



2802 S. Bus. Hwy 281
Edinburg, Texas 78539
Phone: (956) 318-2626
Fax: (956) 318-2629
www.co.hidalgo.tx.us/purchasing

February 20, 2018

E-18-070-

E.A. Stone, Inc. dba Gulf Data Products
Attn: Mr. Kevin Kanipe
810 E. Harrison
Harlingen, TX 78550

Via email: gulfdata2@sbcglobal.net

TERM: 04/02/2018 – 04/01/2019

Re: **HB Form 1295 Required/Renewal/Extension Notice**
"C-16-240-03-07-"Printing Services & Related Supplies" Hidalgo County

Dear Mr. Kanipe:

Be advised, that in order to proceed with the County's option to extend/renew for the **first (1st) of two (2) one (1) Year term, under the same rates, terms and conditions** with E.A. Stone, Inc. dba Gulf Data Products for the referenced project, 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 **CONTRACT No. E-18-070-** Once completed and filed with the Texas Ethics Commission, Form 1295 must be printed and signed an "*unsworn declaration*" 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 on March 06, 2018**, the signed and "*unsworn declaration*" "**HB Form 1295**" and "**Extension Notice**" must be received in our office completed via fax to (956) 292-7612 or via email to: matilde.faz@co.hidalgo.tx.us **by no later than Thursday, February 22, 2018**. Hidalgo County cannot enter into a contract until Form 1295 is submitted, therefore, failure to timely submit Form 1295 signed, and "*unsworn declaration*" 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: matilde.faz@co.hidalgo.tx.us by no later than date reflected above.

By: 
Mr. Kevin Kanipe

Date: 2-22-18

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,


Matilde Faz
Hidalgo County Purchasing Department

xc: file

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

Certificate Number:
2018-319572

Date Filed:
02/27/2018

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

E.A. Stone, Inc dba Gulf Data Products
Harlingen, TX United States

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

County of Hidalgo

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.

E-18-070-03-06
Printing Services and Related Supplies

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Kanipe, Kevin	Harlingen, TX United States	X	

5 Check only if there is NO Interested Party.

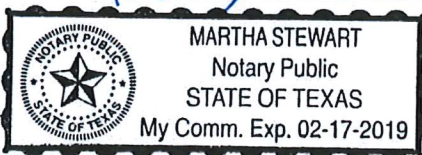
6 UNSWORN DECLARATION

My name is _____, and my date of birth is _____.

My address is _____ (street), _____ (city), _____ (state), _____ (zip code), _____ (country).

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Hidalgo County, State of Texas, on the 27 day of February, 2018.
(month) (year)



Martha Stewart

Signature of authorized agent of contracting business entity
(Declarant)

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

Certificate Number:
 2018-319572

Date Filed:
 02/27/2018

Date Acknowledged:
 02/28/2018

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

E.A. Stone, Inc dba Gulf Data Products
 Harlingen, TX United States

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

County of Hidalgo

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.

E-18-070-03-06
 Printing Services and Related Supplies

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Kanipe, Kevin	Harlingen, TX United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

 Signature of authorized agent of contracting business entity
 (Declarant)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/05/2018

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 STATE FARM INSURANCE ROBERT ELIZALDE, AGENT 5107 S MCCOLL RD EDINBURG, TX 78539	CONTACT NAME: OMAR RIVERA
	PHONE (A/C, No, Ext): 956-683-9800 FAX (A/C, No): 956-683-9810 E-MAIL ADDRESS: OMAR.RIVERA.KOTN@STATEFARM.COM
	INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : State Farm Mutual Automobile Insurance Company 25178
INSURED RICHARD K. KANIPE GULF DATA PRODUCTS 1805 OAKS RD EDINBURG, TX 78539	INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$		
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			167 8540-C06-53B-001	03/05/2018	09/06/2018	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 500,000 BODILY INJURY (Per accident) \$ 500,000 PROPERTY DAMAGE (Per accident) \$ 500,000		
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$		

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

2016 TOYOTA HIGHLANDER 5TDYKRFH7GS182026

CERTIFICATE HOLDER HIDALGO COUNTY 2802 S BUSINESS HWY 281 EDINBURG, TX 78539	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
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/30/2017

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 RICK VILLARREAL INS AGENCY 2116 W University Dr Edinburg, TX 78539		CONTACT NAME: Elsa Gonzalez PHONE (A/C, No, Ext): (956) 383-7001 FAX (A/C, No): (956) 383-7009 E-MAIL ADDRESS: elsagonzalez@yahoo.com	
INSURED Gulf Data Products E.A. Stone Inc. 810 E Harrison Harlingen, TX 78550 956-421-5711		INSURER(S) AFFORDING COVERAGE INSURER A: Farmers Truck Insurance Exchange INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

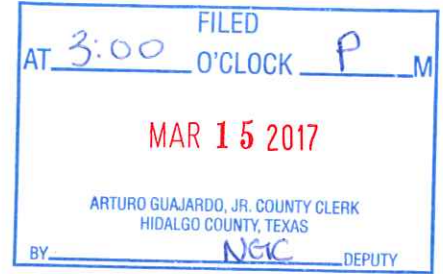
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input 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						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	A07076872	4/18/2017	4/18/2018	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <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

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

CERTIFICATE HOLDER Hidalgo County 2802 Business US 281 Edinburg, Tx 78539	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 
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THE STATE OF TEXAS §
 §
COUNTY OF HIDALGO §



SERVICE CONTRACT
C-16-240-03-07

THIS CONTRACT is made and entered into this 7th Day of March, 2017 by and between the **COUNTY OF HIDALGO, TEXAS** ("County"), and **E.A. Stone, Inc., dba Gulf Data Products** ("Company").

WHEREAS, Company responded to advertised notices for bids for **"GENERAL PRINTING SERVICES AND RELATED SUPPLIES"** the ("Services"); and

WHEREAS, Company submitted a bid to provide services in accordance with the specifications as bid, a copy of such specifications and bid being attached hereto as Exhibits "A" and "B" ("Vendor's Bid") respectively, and incorporated herein for all purposes (the "RFB Packet"); and

WHEREAS, in recognition of and in consideration of Company's agreement to perform the Services in accordance with Specifications, the Commissioners Court of County awarded the bid to Company.

NOW, THEREFORE, in mutual consideration of the foregoing and the further consideration of the following, the parties hereto agree as follows:

1. County and Company hereby agree that this Contract is entered into in order to provide the Services to locations at **Hidalgo County**. This Contract does not extend to any third parties any duties or benefits conferred in any manner hereunder or otherwise.

2. Company hereby promises and agrees to render and provide, during the term of this Contract, and shall be obligated to render and provide the Services in accordance with the Specifications within **Hidalgo County** following a request for Services by the Commissioners' Court or their designated agent. Company agrees in performing the Services that it will use proper professional standards, comply with any and all appropriate laws and regulations in providing the Services, and devote such time as is necessary to safely and efficiently provide the Services.

3. This Contract shall be for a period of one (1) year effective April 2, 2017 and ending on April 1, 2018. Hidalgo County at its sole discretion elect the option to extend the contract for an additional two (2) one (1) year term at the same rates, terms and conditions and may further extend an additional sixty (60) days grace period at the end of the contract term due to any unforeseen delay in the procurement process, unless this Contract is terminated pursuant to the provisions herein, whichever occurs first.

4. As a condition of this Contract, Company shall hold and maintain throughout the term of this Contract all licenses and permits required, or which may be required by any authority during the term hereof to provide the Services.

5. All trucks or vehicles operated by the Company to perform the Services shall contain all equipment required by any authority to operate on streets and roads and all persons in the employ of Company who operate such trucks or vehicles shall have the required licenses, qualifications, skill and expertise to perform such Services and shall comply with all laws, rules

and regulations prescribed by any agency or authority having jurisdiction with regard to the operation of such trucks or vehicles in providing the Services.

6. As consideration for rendering the Service provided for in this Contract, the County agrees to pay Company the amounts specified in Exhibit "B" attached hereto payable against written invoice submitted by Company.

7. Company shall provide insurance in force on all its vehicles and all persons connected with providing services under this Contract naming County as an additional insured (with the coverages and in the amounts described on Exhibit "C" attached hereto and incorporated herein at this point for all purposes), and shall furnish to County certificates of such insurance coverage.

8. Company shall provide a sufficient number of trucks, vehicles, personnel and equipment available to safely and efficiently provide the Services.

9. Company shall indemnify and hold harmless County, its elected officials, employees and agents from any and all claims, damages, losses, and expenses including attorney's fees for the defense of any action against County arising out of, resulting from, or connected with the provision of the Service by Company under this Contract. Said indemnity shall cover any act or failure to act by the Company, its agents or employees.

10. This Contract shall not be assignable in whole or in part by either party without prior written consent of the other party.

11. It is expressly agreed that this Contract and the performance by the parties

hereunder does not create any agency relationship or master-servant relationship, that County has no supervision of the performance of the Services provided by Company, and that Company is an independent contractor under this Contract.

12. Any notice required or permitted to be given hereunder shall be in writing and shall be delivered personally or sent by certified mail, postage prepaid, as set forth below:

If to County: **The County of Hidalgo
Attn: County Judge
100 E. Cano St.-2nd Floor
Edinburg, Texas 78539**

If to Company: **E.A. Stone, Inc. dba Gulf Data Products
810 E. Harrison
Harlingen, Texas 78550**

13. In case any one or more of the provisions contained in this Agreement shall for any reason be held to be invalid, illegal or unenforceable in any respect, such invalidity, illegality, or unenforceability shall not affect any other provision thereof and this Agreement shall be construed as if such invalid, illegal, or unenforceable provision had never been contained herein.

14. 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 without cause by County with thirty day's written notice prior to cancellation.

15. The contract may be terminated without cause upon thirty (30) days written notice by County.

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

17. This Agreement shall be governed by and construed in accordance with the laws of the State of Texas and shall be performable in Hidalgo County.

18. **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 sixty (60) 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).

19. **Immunities:** Nothing in this Agreement is intended to and County does not hereby waive, release or relinquish any right to assert any of the defenses County enjoys by virtue of the stated or federal constitution, laws, rules or regulations, and any sovereign, official or qualified immunity available to County as to any claim or action of any person, entity, or individual against County.

20. **Entire Agreement.** This Agreement contains the entire contract between the parties hereto, and each party acknowledge that neither has made (either directly or through any agent or representative) any representation or agreement in connection with

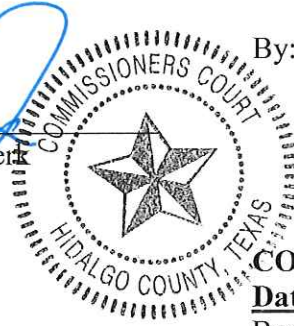
this Agreement not specifically set forth herein. This Agreement may be modified or amended only by agreement in writing executed by the parties hereto, and not otherwise

WITNESS our hands in duplicate originals this 20th day of March, 2017.

COUNTY OF HIDALGO

ATTEST:

Arturo Guajardo Jr.
Arturo Guajardo Jr., County Clerk



By: Ramon Garcia
Ramon Garcia, County Judge

APPROVED BY
COMMISSIONERS' COURT
ON: 3/7/17 mb

COMPANY: E.A. Stone, Inc., dba Gulf Data Products

By: [Signature]
Title: PRESIDENT

APPROVED AS TO FORM:

Atlas, Hall & Rodriguez, LLP

By: [Signature]
Stephen L. Crain, Atlas, Hall & Rodriguez

[Signature]

APPROVED BY COMMISSIONES COURT: 3/7/17

EXHIBIT “A”

**REQUEST FOR BIDS (RFB)
PROCUREMENT PACKET**

SPECIAL MEETING - March 7, 2017

BE IT REMEMBERED, that on this 7th day of March A.D., 2017, 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 DAVID FUENTES	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
HIDALGO COUNTY
COMMISSIONERS COURT MEETING
March 7, 2017
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 in attendance.

2. Pledge of Allegiance

Judge Garcia led the courtroom in reciting the Pledge of Allegiance.

3. Prayer

Virginia Townsend led the courtroom in Prayer.

Court proceeded to Item. 10.B.

4. Approval of Consent Agenda

Court moved to approve the consent agenda for the exception of Items. 13.G. and 13.Z. to be pulled for further discussion.

Commissioner Flores stepped away from the meeting.

