP AGG Excluded
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION		AS2-621-093363-043	08/30/2013	06/01/2014	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER-MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N N/A	WA762D093363013 AOS WC7621093363023 WI OR	08/30/2013 08/30/2013	06/01/2014 06/01/2014	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E L EACH ACCIDENT \$1,000,000 E L DISEASE-EA EMPLOYEE \$1,000,000 E L DISEASE-POLICY LIMIT \$1,000,000 Aggregate \$1,000,000 Per Occurrence \$1,000,000
A	Products Liab		N12NY380031 SIR applies per policy terms & conditions	08/30/2012	06/01/2014	Aggregate \$1,000,000 Per Occurrence \$1,000,000

Certificate No. : 570051161119

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
RE: Bid No. 2009-10-07-SGS. County of Hidalgo is included as Additional Insured as required by written contract, but limited to the operations of the Insured under said contract, per the applicable endorsement with respect to the General Liability, Automobile Liability and Products Liability policies.

CERTIFICATE HOLDER Hidalgo County 2812 S. Business Highway 281 Edinburg TX 78539 USA	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Aon Risk Services Northeast Inc</i>
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I.

Sheriff's Office

1. **AI-42206** Requesting approval to enter into an Interlocal Agreement by and between **Tropical Texas Behavioral Health (MHMR)** and Hidalgo County for the purposes of "Screening Assessments and Psychiatric Evaluations of County Jail Inmates" for the Sheriff's Office, effective, January 1, 2014.

On motion by COMMISSIONER PCT. 1, A.C. CUELLAR, JR., seconded by COMMISSIONER PCT. 2, HECTOR "TITO" PALACIOS, the Court made a UNANIMOUS vote of approval.

Vote: 3 - 0 - Unanimously

2. **AI-42279** Recommending award of bid and approval of contract document to sole bidder (Henry Schein Medical Ems) meeting all specifications and/or requirements as attached hereto for: "Hidalgo County Sheriff's Office Purchase of Medical Supplies & Equipmen" RFB No. 2013-156-12-11-SMA.

On motion by COMMISSIONER PCT. 2, HECTOR PALACIOS, seconded by COMMISSIONER PCT. 1, A.C. CUELLAR, JR. , the Court made a UNANIMOUS vote of approval.



Vote: 3 - 0 - Unanimously

3. **AI-42120** Acceptance and approval as submitted by Captain Richard Ozuna from Hidalgo County Sheriff's Office and Motorola of the "Change Order Request" to delete the text messenger item numbers from the equipment list and add: **DSGP951MOT94** and **Q FO1-HidalgoCoSDII 00** which will not impact the terms and or amounts of the Lease-Purchase Agreement previously approved by Commissioners Court on October 23, 2012 (AI#34857) thru the H-GAC Contract #RA05-12.

On motion by COMMISSIONER PCT. 1, A.C. CUELLAR, JR., seconded by COMMISSIONER PCT. 2, HECTOR PALACIOS , the Court made a UNANIMOUS vote of approval.

Vote: 3 - 0 - Unanimously

23.

Closed Session:

Commissioners' Court may go into Closed Session pursuant to Chapter 551, Texas Government Code, Sections 551.071 & 551.072 to discuss the following:

On motion by COMMISSIONER PCT. 1, A.C. CUELLAR, JR., seconded by COMMISSIONER PCT. 2, HECTOR PALACIOS , the Court made a UNANIMOUS vote of approval.

Vote: 3 - 0 - Unanimously

- A. Real Estate Acquisition
- B. Pending and/or potential litigation
- C. **AI-42342** C-6392-13-I; San Juanita Saldana, et al v. Hidalgo County and Hidalgo County Elections Administrator
- D. **AI-42398** Civil Action No. 7:13-CV-497; Elisa Solis, et al v. Hidalgo County as Administrator for Head Start Program
- E. **AI-42266** EEOC Charge No. 451-2014-00350; Eugenia Andrade

December 20, 2013

SPECIAL MEETING - December 20, 2013

BE IT REMEMBERED, that on this 20th day of December A.D., 2013, there was begun and held a SPECIAL MEETING of the Honorable Commissioners' Court of Hidalgo County, Texas, wherein the following members thereof were present, to-wit:

HONORABLE RAMON GARCIA	HIDALGO COUNTY JUDGE
HONORABLE A.C. CUELLAR, JR.	COMMISSIONER, PRECINCT NO. 1
HONORABLE HECTOR "TITO" PALACIOS	COMMISSIONER, PRECINCT NO. 2
HONORABLE JOSEPH PALACIOS	COMMISSIONER, PRECINCT NO. 4

and ARTURO GUAJARDO, JR., COUNTY CLERK & EX-OFFICIO CLERK OF THE COMMISSIONERS' COURT of Hidalgo County, Texas, wherein the following proceedings were had, to-wit:



**AGENDA
CC REGULAR
HIDALGO COUNTY
COMMISSIONERS COURT
MEETING
December 20, 2013
9:30 A.M.**

NOTICE is hereby given in accordance with Chapter 551, Texas Government Code, that a SPECIAL MEETING of the Commissioners' Court will be held at the Edinburg Council Chambers 415 W. University Drive, Edinburg, Hidalgo County, Texas. Discussion and possible action relating to the following business will be transacted:

1. Roll Call

All members of the Court were counted present for the exception of Commissioner Joe M. Flores.

2. Pledge of Allegiance

Judge Garcia led the Court and Audience in reciting the Pledge of Allegiance.

3. Prayer

Monica Badillo led the Court and Audience in Prayer.

The Court proceeded to Items 7.C, 22.A.5, 21.F, 8.C, and 8.H - 8.L.

