



Steven de la Garza <steven.delagarza@co.hidalgo.tx.us>

MHU Procurement

9 messages

Steven de la Garza <steven.delagarza@co.hidalgo.tx.us>
To: "Avila, Patricio" <patricio.avila@co.hidalgo.tx.us>

Mon, Mar 29, 2021 at 9:47 AM

Good Morning PR,

As per our conversation, the following is the information requested regarding our MHU bid.

Vendors Contacted

People's Manufactured Homes
315 U.S. 83 Frontage Rd. S.,
Alamo, TX 78596
(956) 781-4636
Sandra

A-1 Homes
604 N. Victoria Rd.
Donna, TX 78537
(956) 461-2130

Clayton Homes
3201 E. Expressway 83
Donna, TX 78537
(956) 464-3378
Nora

Vendors Who Picked Up Packet

Clayton Homes
3201 E. Expressway 83
Donna, TX 78537
(956) 464-3378
Nora

G & G Construction
711 E. Wisconsin Rd.
Edinburg, TX 78539
Irma

-Did not submit bid due to inability to provide/construct an MHU unit

--

Steve de la Garza
Housing Division Manager
1916 Tesoro St.
Pharr, TX 78577
(956)787-8127

<https://www.hidalgocounty.us/618/Urban-County>

P.R. Avila <patricio.avila@co.hidalgo.tx.us>
To: "salazar, martha" <martha.salazar@co.hidalgo.tx.us>
Cc: "delagarza, steven" <steven.delagarza@co.hidalgo.tx.us>

Mon, Apr 5, 2021 at 4:16 PM

Mrs. Salazar,

As per our conversation, below you will see the vendors who picked up bid packages/documents and one who did not bid due to he/she was not able to provide services. Will this information suffice and can we award via Commissioners Court to the one and only bidder? Please advise.

Thank you,

P.R. Avila II
Director

Hidalgo County - Urban County Program

1916 Tesoro St.
Pharr, TX 78577

Telephone: (956) 787-8127



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Martha Salazar <martha.salazar@co.hidalgo.tx.us>

Tue, Apr 6, 2021 at 11:13 AM

To: "P.R. Avila" <patricio.avila@co.hidalgo.tx.us>

Cc: "delagarza, steven" <steven.delagarza@co.hidalgo.tx.us>, "trevino, dina" <dina.trevino@co.hidalgo.tx.us>, "roque, betsy" <betsy.roque@co.hidalgo.tx.us>

Mr. Avila:

I see that you contacted vendors but only one response is noted. What was the response by the other vendors called. You need that in writing to defend your sole bid.

Thanks,

Martha L. Salazar

Hidalgo County Purchasing Director

2802 S. Business Hwy 281 | Edinburg, TX 78539

[Quoted text hidden]

Steven de la Garza <steven.delagarza@co.hidalgo.tx.us>

Mon, Apr 12, 2021 at 8:57 AM

To: Martha Salazar <martha.salazar@co.hidalgo.tx.us>

Cc: "P.R. Avila" <patricio.avila@co.hidalgo.tx.us>, "trevino, dina" <dina.trevino@co.hidalgo.tx.us>, "roque, betsy" <betsy.roque@co.hidalgo.tx.us>

Good Morning Mrs. Salazar,

So the MHU bid included the purchase of an MHU, demolition of the existing MHU (grant/program funds requirement), delivery/set-up of the MHU and the utility connections (electrical, sewer, gas and water). Communication with vendors revealed the inability to meet all the required processes and/or a lack of capacity to fill-out the bid. We also asked those non responsive vendors if our office could get their response for not bidding in writing, to no avail. As a result, maybe we should re-bid, your thoughts?