5. County Judge's Office:

- A. AI-58532**
1. Approval of order and Interlocal Agreement by and among City of McAllen, Hidalgo County, and Tax Increment Reinvestment Zone Number Two, allowing for Hidalgo County to participate in the Tax Increment Reinvestment Zone
 2. Appointment of one (1) board member to represent the County of Hidalgo on the Tax Increment Reinvestment Zone Number Two, City of McAllen, Texas, Board of Directors
 3. Nomination of an additional county representative to the McAllen TIRZ Number Two Board of Directors to be confirmed/appointed by the City of McAllen

Michael Leo stated no action needed to be taken at this time.

North Alamo Water Supply Corporation for the overlay of streets in Isaacs Subdivision, LJ Subdivision No.1 and Muniz Subdivision.

On motion by COMMISSIONER PCT. 3, JOE M. FLORES, seconded by COMMISSIONER PCT. 4, JOSEPH PALACIOS, the Court made a UNANIMOUS vote of approval.

Vote: 5 - 0 – Unanimously

21.

Purchasing Department - 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-58504** Presentation of bids received from responsible vendors submitting the lowest and best price [as detailed in tabulation sheet contained herein & meeting all specifications and/or requirements] for the purpose of approving multiple contract awards for the Request for Bids titled: Hidalgo County-"Printing Services and Related Services" through project No.:2016-240-12-07-SMA.

Martha Salazar disclosed there were 20 packets and 5 bidders submitted. The two recommendations, Gulf Data and Scott Merimann, each one will get the lowest in each category.

On motion by COMMISSIONER PCT. 1, DAVID FUENTES, seconded by COMMISSIONER PCT. 3, JOE M. FLORES, the Court made a UNANIMOUS vote of approval.

Vote: 5 - 0 - Unanimously

2. **AI-58449** Acceptance and approval of pre-qualified firms submitting "Statements of Qualifications" for establishment of a "Pool" (as listed on the RFQ Acceptance Sheets attached hereto) for engagement through the established statutory and local protocol (i.e. nomination by user, grading/scoring, presentation to CC for ranking, authority for negotiations for a final agreement, etc.) on an "As Needed Basis" per project by all County Departments and/or applicable Programs requiring said services as set forth in the requirements stated in the County's Request for Qualifications packet for the following listed Professional Services:

a. Architectural Services (RFQ 2017-005-02-01-YZV) - 12 firms

There being no further business to come before said Court, the meetings of the Commissioners' Court and the Drainage District #1 Board are now hereby adjourned.

Dated this the 7th day of March, 2017

ARTURO GUAJARDO, JR., County Clerk
Hidalgo County, Texas

By: _____
Norma G. Cantu, Deputy

I, ARTURO GUAJARDO, JR., County Clerk attest that this is an accurate accounting of a proceeding of the Commissioners' Court held on March 7, 2017.

Signed this 7th day of MARCH 2017

ATTEST:
ARTURO GUAJARDO, JR.
County Clerk and Ex-Officio Clerk
Of the Commissioners' Court of
Hidalgo County

By: _____
(Seal) Norma G. Cantu, Deputy



Hidalgo County Purchasing Office
2812 S. Business Highway 281
New Administration Building
Edinburg, Texas 78539
(956) 318-2626/ Fax: (956) 292-7612

November 21, 2016

Bidder's name

Address

City

State, Zip Code

Re: **HIDALGO COUNTY (all funding sources, programs & entities)**
Request for Bids -"Printing Services and Related Supplies"
RFB Bid No: 2016-240-12-07-SMA

Dear Gentleman/Ladies:

Enclosed, please find the Request for Bids (RFB) packet. **Modifications and new requirements** have been added and implemented. Carefully read and review all instructions, Requirements and Specifications.

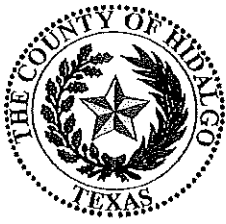
Hidalgo County Purchasing Department welcomes and appreciates your participation in the Request for Qualifications process.

If any further assistance is required, please do not hesitate to call the Purchasing Department 956/318-2626 x 4878.

Sincerely,

Martha L. Salazar
Martha L. Salazar, CPPB *R. Sa*
Hidalgo County Purchasing Agent

MLS/sma
Enclosures



HIDALGO COUNTY PURCHASING OFFICE
2812 S. Business Highway 281
Administration Building
Edinburg, Texas 78539
(956) 318-2626/ Fax: (956) 292-7612

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HIDALGO COUNTY
(all funding sources, programs & entities)
“Printing Services & Related Supplies”
RFB NO: 2016-240-12-07-SMA

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

Thank you.



Martha L. Salazar, CPPB, Purchasing Agent

November 21, 2016
Date

Revised 09/13/16

Bid No:2016-240-12-07-SMA	Buyer : Sandra Montalvo	Tel. No: (956) 318-2626 ext 4865
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REQUEST FOR BIDS

HIDALGO COUNTY

“Printing Services and Related Supplies”

BID OPENING DATE: December 07, 2016 @ 9:30A.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

REQUEST FOR BIDS

HIDALGO COUNTY

“Printing Services and Related Supplies”

BID OPENING DATE: December 07, 2016 @ 9:30A.M.

Contact Person:

Martha L. Salazar, CPPB, Purchasing Agent
Hidalgo County Purchasing Department
Physical Address: 2802 S. Business Hwy. 281 - 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 (all funding sources, programs & entities) - “Printing Services and Related Supplies”** 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 and or/printed on upper left hand corner and the proper notation clearly typed/printed on the lower left hand corner of the envelope and/or package: **BID NO.: 2016-240-12-07-SMA “HIDALGO COUNTY (all funding sources, programs & entities) -“Printing Services and Related Supplies”** and at County's Purchasing Department with a physical address: 2802 S. Business 281 and a mailing address: 2812 S. Business Hwy 281, Administration Building, Edinburg, Texas, **on or before 9:30 A.M, WEDNESDAY, DECEMBER 07, 2016. NO FACSIMILES, EMAILS 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 ““HIDALGO COUNTY (all funding sources, programs & entities) -” -RFB NO.: 2016-240-12-07-SMA-“Printing Services and Related Supplies”** Hidalgo County reserves the right to refuse and reject any/all bids and to waive any/all formalities or technicalities, or to accept the bids considered the best and most advantageous to Hidalgo County.

Additionally, all forms listed below must be properly executed and included with your bid:

1. Legal Notice (See page 8);
 2. Bid Page – Procurement Form – Areas of Specialization (See **Exhibit “B”**);
 3. Insurance pages with Acknowledgment Forms (See **Exhibit “C”**);
 4. Form CIQ-Conflict of Interest Questionnaire (See **Exhibit “D”**);
 5. Vendor Bidder Application & W-9 forms (See **Exhibit “E”**);
 6. Certification Regarding Debarment (See **Exhibit “F”**); and
 7. SAMS.gov Registration Acknowledgement (See Number 18 below).
3. Hidalgo County reserves the right to: A. separate and accept, or eliminate any item(s) listed under this bid that it deems necessary to accommodate budgetary and/or operational requirements; B. reject any or all bids submitted and further reserves the right to design the evaluation criteria to be used in selecting the lowest and best bid for approval; C. award the bid to one bidder or to multiple bidders if the County determines it is in its best interest to do so; D. award the contract to the responsible bidder who submits the lowest and best bid. "Lowest and best" means a bid or offer providing the best value considering associated direct and indirect costs, including transport, maintenance, reliability, life cycle, warranties, and customer service after a sale.

 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 Number (if any)
 - d) Notation - “HIDALGO COUNTY -RFB NO: 2016-240-12-07-SMA “-“Printing Services and Related Supplies”
Descriptive information as to the items or services delivered, including product code, item number, quantity, etc.
 - e) Contract number must be indicated on all invoices
- . Discount payments will be considered when offered.
- . Contact person for Billing and Payment questions:

Hidalgo County Auditor’s Office
 2808 S. Business Hwy 281
 Edinburg, TX 78539
 (956) 318-2511

17. SCHEDULE OF EVENTS

Bid Opening, 9:30 A.M.	<u>DECEMBER 07, 2016</u>
Award of Contract	<u> , 2016</u>
Commence Work or Deliver Products	<u> , 2016</u>

18. BID OR PERFORMANCE BOND AND DEBARMENT CERTIFICATION; PAYMENT UNDER CONTRACT:

. 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. **Register at SAMs System for Award Management @ www.sam.gov.**

. 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. TITLE VI NOTICE/ NONDISCRIMINATION

a. "The County of Hidalgo, in accordance with the provisions of Title VI of the Civil Rights Act of 1964 (78 Stat.252, 42 U.S.C. §§2000d to 2000d-4) and the Regulations, hereby notifies all bidders that it will affirmatively ensure that any contract entered into pursuant to this advertisement, disadvantaged business enterprises will be afforded full and fair opportunity to submit bids in response to this invitation and will not be discriminated against on the grounds of race, color, or national origin in consideration for an award."

b. The appropriate clauses of Appendices "A" through "E" as delineated in the USDOT Standard Title VI/Nondiscrimination Assurances - Specific Assurances are hereby incorporated by reference as applicable. Title VI Appendices "A" through "E" are attached as **Exhibit "G"**.

c. Bidder will attach all applicable notices to which it is obligated to provide or submit as part of the bid, including Form FHWA 1273 to be submitted by all contractors and subcontractors in relation to construction contracts.

20. 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.

NOTICE:

ALL COMMUNICATIONS BY A VENDOR TO THE COUNTY, ITS OFFICIALS, AND DEPARTMENT HEADS REGARDING THIS PROCUREMENT SHALL BE DONE THROUGH THE HIDALGO COUNTY PURCHASING DEPARTMENT.

21. DISCLOSURE OF CONFLICT OF INTEREST

. Effective January 1, 2016, 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 E, 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.

Completed Form CIQ must be submitted to the Hidalgo County Clerk's Office located at 100 N. Clossner, Edinburg, Texas 78539 - Hidalgo County Courthouse.

COMPLETION AND SUBMISSION OF FORM CIQ IS THE SOLE RESPONSIBILITY OF THE PROSPECTIVE RESPONDENT. QUESTIONS REGARDING COMPLIANCE SHOULD BE DIRECTED TO YOUR LEGAL COUNSEL.

22. **CERTIFICATE OF INTERESTED PARTIES (FORM HB1295)**

As of January 1, 2016, to comply with Texas Government Code Section §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, we have updated and revised our RFB packet. In accordance with these requirements, 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. In box 3 of Form 1295, you will provide the RFB Project No. (2016-240), as shown on the packet. 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 either by facsimile transmission to (956) 292-7612 or via email to: sandra.montalvo@co.hidalgo.tx.us. 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. Full instructions for completion and submittal of Form 1295 may be found on the Texas Ethics Commission website:

<https://www.ethics.state.tx.us/tec/1295-Info.htm>

THE AWARDED VENDOR WILL HAVE THIRTY (30) DAYS FROM THE DATE THE HIDALGO COUNTY COMMISSIONER'S COURT APPROVES THIS AGREEMENT TO SUBMIT THE SIGNED NOTARIZED FORM 1295. *HIDALGO COUNTY CANNOT ENTER INTO A CONTRACT UNTIL FORM 1295 IS SUBMITTED.*

23. 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 the County.
24. Bids, and all goods and services provided hereunder, shall comply with all federal, state and local laws concerning this type(s) of goods and/or services.
25. 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.
26. 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.

27. Any contract award to a successful bidder will be in effect until (a) the contract expires, (b) delivery and acceptance of products, and/or performance of services ordered, or (c) terminated by County with thirty day's written notice prior to cancellation.
28. 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.
29. 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.
30. Successful bidder shall warrant that all items/services shall conform with the specifications and/or all warranties provided under the Uniform Commercial Code and be free from all defects in material, workmanship and the like. Items supplied under a contract pursuant to this Request for Bids shall be subject to County's approval. Items found to be defective or not meeting specifications shall be replaced by successful bidder within two business days at no expense to County. Items not picked up within one (1) week after notification shall be deemed a donation to County and may be used or disposed of at County's discretion and without waiver of any other rights of County as to the item's nonconformity.
31. 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.
32. 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.

LEGAL NOTICE

Bid
for
HIDALGO COUNTY
(all funding sources, programs & entities)
"Printing Services and Related Supplies"
BID NO.: 2016-240-12-07-SMA

To: Martha L. Salazar, CPPB, Purchasing Agent
Physical Address: 2802 S. Business Hwy. 281 - 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
"Printing Services & Related Supplies"
BID NO.: 2016-240-12-07-SMA

Hidalgo County is seeking to contract with a qualified vendor(s) to furnish "Printing Services & Related Supplies" in accordance with the specifications/requirements specified herein and including, but not limited to all provisions set forth in the accompanying documentation. Vendor shall furnish all materials and supplies necessary to execute the specified services. These services will be on an "As Needed Basis".