4. Approval of Consent Agenda

The Court moved to approve the Consent Agenda.

5. Open Forum

Opal Billman believes the Judges decisions over her divorce suit were unfair.

Maria Canto wanted to thank the Court for raising taxes. She feels the Court is eradicating the middle class and feels education is should be the primary concern. She stated the Court should have the County vote on taxes and ask the communities their concerns.

At this time, Commissioner Joseph Palacios joined the meeting.

6. County Judge's Office:

- A. AI-42387** Discussion, consideration, and approval of Letter of Support for Ocean Trust and the South Padre Island EDC.

On motion by COMMISSIONER PCT. 2, HECTOR "TITO" PALACIOS, seconded by COMMISSIONER PCT. 4, JOSEPH PALACIOS, the Court made a UNANIMOUS vote of approval.

Vote: 4 - 0 - Unanimously

At this time, the Court proceeded to Item 11.C.

7. Executive Officer - Valde Guerra:

Purchasing Department - Marty Salazar:

Notes:

A. FOR ANY CONTRACT(S) AWARDED AND APPROVED UNDER THIS AGENDA, EXECUTED COPIES OF THE CONTRACT(S) WILL BE AVAILABLE ON THE COUNTY INTRA-NET WEBSITE AND WILL BE FOWARDED VIA E-MAIL, FAX OR HAND DELIVERED TO HIDALGO COUNTY AUDITOR'S OFFICE.

B. ANY AND ALL REQUESTS FOR PAYMENT(S) APPROVED WILL BE SUBJECT TO COUNTY AUDITORS PROCESSING PROCEDURES INCLUDING AUTHORITY FOR COUNTY TREASURER TO ISSUE PAYMENT(S)/CHECK(S).

A. Hidalgo County

1. **AI-42048** Presentation of bids received as detailed and attached herein for the purpose of award and approval of contract document with the lowest vendor meeting all specifications and/or requirements as attached hereto for: Hidalgo County-Tire Disposal Services-RFB No. 2013-307-12-16-SMA.

On motion by COMMISSIONER PCT. 1, A.C. CUELLAR, JR., seconded by COMMISSIONER PCT.4, JOSEPH PALACIOS , the Court made a UNANIMOUS vote of approval to contract Texas Land Reclamation L.L.C. D/B/A U.T.W. out of Laredo, TX.

Vote: 3 - 0 - Unanimously

Commission Hector "Tito" Palacios joined the meeting.

2. **AI-41826** A. Acceptance and approval of RFP 2013-292 -"Real Estate Broker Services" packet developed and drafted in collaboration with Executive Office, DBM & Pcts. and Purchasing with final review & comment by legal counsel (i.e. scope of work, requirements, credentials-qualifications, criteria, etc.) with authority to publish advertisement of same , including, but not limited to the items described in the summary e-mail attached;

The Court decided the term of the agreement would be at one year with two, one year options to renew.

On motion by COMMISSIONER PCT. 1, A.C. CUELLAR, JR., seconded by COMMISSIONER PCT. 4, JOSEPH PALACIOS, the Court made a UNANIMOUS vote of approval.

Vote: 4 - 0 - Unanimously

B. If applicable, Appointment/Designation of "Evaluation Committee" to score and evaluate "Real Estate Broker Services Responses".

On motion by COMMISSIONER PCT. 1, A.C. CUELLAR, JR., seconded by COMMISSIONER PCT. 4, JOSEPH PALACIOS, the Court made a UNANIMOUS vote of approval on appointees from each Precinct.

Vote: 4 - 0 - Unanimously

At this time, Commissioner Hector "Tito" Palacios stepped away from the meeting.



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
05/24/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Aon Risk Services Northeast, Inc. New York NY Office 199 Water Street New York NY 10038-3551 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105		
	E-MAIL ADDRESS:		
INSURED Henry Schein, Inc. 135 Duryea Road Melville NY 11747 USA	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Illinois National Insurance Co		23817
	INSURER B: ACE American Insurance Company		22667
	INSURER C: Liberty Mutual Fire Ins Co		23035
	INSURER D: Liberty Insurance Corporation		42404
	INSURER E: North American Elite Insurance Company		29700
INSURER F: Noetic Specialty Insurance Co		17400	

Holder Identifier :

COVERAGES **CERTIFICATE NUMBER: 570062192874** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
C	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			TB2621093363036	06/01/2016	06/01/2017	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$1,000,000 PRODUCTS - COMP/OP AGG Excluded
C	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			AS2-621-093363-046	06/01/2016	06/01/2017	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
E	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION			UMB000813602 SIR applies per policy terms & conditions	06/01/2016	06/01/2017	EACH OCCURRENCE \$25,000,000 AGGREGATE \$25,000,000
D	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WA762D093363016 AOS WC7621093363026 WI	06/01/2016	06/01/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE-EA EMPLOYEE \$1,000,000 E.L. DISEASE-POLICY LIMIT \$1,000,000
F	<input checked="" type="checkbox"/> Products Liab			N16NY380028 Claims Made SIR applies per policy terms & conditions	06/01/2016	06/01/2017	Each Occurrence \$1,000,000 Aggregate \$1,000,000

Certificate No : 570062192874

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

RE: Bid No. 2009-10-07-SGS. County of Hidalgo is included as Additional Insured as required by written contract, but limited to the operations of the Insured under said contract, per the applicable endorsement with respect to the General Liability, Automobile Liability and Products Liability policies.

CERTIFICATE HOLDER Hidalgo County 2812 S. Business Highway 281 Edinburg TX 78539 USA	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Aon Risk Services Northeast, Inc</i>
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