The intent for this Invitation for bid is to obtain a qualified printing firm to provide, in the ESTIMATED quantities indicated, the annual printing requirements for the County as contained herein.

Quantities on the pricing pages depict the County's estimated annual requirements. **These quantities WILL NOT be ordered at one time.** Orders will be placed by individual departments on an "as needed" basis, in small quantities i.e., one (1) to three (3) boxes per order) throughout the year.

SPECIFICATIONS/REQUIREMENTS:

Listed are minimum requirements and are intended to govern the general printing services, including all material necessary for a finished product, which Hidalgo County uses during the course of routine County business.

1. All deliveries are to be made to Hidalgo County's specified department, during regular working days, Monday through Friday, between the hours of 8:00 am and 5:00 pm, unless otherwise requested by the County department.
2. Successful bidder will be required to notify the requesting department in the event of unforeseen delay arising in the delivery of a specified shipment. Delivery locations will be stated on each purchase order. If the vendor chooses to third party delivery, it must be stated under the method of delivery.
3. Order will be placed by various County departments on an "as needed" basis. Hidalgo County is not obligated to any minimum or maximum quantities.
4. **SAMPLES/DEMOS/PROOFS:**
Upon request, samples/demos and/or proofs shall be furnished to Hidalgo County at *no additional cost*, for approval prior to printing.
 - **Samples:** Will be provided to Hidalgo County designee, prior to printing for approval by Department.
 - **Proofs:** Must be supplied prior to printing at no additional cost to Hidalgo County. The proof shall then be dated, signed by Hidalgo County and returned to vendor for printing.
5. **OVER RUNS:** Hidalgo County shall not pay for over-runs. Vendor is cautioned to provide only the quantity of print copies as stated on the Purchase Order. Any over-runs delivered to the County shall be considered as a donation and no additional fees will be allowed and/or paid.
6. **CD-**Samples of most of the printing forms will be provided to all bidders in a CD File for your review and consideration. Specifications: Listed are minimum requirements and are intended to govern the general printing services, including all material necessary for a finished product, which Hidalgo County uses during the course of routine County business.

EXHIBIT "A"
Specifications/Requirements
HIDALGO COUNTY
"Printing Services & Related Supplies"
BID NO.: 2016-240-12-07-SMA

7. PRICING:

All pricing submitted shall be inclusive of all reproduction costs to produce a complete and ready to use product. Any costs associated with the following: additional set-up fees, change fees, typesetting fees or delivery fees must be included in the bid prices. Hidalgo County will not accept or pay additional costs such as mentioned above.

8. SAMPLE REVIEW:

This printing includes various items and forms. Bidder shall assume sole responsibility for viewing these samples in order to submit a bid consistent with specifications/requirements of the County. Failure to do so may result in rejection of bid. Bidders are strongly encouraged to review the samples prior to submitting a bid. Bidder that is interested to assess the forms before submitting a bid may do so by requesting an appointment via e-mail to: tanya.delira@co.hidalgo.tx.us. When discrepancy occurs between specifications and sample, the sample shall prevail.

It is not necessary for bidders to submit bids for all sections to be considered for an award. However, bidder is expected to submit pricing for all items within each section that the bidder chooses to respond, in order to be considered for award for that particular section.

9. PAPER STOCK:

Paper stock shall be the same or better stock quality as sample provided.

10. PACKAGING:

Packaging of forms shall be boxed in quantities standard to the industry. All packages shall be marked with form number and Hidalgo County purchase order number on outside.

GENERAL REQUIREMENTS:

The following are the minimum requirements and/or specifications that will be acceptable by the County. Any bid that does not meet the minimum requirements and/or specifications will be rejected.

- Materials must be available for pick-up and/or delivery to the various locations in Hidalgo County during normal working hours, Monday through Friday
- All items must be shipped **F.O.B. INSIDE DELIVERY**
- If the vendor chooses to transport by a third party delivery, it must be stated under the method of delivery on Exhibit B.
- All purchases will be on an "**As Needed Basis**", there are no set quantities to be purchased.
- All products furnished under this RFB shall be warranted by the vendor to be free from defects and fit for the intended use.
- BID PAGE-Vendor **must** fill in each section of the Bid Page (Exhibit "B") if applicable, for not applicable, **INDICATE N/A** on the form. **INCOMPLETE** submittals shall be considered a probable cause for disqualification.
- Vendor should match the samples as much as possible.

EXHIBIT "A"
Specifications/Requirements
HIDALGO COUNTY
"Printing Services & Related Supplies"
BID NO.: 2016-240-12-07-SMA

HIDALGO COUNTY DEPARTMENT'S

The following departments listed below are to be considered minimum. Hidalgo County reserves the right to add or delete number of departments as necessary and vendor agrees to comply with such requests.

Other Hidalgo County departments, not stated herein, may be included and may utilize this contract for the purchasing of these items that meet their specifications herein and those departments may possibly make modifications to the lettering, colors, logos, seals and/or emblems if necessary at no additional charge.

HIDALGO COUNTY DEPARTMENTS	
1.	93RD Judicial District Court
2.	449TH Judicial District Court
3.	Budget/Public Affairs/Worker's Comp/Employee Benefits
4.	Commissioner Precinct 4
5.	County Clerk's Office
6.	County Court At Law #5 (Judge Arnold Cantu)
7.	District Clerk's Office
8.	Election Dept
9.	Human & Human Services
10.	Purchasing Dept.
11.	Treasurer's Office

TERMS & CONDITIONS:

- 1) Term of contract is for one (1) year period with County's option to renew contract for additional two (2) one (1) year term under the same rates and conditions.
- 2) County reserves the right to continue this bid for an additional sixty (60) day grace period at the end of the contract term for unforeseen delay in award of new bid for next contract term.
- 3) Hidalgo County has the authority to utilize State Contracts and under cooperative purchasing participation whenever it is in the County's best interest to do so.
- 4) Hidalgo County reserves the right to add or delete items during the term of the contract under the same rates and conditions.
- 5) Any contract awarded to a successful bidder will be in effect until;
 - a) The contract expires
 - b) Delivery acceptance of products and/or performance of services ordered, or
 - c) Terminated by County with thirty (30) days written notice prior to be cancellation.
- 6) Hidalgo County reserves the right to award the bid to MULTIPLE bidders if the County determines it is in

EXHIBIT "A"
Specifications/Requirements
HIDALGO COUNTY
"Printing Services & Related Supplies"
BID NO.: 2016-240-12-07-SMA

its best interest to do so.

- 7) Insurance requirements for this project to be maintained throughout the contract term (Refer to limits on the Exhibit "C" for limits).
- 8) Hidalgo County reserves the right to reject any/all bids, to waive any/all formalities or technicalities, or to accept the bid considered the best and most advantage to the County.
- 9) Hidalgo County reserves the right to hold bids for a period of ninety (90) days without taking any action.
- 10) After bid is awarded, and if low bidder s default s in meeting the general instructions to bidders and/or comply with contract agreement, Hidalgo County reserves the right to seek services from the next low bidder. In such event, County shall charge the successful bidder the difference for any additional cost of such item.

ADDITIONAL INFORMATION:

All cost and expenses associated with the preparation and submission of sealed bid (RFB) shall be responsibility of the bidder and no reimbursements for such charges or expenses shall be passed on to Hidalgo County.

RFB QUESTIONS:

Information regarding this project can be addressed in writing, to the Hidalgo County Purchasing Department. Hidalgo County is also requesting that any and all questions, inquiries and clarifications regarding quotes, bids, proposal or statement of qualifications be addressed to Martha L. Salazar, CPPB, Purchasing Agent, Attn: Sandra Montalvo/Tanya De Lira AT 2802 SOUTH BUSINESS HWY 281, EDINBURG, TEXAS 78539. **TELEPHONE INQUIRIES WILL NOT BE ACCEPTED.**

ALL WRITTEN INQUIRIES WILL BE ACCEPTED VIA EMAIL TO tanya.delira@co.hidalgo.tx.us BY NO LATER THAN Monday, November 28, 2016 AT 5:00 P.M., AND RESPONSES TO SAID INQUIRIES WILL BE SENT TO ALL APPLICANTS VIA EMAIL BY NO LATER THAN Wednesday, November 30, 2016 AT 5:00 P.M.

EXHIBIT "B"

BID PAGE

HIDALGO COUNTY

"Printing Services & Related Supplies"

BID NO: 2016-240-12-07-SMA

METHOD OF DELIVERY:

F.O.B. INSIDE DELIVERY _____

THIRD PARTY DELIVERY _____

A) 93RD JUDICIAL DISTRICT COURT

DESCRIPTION		Estimated Qty	UNIT PRICE	TOTAL PRICE
1.	BUSINESS CARDS	Business Cards w Cty Logo on the Right of the card and State of Texas on the left in Gold & Dept Info. In Blue 3 1/2 x 2; card stock 25% cotton off white	500 per box	
2.	CERTIFICATE-(AWARD)	Award/Certificate 8x11 1/2 Gold border with Blk Letters	2,500	
3.	ENVELOPES	with Cty Logo in Gold & Dept Info. In Blue SIZE 9 1/2 X 4 1/8, 25% cotton-off white	2,500	
4.	LETTERHEAD PAPER	8.5 x 11 Letterhead w Cty Logo in Gold & Dept Info. In Blue with the State of Texas Emblem as a Watermark, 25% cotton off white	2,500	
5.	ORDER OF COMMITMENT	Order of Commitment, 8.5 x 11 -3 Carbon Copy sheets all in white, top binding, 1 st page is front/ back the other two only front Cty Logo in the bottom	2,500	
6.	ORDER OF RELEASE	Order of Release 8.5 x 11 -3 Carbon Copy sheets white, yellow and pink, top binding, Cty Logo in the bottom	2,500	

B) BUDGET and MANAGEMENT

Worker's Comp/Employee's Benefit

Description		Estimated Qty	UNIT PRICE	TOTAL PRICE
1.	BUSINESS CARDS	w Cty Logo in Gold & Dept Info. In Blk 3 1/2 x 2	2,000	
2.	DOOR NAME PLATES	2 x 10 desk/door name plates brown with white letters	10	
3.	ENVELOPES-no window	SIZE: 4 x 9 1/2 w Cty Logo & Dept Info. Blue/Gold ink	4,000	
4.	RECEIPT BOOKS-INSURANCE	9.5"X3.5" white, canary, pink, book 50s. numbered; 20 books	20 bks per yr	

C) PRECINCT NO. 4 COMMISSIONER JOSEPH PALACIOS

Description		Estimated Qty	UNIT PRICE	TOTAL PRICE
1.	BUSINESS CARDS	Cty Logo in Gold & Dept Info. In Blk 3 1/2 x 2 (Wht linen, raised blk printed) for about 10 employees	2,000	
2.	ENVELOPES-no window	White, size 4 1/8 x 9 1/2 w Cty Logo in Gold & Dept Info. In Blk (flat)	2,000	
3.	LETTERHEAD	8.5 x 11 White- with Cty Logo in Gold & Dept Info. In Blk, 25% Cotton, raised printed. Texture Bond 25 % cotton	2,000	
4.	POLYPROPYLENE STICKERS	with face adhesive 3" x 3"	10,000 (A)	
			10,000(B)	

D) COUNTY COURT NO. 5 JUDGE ARNOLDO CANTU

Description		Estimated Qty	UNIT PRICE	TOTAL PRICE
1.	BUSINESS CARDS	with Cty Logo in Gold & Dept Info. In Blue size: 3 1/2 x 2	2,500	
2.	ENVELOPES-no window	SIZE: 4 1/8 x 9 1/2 w Cty Logo in Gold & Dept Info. In Blue	3,500	
3.	LETTERHEAD	8.5 x 11 w Cty Logo in Gold & Dept Info. In Blue	500	

EXHIBIT "B"

BID PAGE

HIDALGO COUNTY

"Printing Services & Related Supplies"

BID NO: 2016-240-12-07-SMA

E) COUNTY CLERKS OFFICE

Description		Estimated Qty	UNIT PRICE	TOTAL PRICE
1.	CERTIFIED MARRIAGE LICENSE	Certified Marriage License are numbered -Legal Size :	1,000	
2.	CERTIFIED MARRIAGE LICENSE	White color paper with red numbers (Front Only)	1,000	
3.	CERTIFIED MARRIAGE LICENSE	Archival & Correct Off White color with red numbers (Front & Back Side), includes Notorial Seal	1,000	
4.	ENVELOPES-	Custom Design, Printed one side, All White crushed marble stock, all envelopes Finished Sizes: 4"x9.5" closed after printing, Folded and glued BIRTH/ MARRIAGE in gold ink DEATH CERTIFICATE Envelopes- in gold ink HONORABLE DISCHARGE Envelopes are in Blue ink	3,000-6,000	
5.	ENVELOPES- BOOKLET	9½" x 12" Booklet Envelopes, 28# White Stock, With or without peel and stick feature, Printed two (2) color, Special Window	3,000-6,000	
6.	MARRIAGE LICENSE- without Notorial Seals	Printed-4/1 color, 32# Custom Ledger that is archival & correct off white color for Marriage License, Legal Size Paper	1,000	
7.	MARRIAGE LICENSE-with Notorial seals	Printed-4/1 color, 32# Custom Ledger that is archival & correct off white color for Marriage License, Legal Size Paper	1,000	

F) ELECTION DEPT.

Description		Estimated Qty	UNIT PRICE	TOTAL PRICE
1.	BUSINESS CARDS	w Cty Logo in Gold & Dept Info. In Blk 3 ½ x #80 cover	500 per box	
2.	ENVELOPES -NO WINDOW	4- 1/8 x 9 ½ w Cty Logo in Gold & Dept Info. In Blk, #20 cotton	500 per box	
3.	ENVELOPES -WITH WINDOW	4- 1/8 x 9 ½ w Cty Logo in Gold & Dept Info. In Blk, #20 cotton	500 per box	
4.	LETTERHEAD	8.5 x 11 w Cty Logo in Gold & Dept Info. In Blk #20 cotton	500 per box	

EXHIBIT "B"

BID PAGE

HIDALGO COUNTY

"Printing Services & Related Supplies"

BID NO: 2016-240-12-07-SMA

G) HEALTH and HUMAN SERVICES					
Description			Estimated Qty	UNIT PRICE	TOTAL PRICE
1.	BLUE APPT CARD	Appointment card, size: 5"X 3" blue index card single sided print-black ink,	1,000 year		
2.	BOOKS -- RECEIPT FOOD ESTABLISHMENTS	On- site sewage Facility Inspection fees wrapped around cover 8 3/8 x 5 " 3 parts 50 sets to a book in sequence perforated	5,000		
3.	BOOKS--RECEIPTS OSSF	Health Permit Inspection Fees wrapped around cover 8 3/8 x 5 " - 3 parts 50 sets to a book in sequence perforated	5,000		
4.	CERTIFICATE	Certificate to return to Work/School/Other -- HCHHSD 10069 -- 2-Part (White-Yellow) Top Glue -- Black Ink	500 year		
5.	ENVELOPES-with window	Size: 4 1/8 x 9 1/2 w Cty Logo in Gold & Dept Info. Blue	5,000		
6.	FAMILY PLANNING APPT CARD	Family Planning Appointment Card size: 3 1/2"x4" - White Stock -- Double Sided Print-Black Ink	2,000 year		
7.	FORM- DO YOU NEED A TEMPORARY FOOD EVENT PERMIT?	SIZE: 8 1/2 x 11 letter copy paper 20 lb 1-Page- black ink-"Do you need a Temporary Food Event Permit"	5,000		
8.	FORM-APPLICATION OSSF	Application for On-Site Sewerage Facility-2-Part NCR (Wh-Yw) Top Glue	5,000		
9.	FORM-APPLICATION TEMP FOOD	Temporary Food Establishment Permit Request 8 1/2 x 11 letter in blk	5,000		
10.	FORM- ENVIRONMENTAL COMPLAINT	Environmental & Consumer Health Protection Complaint Form 8 1/2 x 11 letter in blk	5,000		
11.	FORM-HEALTH INSURANCE CLAIM	CMS 1500 NCR 2 part for computer (front and back)continuous feed red ink double sided print	5,000		
12.	FORM-INSPECTION DAY CARE	Sanitary Inspection Form 3 part (white, yellow and pink) 8 1/2 x 11 letter in blk	5,000		
13.	FORM-INSPECTION FARM WORKERS	Investigation Report Occupational Health Regulation #2-B 4 part (white, yellow, pink & orange) 8 1/2 x 11 letter in blk	5,000		
14.	FORM-INSPECTION FOOD SERVICES ESTABLISHMENT	Food Service Establishment.-3-Part NCR (Wh-Yw-Pk) double-sided print-top glue	5,000		
15.	FORM-INSPECTION FOSTER HOME	Foster Home Inspection Report 3 part (white, yellow and pink) 8 1/2 x 11 letter in blk	5,000		
16.	FORM-OSSF AUTHORIZATION TO CONSTRUCT	Authorization to Construct....2-Part NCR (Wh-Yw) Top Glue Black Ink	5,000		
17.	FORM-OSSF CHECKLIST	On-site Wastewater Systems Checklist 2 part (white & yellow) 8 1/2 x 11 letter in blk	5,000		
18.	FORM-OSSF INSPECTION	On-Site Sewerage Inspection Report-3-Part NCR (Wh-YW-PK)-Top Glue	5,000		
19.	FORM-OSSF LICENSE TO OPERATE	License to Operate OSSF form 8 1/2 x 11 letter in blk	5,000		
20.	FORM-OSSF OBTAIN PERMIT	How to obtain a Cty Permit for an on-site sewerage Facility 2 part (white & yellow) 8 1/2 x 11 letter in blk	5,000		
21.	FORM-OSSF SOIL EVALUATION	Soil Evaluation Report Info. 1 Page-DOUBLE SIDED Print -BLUE INK	5,000		
22.	FORM-OSSF TECHNICAL REPORT	On-Site Sewerage Facility-Technical Info..2-Part NCR (Wh-Yw) Top Glue	5,000		
23.	L-37	Size: 9"x5" Index Card Form L-37	2,000 year		

EXHIBIT "B"

BID PAGE

HIDALGO COUNTY

"Printing Services & Related Supplies"

BID NO: 2016-240-12-07-SMA

24.	LABELS	Postmaster label for mail outs w Cty Logo in Blk & Dept. info. In Blk, size: 4"x3"	5,000		
25.	LETTERHEAD	SIZE: 8.5 x 11 with Cty Logo in Gold & Dept Info. In Blue	5,000		
26.	LTBI TREATMENT CARD	Preventive treatment cards blue, black letters, size; 3 1/2 "x 6" (ENGLISH & SPANISH)	100 year		
27.	PRENATAL WEIGHT GAIN GRID	Prenatal Weight Gain Grid-White 20lb. Paper-Multi Color Form	2,000 year		
28.	RECORD CARD	TB skin test record-double sided print-white stock, size: 5"x 3" index card - black ink	1,000 year		
29.	STOP TB FLYER	Stop TB /Alto a la tuberculosis -Multi Color Flyer - Gloss Paper 2 Pages (English & Spanish)	1,000 year		
30.	TB 340	TB Program Evaluation -TB 340 4-part NCR-Side Glue-Landscape Print	50 year		
31.	TB 341	TB Program Evaluation -TB 341—4part NCR-Side Glue-Landscape Print	50 year		
32.	TB 400A	TB Report of Case & Patient Service -TB 400A-3Part Top Glue	1,000 year		
33.	TB CASES TREATMENT CARD	Treatment record double sided print-6"x3 1/2 " yellow stock card (ENGLISH & SPANISH)	50 year		
34.	TB GET THE FACTS BROCHURES	TB Get the Facts/La Tuberculosis-(English/Spanish) Blue & Black Ink - Tri-Fold-Gloss Paper - Double Sided Print; SIZE: 8 1/2 X 11	1,000 year		
35.	TB-400B	Report of TB Case & Patient Service TB-400B-3-Part Top Glue; (white-yellow -pink) top glue	1,000 year		
36.	To Whom It May Concern	To Whom It May Concern HCHHS 20083 - 2-Part (White-Yellow) Top Glue	500 year		
37.	WHITE APPT CARD	Patient Has an Appt. Card SIZE: 5"X 3 1/4"- Double Sided Print-black ink, white stock card	1,000 year		

H) PURCHASING DEPT.

Description		Estimated Qty	UNIT PRICE	TOTAL PRICE
1.	BUSINESS CARDS w Cty Logo in Gold & Dept Info. In Blue 3 1/2 x 2 card stock linen	1,000		
2.	ENVELOPES- no window Size: 4 1/8 x 9 1/2 w Cty Logo in Gold & Dept Info. In Blue	10,000		
3.	LETTERHEAD 8.5 x 11 Letterhead with Watermark and with Cty Logo in Gold & Dept Info. In Blue (Linen) 20lbs	10,000		
4.	STANDARD TERMS & CONDITIONS FORMS -for Purchase Orders SIZE: 8.5 x11 Heavyweight printing paper inkjet paper 28lbs	10,000		

I) TREASURER'S OFFICE DEPT.

Description		Estimated Qty	UNIT PRICE	TOTAL PRICE
1.	CHECKS-blank 14" E-Z fold blank cheds stock with control number (RED) on back. Standard descending order (LARGE # on top small# on bottom-check facing up) to include VOID PANTOGRAPH warning band, micro printing #28, laser stock green pantograph	20,000		
2.	DEPOSIT TICKET Booked deposit slips, 3ply NCR (NO CARBON REQUIRED) WHITE-originals, YELLOW-copy, PINK-copy, MICR encoding all 3 ply's. 50- 3 ply sets per book 34/10"x 95/8"	20 bks per yr		

EXHIBIT "B"

BID PAGE

HIDALGO COUNTY

"Printing Services & Related Supplies"

BID NO: 2016-240-12-07-SMA

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

EXHIBIT "C"

Insurance Requirements

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.					
INSURED	INSURERS AFFORDING COVERAGE					
	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"/>	GENTL AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC			PRODUCTS - COMP/OP	\$
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					
C	GARAGE LIABILITY				AUTO ONLY-EA ACCIDENT	\$
	<input type="checkbox"/>	ANY AUTO			OTHER THAN AUTO ONLY EA ACC AGG	\$
	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				WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
					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 BE 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		

EXHIBIT "C"
Insurance Requirements
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

EXHIBIT "C"
Insurance Requirements
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

CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor doing business with local governmental entity

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor 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 vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.

A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

OFFICE USE ONLY

Date Received

1 Name of vendor 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 on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 Name of local government officer about whom the information is being disclosed.

Name of Officer

4 Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?

Yes No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?

Yes No

5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.

6 Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7

Signature of vendor doing business with the governmental entity

Date

CONFLICT OF INTEREST QUESTIONNAIRE
For vendor doing business with local governmental entity

A complete copy of Chapter 176 of the Local Government Code may be found at <http://www.statutes.legis.state.tx.us/Docs/LG/htm/LG.176.htm>. For easy reference, below are some of the sections cited on this form.

Local Government Code § 176.001(1-a): "Business relationship" means a connection between two or more parties based on commercial activity of one of the parties. The term does not include a connection based on:

- (A) a transaction that is subject to rate or fee regulation by a federal, state, or local governmental entity or an agency of a federal, state, or local governmental entity;
- (B) a transaction conducted at a price and subject to terms available to the public; or
- (C) a purchase or lease of goods or services from a person that is chartered by a state or federal agency and that is subject to regular examination by, and reporting to, that agency.

Local Government Code § 176.003(a)(2)(A) and (B):

(a) A local government officer shall file a conflicts disclosure statement with respect to a vendor if:

(2) the vendor:

(A) has an employment or other business relationship with the local government officer or a family member of the officer that results in the officer or family member receiving taxable income, other than investment income, that exceeds \$2,500 during the 12-month period preceding the date that the officer becomes aware that

(i) a contract between the local governmental entity and vendor has been executed;

or

(ii) the local governmental entity is considering entering into a contract with the vendor;

(B) has given to the local government officer or a family member of the officer one or more gifts that have an aggregate value of more than \$100 in the 12-month period preceding the date the officer becomes aware that:

- (i) a contract between the local governmental entity and vendor has been executed; or
- (ii) the local governmental entity is considering entering into a contract with the vendor.

Local Government Code § 176.006(a) and (a-1)

(a) A vendor shall file a completed conflict of interest questionnaire if the vendor has a business relationship with a local governmental entity and:

(1) has an employment or other business relationship with a local government officer of that local governmental entity, or a family member of the officer, described by Section 176.003(a)(2)(A);

(2) has given a local government officer of that local governmental entity, or a family member of the officer, one or more gifts with the aggregate value specified by Section 176.003(a)(2)(B), excluding any gift described by Section 176.003(a-1); or

(3) has a family relationship with a local government officer of that local governmental entity.

(a-1) The completed conflict of interest questionnaire must be filed with the appropriate records administrator not later than the seventh business day after the later of:

(1) the date that the vendor:

(A) begins discussions or negotiations to enter into a contract with the local governmental entity; or

(B) submits to the local governmental entity an application, response to a request for proposals or bids, correspondence, or another writing related to a potential contract with the local governmental entity; or

(2) the date the vendor becomes aware:

(A) of an employment or other business relationship with a local government officer, or a family member of the officer, described by Subsection (a);

(B) that the vendor has given one or more gifts described by Subsection (a); or

(C) of a family relationship with a local government officer.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

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

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

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 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 section 1446 withholding on your share of partnership income.

In the cases below, the following person must give 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:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (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 payee 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, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, 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 3 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 *Exempt payee code* on page 3 and the separate instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* above.

What is FATCA reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

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.

Abuse 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

Line 1

You must enter one of the following on this line; do not leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account, list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note. ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C Corporation, or S Corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. 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 line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(ii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box in line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box in line 3.

Limited Liability Company (LLC). If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the "Limited Liability Company" box and enter "P" in the space provided. If the LLC has filed Form 8832 or 2553 to be taxed as a corporation, check the "Limited Liability Company" box and in the space provided enter "C" for C corporation or "S" for S corporation. If it is a single-member LLC that is a disregarded entity, do not check the "Limited Liability Company" box; instead check the first box in line 3 "Individual/sole proprietor or single-member LLC."

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

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

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

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

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

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

- A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
- B—The United States or any of its agencies or instrumentalities
- C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)
- E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)
- F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
- G—A real estate investment trust
- H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
- I—A common trust fund as defined in section 584(a)
- J—A bank as defined in section 581
- K—A broker
- L—A trust exempt from tax under section 664 or described in section 4947(a)(1)
- M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note. You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns.

Line 6

Enter your city, state, and ZIP code.

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-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on this page), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, 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 SSA office or get this form online at www.ssa.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 Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting irs.gov or by calling 1-800-TAX-FORM (1-800-829-3876).

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

Caution: A disregarded U.S. 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, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code* earlier.

Signature requirements. Complete the certification as indicated in items 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 made in settlement of payment card and third party network transactions, 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) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ¹ The actual owner ¹
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor ⁴
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity ⁴
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. 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
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

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 "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the 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 for partnerships* on page 2.

*Note. Grantor also must provide a Form W-9 to trustee of trust.

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.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and 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. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.



HIDALGO COUNTY PURCHASING DEPARTMENT

Bidder/Vendor Application

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

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

(RETURN THIS PAGE WITH BID RESPONSE)

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: _____

(RETURN THIS PAGE WITH BID RESPONSE)

**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”

VENDOR’S BID

Page 8 of 9

C-16-240-03-07
Hidalgo County
General Printing Services and Related Supplies
E.A. Stone Inc., dba Gulf Data Products

AWARDED ITEMS TO GULF DATA PRODUCTS

DEPARTMENTS			GULF DATA PRODUCTS		
A) 93RD JUDICIAL DISTRICT COURT			Estimated Qty.	Unit Price	Total Price
1	BUSINESS CARDS	Business Cards w Cty Logo on the Right of the card and State of Texas on the left in Gold & Dept Info. In Blue 3 ½ x 2; card stock 25% cotton off white	500	0.0728	\$ 36.40
2	CERTIFICATE-(AWARD)	Award/Certificate 8x11 ½ Gold border with Blk Letters	2500	0.597	\$ 1,492.50
3	ENVELOPES	with Cty Logo in Gold & Dept Info. In Blue SIZE 9½ x 4 1/8 , 25% cotton- off white	2,500	0.11	\$ 275.00
4	LETTERHEAD PAPER	8.5 x 11 Letterhead w Cty Logo in Gold & Dept Info. In Blue with the State of Texas Emblem as a Watermark ,25% cotton off white	2,500	0.069	\$ 172.50
5	ORDER OF COMMITMENT	Order of Commitment, 8.5 x 11 -3 Carbon Copy sheets all in white, top binding, 1 st page is front/ back the other two only front Cty Logo in the bottom	2,500	0.183	\$ 457.50
6	ORDER OF RELEASE	Order of Release 8.5 x 11 -3 Carbon Copy sheets white, yellow and pink, top binding, Cty Logo in the bottom	2,500	0.173	\$ 432.50
B) BUDGET & MANAGEMENT			Estimated Qty.	Unit Price	Total Price
1	BUSINESS CARDS	With Cty Logo in Gold & Dept Info. In Blk 3 ½ x 2	2,000	0.042	\$84.00
2	DOOR NAME PLATES	2 x 10 desk/door name plates brown with white letters	10	17.000	\$170.00
3	ENVELOPES-no window	SIZE: 4 x 9 ½ w Cty Logo & Dept Info. Blue/Gold ink	4,000	0.042	\$168.00
4	RECEIPT BOOKS-INSURANCE	9.5"x3.5" white, canary, pink, book 50s. numbered; 20 books	20	9.750	\$195.00
C) PRECINCT NO. 4			Estimated Qty.	Unit Price	Total Price
1	BUSINESS CARDS	Cty Logo in Gold & Dept Info. In Blk 3 ½ x 2 (Wht linen, raised blk printed) for about 10 employees	2,000	0.045	\$90.00
2	ENVELOPES-no window	White, size 4 1/8 x 9 ½ w Cty Logo in Gold & Dept Info. In Blk (flat)	2,000	0.045	\$90.00
3	LETTERHEAD	8.5 x 11 White- with Cty Logo in Gold & Dept Info. In Blk. 25% Cotton, raised printed. Texture Bond 25 % cotton	2,000	0.140	\$ 280.00
4	POLYPROPYLENE STICKERS	with face adhesive 3" x 3"	(A)10,000	(A) 0.155	(A)1,550.00
			(B)10,000	(B) 0.155	(B)1,550.00
D) COUNTY COURT NO. 5			Estimated Qty.	Unit Price	Total Price
1	BUSINESS CARDS	with Cty Logo in Gold & Dept Info. In Blue size: 3 ½ x 2	2,500	0.0728	\$182.00
2	ENVELOPES-no window	SIZE: 4 1/8 x 9 ½ w Cty Logo in Gold & Dept Info. In Blue	3,500	0.109	\$381.50
3	LETTERHEAD	8.5 x 11 w Cty Logo in Gold & Dept Info. In Blue	500	0.21	\$105.00

E) COUNTY CLERKS OFFICE			Estimated Qty.	Unit Price	Total Price
4	ENVELOPES-	Custom Design, Printed one side, All White crushed marble stock, all envelopes Finished Sizes: 4"x9.5" closed after printing, Folded and glued BIRTH/ MARRIAGE in gold ink	3,000	.27 ea	\$810.00
		DEATH CERTIFICATE Envelopes- in gold ink HONORABLE DISCHARGE Envelopes are in Blue ink	6,000		\$1,620.00
F) ELECTIONS DEPARTMENT			Estimated Qty.	Unit Price	Total Price
1	BUSINESS CARDS	w Cty Logo in Gold & Dept Info. In Blk 3 1/2 x #80 cover	500	0.224	\$112.00
2	ENVELOPES-no window	4- 1/8 x 9 1/2 w Cty Logo in Gold & Dept Info. In Blk, #20 cotton	500	0.218	\$109.00
3	ENVELOPES -with window	4-1/8 x 9 1/2 w Cty Logo in Gold & Dept Info. In Blk, #20 cotton	500	0.110	\$55.00
4	LETTERHEAD	8.5 x 11 w Cty Logo in Gold & Dept Info. In Blk #20 cotton	500	0.167	\$83.50
G) HEALTH & HUMAN SERVICES			Estimated Qty.	Unit Price	Total Price
1	BLUE APPT CARD	Appointment card, size: 5"X 3" blue index card single sided print- black ink, estimated 1,000 cards per yr	1,000	0.059	\$59.00
2	BOOKS-RECEIPT FOOD ESTABLISHMENT	On- site sewage Facility Inspection fees wrapped around cover 8 3/8 x 5 "3 parts 50 sets to a book in sequence perforated	5,000	0.117	\$585.00
3	BOOKS-RECEIPTS OSSF	Health Permit Inspection Fees wrapped around cover 8 3/8 x 5 " - 3 parts 50 sets to a book in sequence perforated	5,000	0.117	\$585.00
4	CERTIFICATE	Certificate to return to Work/School/Other- HCHHSD 10069-2-Part (White-Yellow) Top Glue-Black Ink, 500 per yr	500	0.172	\$86.00
5	ENVELOPES-with window	Size: 4 1/8 x 9 1/2 w Cty Logo in Gold & Dept Info. Blue	5,000	0.043	\$215.00
6	FAMILY PLANNING APPT CARD	Family Planning Appointment Card size: 3 1/2"x4"- White Stock-Double Sided Print-Black Ink	2,000	0.0845	\$169.00
7	FORM- DO YOU NEED A TEMPORARY FOOD EVENT PERMIT	SIZE: 8 1/2 x 11 letter copy paper 20 lb 1-Page- black ink-"Do you need a Temporary Food Event Permit"	5,000	0.025	\$125.00
8	FORM-APPLICATION OSSF	Application for On-Site Sewerage Facility-2-Part NCR (Wh-Yw) Top Glue	5,000	0.089	\$445.00
9	FORM-APPLICATION TEMP FOOD	Temporary Food Establishment Permit Request 8 1/2 x 11 letter in blk	5,000	0.284	\$1,420.00
10	FORM-ENVIRONMENTAL COMPLAINT	Environmental & Consumer Health Protection Complaint Form 8 1/2 x 11 letter in blk	5,000	0.025	\$125.00
11	FORM-HEALTH INSURANCE CLAIM	CMS 1500 NCR 2 part for computer (front and back)continuous feed red ink double sided print	5,000	0.059	\$295.00
12	FORM-INSPECTION DAY CARE	Sanitary Inspection Form 3 part (white, yellow and pink) 8 1/2 x 11 letter in blk	5,000	0.116	\$580.00
13	FORM-INSPECTION FARM WORKERS	Investigation Report Occupational Health Regulation #2-B 4 part (white, yellow, pink & orange) 8 1/2 x 11 letter in blk	5,000	0.132	\$660.00

14	FORM-INSPECTION FOOD SERVICES ESTABLISHMENT	Food Service Establishment..-3-Part NCR (Wh-Yw-Pk)double-sided print-top glue	5,000	0.116	\$580.00
15	FORM-INSPECTION FOSTER HOME	Foster Home Inspection Report 3 part (white, yellow and pink) 8 ½ x 11 letter in blk	5,000	0.116	\$580.00
16	FORM-OSSF AUTHORIZATION TO CONSTRUCT	Authorization to Construct.2-Part NCR(Wh-Yw) Top Glue Black Ink	5,000	0.089	\$445.00
17	FORM-OSSF CHECKLIST	On-site Wastewater Systems Checklist 2 part (white & yellow) 8 ½ x 11 letter in blk	5,000	0.089	\$445.00
18	FORM-OSSF INSPECTION	On-Site Sewerage Inspection Report-3-Part NCR (Wh-YW-PK)-Top Glue	5,000	0.116	\$580.00
19	FORM-OSSF LICENSE TO OPERATE	License to Operate OSSF form 8 ½ x 11 letter in blk	5,000	0.025	\$125.00
20	FORM-OSSF OBTAIN PERMIT	How to obtain a Cty Permit for an on-site sewerage Facility 2 part (white & yellow) 8 ½ x 11 letter in blk	5,000	0.089	\$445.00
21	FORM-OSSF SOIL EVALUATION	Soil Evaluation Report Info. 1 Page-DOUBLE SIDED Print - BLUE INK	5,000	0.0378	\$189.00
22	FORM-OSSF TECHNICAL REPORT	On-Site Sewage Facility-Technical Info..2-Part NCR (Wh-Yw) Top Glue	5,000	0.089	\$445.00
23	L-37	Size: 9"x5" Index Card Form L-37, qty 2000 per yr	2,000	0.060	\$119.00
24	LABELS	Postmaster label for mail outs w Cty Logo in Blk & Dept. info. In Blk, size: 4"x3"	5,000	0.059	\$295.00
25	LETTERHEAD	SIZE: 8.5 x 11 with Cty Logo in Gold & Dept Info. In Blue	5,000	0.071	\$355.00
26	LTBI TREATMENT CARD	Preventive treatment cards blue, black letters, size; 3 ½ "x 6" (ENGLISH & SPANISH) 100 per yr	100	0.490	\$49.00
27	PRENATAL WEIGHT GAIN GRID	Prenatal Weight Gain Grid-White 20lb. Paper-Multi Color Form, qty 2000 per year	2,000	0.122	\$244.00
28	RECORD CARD	TB skin test record-double sided print-white stock, size: 5"x 3" index card - black ink	1,000	0.051	\$51.00
29	STOP TB FLYER	Stop TB /Alto a la tuberculosis -Multi Color Flyer - Gloss Paper 2 Pages (English & Spanish)	1,000	0.288	\$288.00
30	TB 340	TB Program Evaluation -TB 340 4-part NCR-Side Glue-Landscape Print, 50 per yr	50	1.42	\$71.00
31	TB 341	TB Program Evaluation -TB 341—4part NCR-Side Glue-Landscape Print , Qty. 50 per yr	50	1.42	\$71.00
32	TB 400A	TB Report of Case & Patient Service -TB 400A-3Part Top Glue, Qty, 1000 per yr	1,000	0.189	\$189.00
33	TB CASES TREATMENT CARD	Treatment record double sided print-6"x3½" yellow stock card (ENGLISH & SPANISH), 50 per yr.	50	0.78	\$39.00
34	TB GET THE FACTS BROCHURES	TB Get the Facts/La Tuberculosis (English/Spanish) Blue & Black Ink-Tri-Fold-Gloss Paper-Double Sided Print; SIZE: 8 ½x11, Qty. 1000 per yr., (8 pages)	1,000	0.344	\$344.00
35	TB-400B	Report of TB Case & Patient Service TB-400B-3-Part Top Glue; (white-yellow -pink) top glue , Qty. 1000 per yr	1,000	0.189	\$189.00
36	To Whom It May Concern	To Whom It May Concern HCHHSD 20083 - 2-Part (White-Yellow) Top Glue, Qty. 500 per yr.	500	0.196	\$98.00

37	WHITE APPT CARD	Patient Has an Appt. Card SIZE: 5"x 3 ¼"-Double Sided Print-black ink, white stock card, Qty. 1000 per yr.	1,000	0.051	\$51.00
H) PURCHASING DEPARTMENT			Estimated Qty.	Unit Price	Total Price
1	BUSINESS CARDS	w Cty Logo in Gold & Dept Info. In Blue 3 ½ x 2 card stock linen	1,000	0.044	\$ 44.00
2	ENVELOPES-no window	Size: 4 1/8 x 9 ½ w Cty Logo in Gold & Dept Info. In Blue	10,000	0.348	\$ 348.00
3	LETTERHEAD	8.5 x 11- Letterhead with watermark and with Cty Logo in Gold & Dept Info. In Blue (Linen) 20lbs	10,000	0.068	\$ 675.00
4	STANDARD TERMS & CONDITIONS-for purchase orders	SIZE: 8.5 x11 Heavyweight printing paper inkjet paper 28lbs	10,000	0.032	\$315.00
I) TREASURER'S OFFICE DEPT.			Estimated Qty.	Unit Price	Total Price
1	CHECKS-BLANK	14" E-Z fold blank checks stock with control number (RED) on back. Standard descending order (LARGE # on top small# on bottom-check facing up) to include VOID PANTOGRAHP warning band, micro printing #28, laser stock green pantograph	20,000	0.092	\$ 1,840.00
2	DEPOSIT TICKET	Booked deposit slips, 3ply NCR (NO CARBON REQUIRED) WHITE-originals, YELLOW- copy, PINK-copy, MICR encoding all 3 ply's. 20-3 ply sets per book 34/10"x 95/8"	20	7.450	\$149.00



Hidalgo County Purchasing Office
2812 S. Business Highway 281
New Administration Building
Edinburg, Texas 78539
(956) 318-2626/ Fax: (956) 292-7612

ORIGINAL

November 21, 2016

GULF DATA PRODUCTS
Bidder's name
810 E. HARRISON
Address
HARLINGEN
City
TEXAS 78550
State, Zip Code

Re: **HIDALGO COUNTY (all funding sources, programs & entities)**
Request for Bids - "Printing Services and Related Supplies"
RFB Bid No: 2016-240-12-07-SMA

Dear Gentleman/Ladies:

Enclosed, please find the Request for Bids (RFB) packet. **Modifications and new requirements** have been added and implemented. Carefully read and review all instructions, Requirements and Specifications.

Hidalgo County Purchasing Department welcomes and appreciates your participation in the Request for Qualifications process.

If any further assistance is required, please do not hesitate to call the Purchasing Department 956/318-2626 x 4878.

Sincerely,

Martha L. Salazar
Martha L. Salazar, CPPB *A. for*
Hidalgo County Purchasing Agent

MLS/sma
Enclosures



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

November 30, 2016

RE: ADDENDUM NO. 1
FOR RFB No: 2016-240-12-07-SMA- "Hidalgo County- "Printing Services & Related Supplies"

Dear Bidder:

Attached you will find **ADDENDUM NO. 1**, in connection with "Hidalgo County-Request for Sealed Bids for- *Printing Services & Related Supplies*"

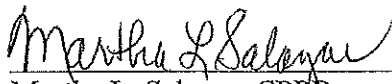
Please add this **ADDENDUM NO. 1** to your procurement packet, to allow your company to submit a complete packet. See original procurement packet LEGAL NOTICE page 3 paragraph 9.

ACKNOWLEDGE RECEIPT of ADDENDUM NO. 1 by signing and returning this notice to via e-mail to sandra.montalvo@co.hidalgo.tx.us / tanya.delira@co.hidalgo.tx.us

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

Please be advised that this **ADDENDUM NO. 1** will complete your procurement packet for "Hidalgo County- *Printing Services & Related Supplies*"

Thank you for your prompt attention to this matter.



Martha L. Salazar, CPPB
Hidalgo County Purchasing Agent

BY:



ADDENDUM NO 1
ACKNOWLEDEMENT OF RECEIPT

GULF DATA PRODUCTS
Firm's Name

MLS/sma
Enclosures

EXHIBIT "B"

BID PAGE

HIDALGO COUNTY

"Printing Services & Related Supplies"

BID NO: 2016-240-12-07-SMA

METHOD OF DELIVERY:

F.O.B. INSIDE DELIVERY _____

THIRD PARTY DELIVERY _____

EPL

A) 93RD JUDICIAL DISTRICT COURT

DESCRIPTION		Estimated Qty	UNIT PRICE	TOTAL PRICE
1.	BUSINESS CARDS Business Cards w Cty Logo on the Right of the card and State of Texas on the left in Gold & Dept Info. In Blue 3 1/2 x 2; card stock 25% cotton off white	500 per box	.0728	36.40
2.	CERTIFICATE-(AWARD) Award/Certificate 8x11 1/2 Gold border with Blk Letters	2,500	.597	1492.50
3.	ENVELOPES with Cty Logo in Gold & Dept Info. In Blue SIZE 9 1/2 X 4 1/8, 25% cotton- off white	2,500	.11 ea	275.00
4.	LETTERHEAD PAPER 8.5 x 11 Letterhead w Cty Logo in Gold & Dept Info. In Blue with the State of Texas Emblem as a Watermark, 25% cotton off white	2,500	.069 ea	172.50
5.	ORDER OF COMMITMENT Order of Commitment, 8.5 x 11 -3 Carbon Copy sheets all in white, top binding, 1st page is front/ back the other two only front Cty Logo in the bottom	2,500	.183 ea	457.50
6.	ORDER OF RELEASE Order of Release 8.5 x 11 -3 Carbon Copy sheets white, yellow and pink, top binding, Cty Logo in the bottom	2,500	.173 ea	432.50

B) BUDGET and MANAGEMENT

Worker's Comp/Employee's Benefit

Description		Estimated Qty	UNIT PRICE	TOTAL PRICE
1.	BUSINESS CARDS w Cty Logo in Gold & Dept Info. In Blk 3 1/2 x 2	2,000	.042	84.00
2.	DOOR NAME PLATES 2 x 10 desk/door name plates brown with white letters	10	17.00 ea	170.00
3.	ENVELOPES-no window SIZE: 4 x 9 1/2 w Cty Logo & Dept Info. Blue/Gold ink	4,000	.042	168.00
4.	RECEIPT BOOKS-INSURANCE 9.5"X3.5" white, canary, pink, book 50s. numbered; 20 books	20 bks per yr	9.75 BK	195.00

C) PRECINCT NO. 4

COMMISSIONER JOSEPH PALACIOS

Description		Estimated Qty	UNIT PRICE	TOTAL PRICE
1.	BUSINESS CARDS Cty Logo in Gold & Dept Info. In Blk 3 1/2 x 2 (Wht lnen, raised blk printed) for about 10 employees	2,000	.045 ea	90.00
2.	ENVELOPES-no window White, size 4 1/8 x 9 1/2 w Cty Logo in Gold & Dept Info. In Blk (flat)	2,000	.045 ea	90.00
3.	LETTERHEAD 8.5 x 11 White- with Cty Logo in Gold & Dept Info. In Blk. 25% Cotton, raised printed. Texture Bond 25 % cotton	2,000	.14 ea	280.00
4.	POLYPROPYLENE STICKERS with face adhesive 3" x 3"	10,000 (A)	.155	1550.00
		10,000 (B)	.155	1550.00

D) COUNTY COURT NO. 5

JUDGE ARNOLDO CANTU

Description		Estimated Qty	UNIT PRICE	TOTAL PRICE
1.	BUSINESS CARDS with Cty Logo in Gold & Dept Info. In Blue size: 3 1/2 x 2	2,500	.0728	182.00
2.	ENVELOPES-no window SIZE: 4 1/8 x 9 1/2 w Cty Logo in Gold & Dept Info. In Blue	3,500	.109 ea	381.50
3.	LETTERHEAD 8.5 x 11 w Cty Logo in Gold & Dept Info. In Blue	500	.21 ea	105.00

EXHIBIT "B"

BID PAGE

HIDALGO COUNTY

"Printing Services & Related Supplies"

BID NO: 2016-240-12-07-SMA

E) COUNTY CLERKS OFFICE

Description		Estimated Qty	UNIT PRICE	TOTAL PRICE
1.	CERTIFIED MARRIAGE LICENSE Certified Marriage License are numbered -Legal Size :	1,000	NB	
2.	CERTIFIED MARRIAGE LICENSE White color paper with red numbers (Front Only)	1,000	NB	
3.	CERTIFIED MARRIAGE LICENSE Archival & Correct Off White color with red numbers (Front & Back Side), includes Notarial Seal	1,000	NB	
4.	ENVELOPES- Custom Design, Printed one side, All White crushed marble stock, all envelopes Finished Sizes: 4"x9.5" closed after printing, Folded and glued BIRTH/ MARRIAGE in gold ink DEATH CERTIFICATE Envelopes- in gold ink HONORABLE DISCHARGE Envelopes are in Blue ink	3,000-6,000	.27 ea	
5.	ENVELOPES- BOOKLET 9½" x 12" Booklet Envelopes, 28# White Stock, With or without peel and stick feature, Printed two (2) color, Special Window	3,000-6,000	498 ea	
6.	MARRIAGE LICENSE- without Notarial Seals Printed-4/1 color, 32# Custom Ledger that is archival & correct off white color for Marriage License, Legal Size Paper	1,000	NB	
7.	MARRIAGE LICENSE-with Notarial seals Printed-4/1 color, 32# Custom Ledger that is archival & correct off white color for Marriage License, Legal Size Paper	1,000	NB	

F) ELECTION DEPT.

Description		Estimated Qty	UNIT PRICE	TOTAL PRICE
1.	BUSINESS CARDS w Cty Logo in Gold & Dept Info. In Blk 3 ½ x #80 cover. <i>THESE HAVE GOLD FOIL.</i>	500 per box	.224	112.00
2.	ENVELOPES -NO WINDOW 4- 1/8 x 9 ½ w Cty Logo in Gold & Dept Info. In Blk, #20 cotton	500 per box	.218	109.00
3.	ENVELOPES -WITH WINDOW 4- 1/8 x 9 ½ w Cty Logo in Gold & Dept Info. In Blk, #20 cotton	500 per box	.11	55.00
4.	LETTERHEAD 8.5 x 11 w Cty Logo in Gold & Dept Info. In Blk #20 cotton	500 per box	.167	83.50

EXHIBIT "B"

BID PAGE

HIDALGO COUNTY

"Printing Services & Related Supplies"

BID NO: 2016-240-12-07-SMA

G) HEALTH and HUMAN SERVICES					
Description			Estimated Qty	UNIT PRICE	TOTAL PRICE
1.	BLUE APPT CARD	Appointment card, size: 5"X 3" blue index card single sided print-black ink,	1,000 year	.059	59.00
2.	BOOKS - RECEIPT FOOD ESTABLISHMENTS	On- site sewage Facility Inspection fees wrapped around cover 8 3/8 x 5 " 3 parts 50 sets to a book in sequence perforated	5,000	.117	585.00
3.	BOOKS--RECEIPTS OSSF	Health Permit Inspection Fees wrapped around cover 8 3/8 x 5 " - 3 parts 50 sets to a book in sequence perforated	5,000	.117	585.00
4.	CERTIFICATE	Certificate to return to Work/School/Other - HCHHSD 10069 - 2-Part (White-Yellow) Top Glue - Black Ink	500 year	.172	86.00
5.	ENVELOPES-with window	Size: 4 1/8 x 9 1/2 w Cty Logo in Gold & Dept Info. Blue	5,000	.043	215.00
6.	FAMILY PLANNING APPT CARD	Family Planning Appointment Card size: 3 1/2"x4" - White Stock - Double Sided Print-Black Ink	2,000 year	.0845	169.00
7.	FORM- DO YOU NEED A TEMPORARY FOOD EVENT PERMIT?	SIZE: 8 1/2 x 11 letter copy paper 20 lb 1-Page- black ink-"Do you need a Temporary Food Event Permit"	5,000	.025	125.00
8.	FORM-APPLICATION OSSF	Application for On-Site Sewerage Facility-2-Part NCR (Wh-Yw) Top Glue	5,000	.089	445.00
9.	FORM-APPLICATION TEMP FOOD	Temporary Food Establishment Permit Request ^{8 PAGES} 8 1/2 x 11 letter in blk	5,000	.284 SET	1420.00
10.	FORM- ENVIRONMENTAL COMPLAINT	Environmental & Consumer Health Protection Complaint Form 8 1/2 x 11 letter in blk	5,000	.025	125.00
11.	FORM-HEALTH INSURANCE CLAIM	CMS 1500 NCR 2 part for computer (front and back)continuous feed red ink double sided print	5,000	.059 ea	295.00
12.	FORM-INSPECTION DAY CARE	Sanitary Inspection Form 3 part (white, yellow and pink) 8 1/2 x 11 letter in blk	5,000	.116 ea	580.00
13.	FORM-INSPECTION FARM WORKERS	Investigation Report Occupational Health Regulation #2-B 4 part (white, yellow, pink & orange) 8 1/2 x 11 letter in blk	5,000	.132 ea	660.00
14.	FORM-INSPECTION FOOD SERVICES ESTABLISHMENT	Food Service Establishment.-3-Part NCR (Wh-Yw-Pk) double-sided print-top glue	5,000	.116 ea	580.00
15.	FORM-INSPECTION FOSTER HOME	Foster Home Inspection Report 3 part (white, yellow and pink) 8 1/2 x 11 letter in blk	5,000	.116 ea	580.00
16.	FORM-OSSF AUTHORIZATION TO CONSTRUCT	Authorization to Construct....2-Part NCR (Wh-Yw) Top Glue Black Ink	5,000	.089	445.00
17.	FORM-OSSF CHECKLIST	On-site Wastewater Systems Checklist 2 part (white & yellow) 8 1/2 x 11 letter in blk	5,000	.089	445.00
18.	FORM-OSSF INSPECTION	On-Site Sewerage Inspection Report-3-Part NCR (Wh-YW-PK)-Top Glue	5,000	.116	580.00
19.	FORM-OSSF LICENSE TO OPERATE	License to Operate OSSF form 8 1/2 x 11 letter in blk	5,000	.025	125.00
20.	FORM-OSSF OBTAIN PERMIT	How to obtain a Cty Permit for an on-site sewerage Facility 2 part (white & yellow) 8 1/2 x 11 letter in blk	5,000	.089	445
21.	FORM-OSSF SOIL EVALUATION	Soil Evaluation Report Info. 1 Page-DOUBLE SIDED Print -BLUE INK	5,000	.0378	189.00
22.	FORM-OSSF TECHNICAL REPORT	On-Site Sewerage Facility-Technical Info..2-Part NCR (Wh-Yw) Top Glue	5,000	.089	445.00
23.	L-37	Size: 9"x5" Index Card Form L-37	2,000 year	.0595	119.00

EXHIBIT "B"

BID PAGE
HIDALGO COUNTY

"Printing Services & Related Supplies"

BID NO: 2016-240-12-07-SMA

24.	LABELS	Postmaster label for mail outs w Cty Logo in Blk & Dept. info. In Blk, size: 4"x3"	5,000	.059	295.00
25.	LETTERHEAD	SIZE: 8.5 x 11 with Cty Logo in Gold & Dept Info. In Blue	5,000	.071 ^{ccc}	355.00
26.	LTBI TREATMENT CARD	Preventive treatment cards blue, black letters, size; 3 1/2 "x 6" (ENGLISH & SPANISH)	100 year	.49 ^{ea}	49.00
27.	PRENATAL WEIGHT GAIN GRID	Prenatal Weight Gain Grid-White 20lb. Paper-Multi Color Form	2,000 year	.122	244.00
28.	RECORD CARD	TB skin test record-double sided print-white stock, size: 5"x 3" index card - black ink	1,000 year	.051	51.00
29.	STOP TB FLYER	Stop TB /Alto a la tuberculosis -Multi Color Flyer - Gloss Paper 2 Pages (English & Spanish)	1,000 year	.288	288.00
30.	TB 340	TB Program Evaluation -TB 340 4-part NCR-Side Glue-Landscape Print	50 year	1.42	71.00
31.	TB 341	TB Program Evaluation -TB 341-4part NCR-Side Glue-Landscape Print	50 year	1.42	71.00
32.	TB 400A	TB Report of Case & Patient Service -TB 400A-3Part Top Glue	1,000 year	.189	189.00
33.	TB CASES TREATMENT CARD	Treatment record double sided print-6"X3 1/2 " yellow stock card (ENGLISH & SPANISH)	50 year	.78	39.00
34.	TB GET THE FACTS BROCHURES	TB Get the Facts/La Tuberculosis-(English/Spanish) Blue & Black Ink - Tri-Fold-Gloss Paper - Double Sided Print; SIZE: 8 1/2 X 11	1,000 year	.344 ^{net}	344.00
35.	TB-400B	Report of TB Case & Patient Service TB-400B-3-Part Top Glue; (white-yellow -pink) top glue	1,000 year	.189	189.00
36.	To Whom It May Concern	To Whom It May Concern HCHHSD 20083 - 2-Part (White-Yellow) Top Glue	500 year	.196	98.00
37.	WHITE APPT CARD	Patient Has an Appt. Card SIZE: 5"X 3 1/4"- Double Sided Print-black ink, white stock card	1,000 year	.051	51.00

H) PURCHASING DEPT.

Description		Estimated Qty	UNIT PRICE	TOTAL PRICE	
1.	BUSINESS CARDS	w Cty Logo in Gold & Dept Info. In Blue 3 1/2 x 2 card stock linen	1,000	.044	44.00
2.	ENVELOPES- no window	Size: 4 1/8 x 9 1/2 w Cty Logo in Gold & Dept Info. In Blue	10,000	.0348	348.00
3.	LETTERHEAD	8.5 x 11 Letterhead with Watermark and with Cty Logo in Gold & Dept Info. In Blue (Linen) 20lbs	10,000	.0675	675.00
4.	STANDARD TERMS & CONDITIONS FORMS -for Purchase Orders	SIZE: 8.5 x11 Heavyweight printing paper inkjet paper 28lbs	10,000	.0315	315.00

I) TREASURER'S OFFICE DEPT.

Description		Estimated Qty	UNIT PRICE	TOTAL PRICE	
1.	CHECKS-blank	14" E-Z fold blank cheds stock with control number (RED) on back. Standard descending order (LARGE # on top small# on bottom-check facing up) to include VOID PANTOGRAHP warning band, micro printing #28, laser stock green pantograph	20,000	.092	1840.00
2.	DEPOSIT TICKET	Booked deposit slips, 3ply NCR (NO CARBON REQUIRED) WHITE-originals, YELLOW- copy, PINK-copy, MICR encoding all 3 ply's. 50- 3 ply sets per book 34/10"x 95/8"	20 bks per yr	7.45	149.00

Zimbra

sandra.montalvo@co.hidalgo.tx.us

Re: HIDALGO COUNTY -PRINTING SERVICES & RELATED SUPPLIES BID NO 2016-240-12-07-SMA

From : Kevin Kanipe <gulfddata2@sbcglobal.net>

Wed, Jan 18, 2017 09:46 AM

Subject : Re: HIDALGO COUNTY -PRINTING SERVICES & RELATED SUPPLIES
BID NO 2016-240-12-07-SMA

To : Sandra Montalvo <sandra.montalvo@co.hidalgo.tx.us>

Reply To : Kevin Kanipe <gulfddata2@sbcglobal.net>

Sandra,
\$348.00 for 10,000 is correct on a regular 24# white wove envelope printed in Blue and gold inks.
The \$348.00 is based on an order of 10,000.

Thank you,

Kevin Kanipe
Gulf Data Products
800-825-5395
gulfddata2@sbcglobal.net

On Tue, 1/17/17, Sandra Montalvo <sandra.montalvo@co.hidalgo.tx.us> wrote:

Subject: HIDALGO COUNTY -PRINTING SERVICES & RELATED SUPPLIES BID NO 2016-240-12-07-SMA
To: "Kevin Kanipe" <gulfddata2@sbcglobal.net>
Date: Tuesday, January 17, 2017, 3:09 PM

Good Afternoon Mr.
Kanipe,

As I tabulated the
Exhibit B (bid page) page 4 of 5 under H) PURCHASING DEPT,
item #2 you wrote unit price .0348 and total price
\$348.00

Is \$348.00 the
correct price?

Please
clarify!

Respectfully,

Sandra
Montalvo, Buyer II
Hidalgo County
Purchasing Department
2812 S. Bus. Hwy. 281

EXHIBIT "B"

BID PAGE

HIDALGO COUNTY

"Printing Services & Related Supplies"

BID NO: 2016-240-12-07-SMA

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: GULF DATA PRODUCTS

ADDRESS: 810 E. HARRISON

CITY/STATE/ZIP CODE: HARLINGEN TX 78550

PHONE & FAX NO.'S: 800-825-5395 - 956-425-5535
FAX

CELLULAR PHONE: 956-802-7467

AUTHORIZED SIGNATURE: *Kevin Knipe*

PRINTED NAME: KEVIN KNIPE

TITLE: PRESIDENT

EMAIL: gulldata2@sbcglobal.net

OPENED
9.58.12-716

Witness:

CM

EXHIBIT “C”

INSURANCE REQUIREMENTS

EXHIBIT “C”

INSURANCE REQUIREMENTS

Page 9 of 9

C-16-240-03-07
Hidalgo County
General Printing Services and Related Supplies
E.A. Stone Inc., dba Gulf Data Products



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/13/2016

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 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).

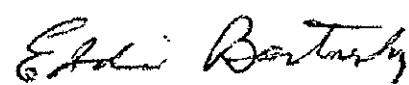
PRODUCER Connelly & Bartnesky Insurance Agency 1209 E. Harrison, Suite A PO Box 2839 Harlingen, TX 78550	CONTACT NAME: Eddie Bartnesky PHONE (A/C No, Ext): (956) 425-8821 FAX (A/C, No): (956) 425-0894 E-MAIL ADDRESS: eddie@connellybartnesky.com																				
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>Ohio Security Insurance Co</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Ohio Security Insurance Co		INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:	
INSURER(S) AFFORDING COVERAGE		NAIC #																			
INSURER A:	Ohio Security Insurance Co																				
INSURER B:																					
INSURER C:																					
INSURER D:																					
INSURER E:																					
INSURER F:																					
INSURED Gulf Data Products E.A. Stone Inc. 810 E Harrison Harlingen, TX 78550																					

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<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:			BZS56727269	05/28/2016	05/28/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input 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						COMBINED SINGLE LIMIT (Ea accident) \$ 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 DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER Hidalgo County 2802 S Business 281 Edingburg, TX 78539	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 
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/09/2017

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

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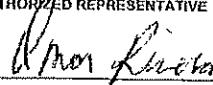
PRODUCER STATE FARM INSURANCE ROBERT ELIZALDE, AGENT 5107 S MCCOLL RD EDINBURG, TX 78539	CONTACT NAME: OMAR RIVERA	
	PHONE (A/C, No, Ext): 956-683-9800 FAX (A/C, No): 956-683-9810 E-MAIL ADDRESS: OMAR.RIVERA.KOTN@STATEFARM.COM	
INSURED RICHARD K. KANIPE GULF DATA PRODUCTS 1805 OAKS RD EDINBURG, TX 78539	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : State Farm Mutual Automobile Insurance Company	25178
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/PROP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			167 8540-C06-53A-001	03/06/2017	09/06/2017	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 500,000 BODILY INJURY (Per accident) \$ 500,000 PROPERTY DAMAGE (Per accident) \$ 500,000 \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTIONS						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below						WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
2016 TOYOTA HIGHLANDER 5TDYKRFH7GS182026

CERTIFICATE HOLDER HIDALGO COUNTY 2802 S BUSINESS HWY 281 EDINBURG, TX 78539	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 



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
4/19/2016

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PRODUCER RICK VILLARREAL INS AGENCY 2116 W University Dr Edinburg, TX 78539	CONTACT NAME: Elsa Gonzalez PHONE (A/C, No, Ext): (956) 383-7001 FAX (A/C, No): (956) 383-7009 E-MAIL ADDRESS: elsagonzalez@yahoo.com
	INSURER(S) AFFORDING COVERAGE
INSURED Gulf Data Products E.A. Stone Inc. 810 E Harrison Harlingen, TX 78550 956-421-5711	INSURER A: Farmers Truck Insurance Exchange
	INSURER B: Essex Insurance Company
	INSURER C:
	INSURER D:
	INSURER E:

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	GENERAL LIABILITY			TBA	06/01/15	06/01/16	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANYAUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS						\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> CLAIMS-MADE						\$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			A07076872	04/18/2016	04/18/2017	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				E.L. EACH ACCIDENT \$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

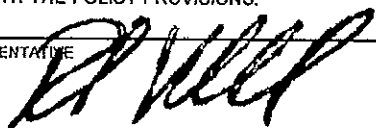
CERTIFICATE HOLDER Hidalgo County 2802 Business US 281 Edinburg, Tx 78539	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
---	---

EXHIBIT "C"
Insurance Requirements
PROJECT REQUIREMENTS
ACKNOWLEDGMENT

This is to certify that I, KEVIN KNUPE, 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.

Kevin Knupe

Authorized Signature

12-4-16

Date

GULF DATA PRODUCTS

Company

810 E. HARRISON

Address

HARLINGEN TX 78550

City, State, Zip

THIS FORM MUST ACCOMPANY BID PACKET

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.

Gulf Data Products
Harlingen, TX United States

Certificate Number:
2016-142756

Date Filed:
12/05/2016

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:

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.

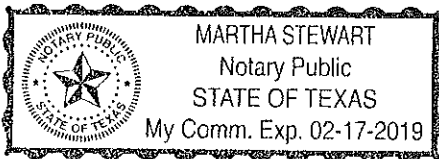
RFB: 2016-240-12-07-SMA
Printing Services and Related Supplies

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Kanipe, Kevin	Edinburg, TX United States	X	

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Kevin Kanipe

Signature of authorized agent of contracting business entity

Sworn to and subscribed before me, by the said Kevin Kanipe, this the 6 day of December, 2016, to certify which, witness my hand and seal of office.

Martha Stewart Martha Stewart New Accts Supervisor
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

Certificate Number:
2016-142756

Date Filed:
12/05/2016

Date Acknowledged:
02/10/2017

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Gulf Data Products
Harlingen, TX United States

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

Hidalgo County

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.

RFB: 2016-240-12-07-SMA
Printing Services and Related Supplies

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Kanipe, Kevin	Edinburg, TX United States	X	

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

CONFLICT OF INTEREST QUESTIONNAIRE
For vendor doing business with local governmental entity

FORM CIQ

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.
This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor 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 vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.
A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

OFFICE USE ONLY

Date Received

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

GULF DATA PRODUCTS

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 on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 Name of local government officer about whom the information is being disclosed.

PURCHASING DEPT.

Name of Officer

4 Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?

Yes No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?

Yes No

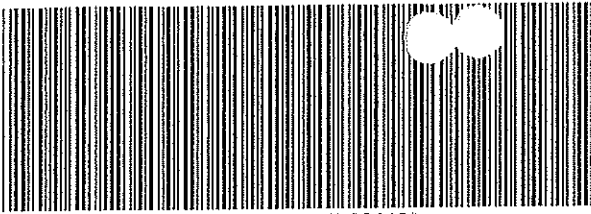
5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.

STRICTLY BUSINESS RELATIONSHIP - NO GOVERNMENT EMPLOYEE HAS ANY OWNERSHIP OR INTEREST.

6 Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7 Kevin Kanipe
Signature of vendor doing business with the governmental entity

12-4-16
Date



VG-120-2016-2768148

Hidalgo County
Arturo Guajardo Jr.
County Clerk
Edinburg, Texas 78540

Document No: 2768148

Billable Pages: 1

Recorded On: December 05, 2016 09:22 AM

Number of Pages: 2

*****Examined and Charged as Follows*****

Total Recording: 36.00

*****THIS PAGE IS PART OF THE DOCUMENT*****

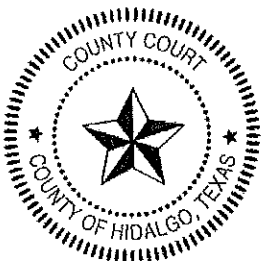
Any provision herein which restricts the Sale, Rental, or use of the described REAL PROPERTY because of color or race is invalid and unenforceable under federal law.

File Information:

Document No: 2768148
Receipt No: 20161205000054
Recorded On: December 05, 2016 09:22 AM
Deputy Clerk: Joey Eufrazio
Station: CH-1-CC-K14

Record and Return To:

Gulf Data Products
810 E Harrison
Original returned to customer
Harlingen TX 78550



STATE OF TEXAS
COUNTY OF HIDALGO

I hereby certify that this instrument was FILED in the File Number sequence on the date/time printed hereon, and was duly RECORDED in the Official Records of Hidalgo County, Texas.

Arturo Guajardo Jr.
County Clerk
Hidalgo County, Texas

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.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. E. A. STONE, INC.		
	2 Business name/disregarded entity name, if different from above GULF DATA PRODUCTS		
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) 810 E. HARRISON AVE		Requester's name and address (optional)
	6 City, state, and ZIP code HARLINGEN TX 78550		
	7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number																	
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7	4	-	2	4	0	4	5	6	7								

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶ 12-4-16
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
 Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.
- By signing the filled-out form, you:
1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
 2. Certify that you are not subject to backup withholding, or
 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



**HIDALGO COUNTY
PURCHASING DEPARTMENT
Bidder/Vendor Application**

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

Company Name: <u>E.A. STONE, INC</u> Telephone No. <u>(800) 825-5395</u>	
dba Name: <u>GULF DATA PRODUCTS</u>	
Legal Name:	
Mailing Address: <u>810 E. HARRISON</u> Fax No. <u>(956) 425-5535</u>	
Physical Address: <u>11 - 11</u>	
City, State, Zip <u>HARLINGEN TX 78550</u> Fed. I.D. No.	
Remit to Address: <u>SAME</u> City, State, Zip <u>SAME</u>	
E-Mail Address: <u>gulfdata2@sbcglobal.net</u>	
Representative(s) Name(s) & Title(s) <u>KEVIN KANIPE, PRESIDENT</u>	
Type of Organization (check one): <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other, Specify	
State Identification No. _____ (Please attached completed W-9 form with this application)	
Federal Identification No. or (if individual) SS No. _____	
State of Incorporation: <u>TEXAS</u> Date: <u>3/1/1986</u> Other:	
Type of Business (check one): <input type="checkbox"/> Manufacturer <input type="checkbox"/> Wholesaler <input type="checkbox"/> Retailer <input type="checkbox"/> Broker Distributor <input type="checkbox"/> Service Organization <input checked="" type="checkbox"/> Other, Specify <u>PRINTER</u>	
Name & Title of Person(s) Authorized to Sign Bids, Proposals, and/or Contracts: <u>KEVIN KANIPE, PRESIDENT</u>	
Small and/or Disadvantaged Business Information (check application criteria)	
Small Business: _____ Disadvantaged Business (At Least 51% Ownership)	
<input checked="" type="checkbox"/> Less than 125,000 annual gross receipt <input type="checkbox"/> Black American <input type="checkbox"/> Native American <input checked="" type="checkbox"/> Less than 250,000 annual gross receipt <input type="checkbox"/> Hispanic American <input type="checkbox"/> Women <input checked="" type="checkbox"/> Less than 499,000 annual gross receipt <input type="checkbox"/> Asian Pacific American <input type="checkbox"/> Other <input checked="" type="checkbox"/> More than 500,000 annual gross receipt	
Have you been certified as a HUB or an MBE/WBE source?: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Indicate Certification No.(s): _____ or are Certificate(s) attached?: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
What type of product(s) is/are solicited by your company?: <u>PRINTING & PROMOTIONAL PRODUCTS</u>	
Would you like to be provided with specifications for procurements of such products?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
To Be Completed by the County: Rec'd by (Purchasing): _____ Date Rec'd by (Purchasing): _____	
Date Forwarded Information to Auditor's Office: _____ Entry Date: _____ Vendor No.: _____	

(RETURN THIS PAGE WITH BID RESPONSE)

LEGAL NOTICE

Bid
for
HIDALGO COUNTY
(all funding sources, programs & entities)
"Printing Services and Related Supplies"
BID NO.: 2016-240-12-07-SMA

To: Martha L. Salazar, CPPB, Purchasing Agent
Physical Address: 2802 S. Business Hwy. 281 - 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: GULF DATA PRODUCTS
Address: 810 E. HARRISON - HARLINGEN TX 78550
By: Kevin Kanipe
Printed Name: KEVIN KANIPE
Title: PRESIDENT

EXHIBIT "C"
Insurance Requirements
Acknowledgment

I, KEVIN KANIPE
Kevin Kanipe, authorized representative for GULF DATA PRODUCTS
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.

Kevin Kanipe
Authorized Representative

12-4-16
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

SAMS SYSTEM

Search Mail Search Web Kevin Account Info Go

Inbox Contacts Notepad Calendar

Switch to the newest att.net Mail

Compose Delete Reply Reply All Forward Actions Apply Previous Next



Monday, December 5, 2016 11:47 AM S

[Empty] To: gulldata2@sbcglobal.net

[Empty] Full Headers Printable View

My Folders [Edit] [icon]

Archive

artwork

Notes

Synced Message...

MY SAM SEARCH RECORDS DATA ACCESS GENERAL INFO

45cfr part 76 Search

Entity Dashboard

- Entity Overview
- Entity Registration
 - Core Data
 - Assertions
 - Reps & Certs
 - POCs
- Reports
 - Service Contract Report
 - BioPreferred Report
- Exclusions
 - Active Exclusions
 - Inactive Exclusions
 - Excluded Family Members

E A Stone Inc
DUNS: 151725769
Status: Submitted
Expiration Date: Not Yet Assigned
Purpose of Registration: All Awards

Entity Overview

Entity Registration Summary

DUNS: 151725769
Name: E A Stone Inc
Doing Business As: Gulf Data Products
Business Type: Business or Organization
Last Updated By: Kevin Kanipe
Registration Status: Submitted
Registration is undergoing IRS TIN Matching. This averages two business days. If it takes longer than one week, contact the Federal Service Desk (www.fsd.gov).

Exclusion Summary

Active Exclusion Records? No

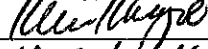
BACK TO USER DASHBOARD

Sent from my iPhone

**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: KEVIN KANPE
Title: PRESIDENT
Telephone Number: 800-825-5535
Date: 12-4-16

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