[Quoted text hidden]

steven.delagarza@co.hidalgo.tx.us <steven.delagarza@co.hidalgo.tx.us>

Mon, Apr 12, 2021 at 8:57 AM

To: patricio.avila@co.hidalgo.tx.us, patricio.avila@co.hidalgo.tx.us

Your message

To: patricio.avila@co.hidalgo.tx.us
Subject: Fwd: MHU Procurement
Sent: 4/5/21, 4:16:00 PM EST

was read on 4/12/21, 8:57:45 AM EST

Martha Salazar <martha.salazar@co.hidalgo.tx.us> Mon, Apr 12, 2021 at 9:04 AM
To: Steven de la Garza <steven.delagarza@co.hidalgo.tx.us>
Cc: "P.R. Avila" <patricio.avila@co.hidalgo.tx.us>, "trevino, dina" <dina.trevino@co.hidalgo.tx.us>, "roque, betsy" <betsy.roque@co.hidalgo.tx.us>

GM, Steven:
Just one more clarification. How much is the sole bid?

Thanks,
Martha L. Salazar
Hidalgo County Purchasing Director
[2802 S. Business Hwy 281 | Edinburg, TX 78539](https://www.hidalgo-county.com/2802-S-Business-Hwy-281-Edinburg-TX-78539)

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Steven de la Garza <steven.delagarza@co.hidalgo.tx.us> Mon, Apr 12, 2021 at 9:24 AM
To: Martha Salazar <martha.salazar@co.hidalgo.tx.us>
Cc: "P.R. Avila" <patricio.avila@co.hidalgo.tx.us>, "trevino, dina" <dina.trevino@co.hidalgo.tx.us>, "roque, betsy" <betsy.roque@co.hidalgo.tx.us>

Our bid included the quotes for the following MHU specs.:

- 1) 2 bedroom 1 bath;
- 2) 3 bedroom 1 bath;
- 3) 3 bedroom 2 bath; and
- 4) 4 bedroom 2 bath

The sole bid from Clayton Homes was as follows:

- 1) 2 bedroom 1 bath - \$ 64,490;
- 2) 3 bedroom 1 bath - \$ 73,190;
- 3) 3 bedroom 2 bath - \$ 99,190; and
- 4) 4 bedroom 2 bath - \$101,190

At the end of the day, we will be awarding (2) MHU 2 bedroom 1 bath units.

Note - we asked for 3 and 4 bedroom unit bids because our office will be in need of several MHUs in the next few weeks/months and given the fluctuations in housing costs (due to COVID) our office was interested in knowing current pricing for future budgeting purposes. Also, as a result of the fluctuations in pricing, vendors have been stipulating that they will only honor their bids for a couple of weeks.

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Martha Salazar <martha.salazar@co.hidalgo.tx.us> Mon, Apr 12, 2021 at 9:44 AM
To: Steven de la Garza <steven.delagarza@co.hidalgo.tx.us>
Cc: "P.R. Avila" <patricio.avila@co.hidalgo.tx.us>, "trevino, dina" <dina.trevino@co.hidalgo.tx.us>, "roque, betsy" <betsy.roque@co.hidalgo.tx.us>

My opinion is that as long as you have the supporting documentation, you should proceed to award.

Thanks,

Martha L. Salazar
Hidalgo County Purchasing Director
2802 S. Business Hwy 281 | Edinburg, TX 78539

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Steven de la Garza <steven.delagarza@co.hidalgo.tx.us>

Mon, Apr 12, 2021 at 9:49 AM

To: Martha Salazar <martha.salazar@co.hidalgo.tx.us>

Cc: "P.R. Avila" <patricio.avila@co.hidalgo.tx.us>, "trevino, dina" <dina.trevino@co.hidalgo.tx.us>, "roque, betsy" <betsy.roque@co.hidalgo.tx.us>

Thank you for your prompt response and assistance.

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HIDALGO COUNTY PURCHASING DEPARTMENT

PROPOSAL TABULATION SHEET

DEPARTMENT NAME: COUNTY OF HIDALGO COUNTY URBAN COUNTY PROGRAM

BID OPENING DATE: MARCH, 24 2021 BID OPENING TIME: 9:30 A.M.

"PROPOSALS ON HOUSING REHABILITATION GRANT # M-19-UC-48-0501-EG-006". REQUEST FOR PROPOSALS (RFP) SEEKING INDIVIDUAL RETAILERS WITH OFF THE LOT TWO (2) THREE (3) AND FOUR (4) BEDROOM MANUFACTURED HOUSING UNITS (MHUs) WITH DIMENSIONS UP TO 16' x 72'.

GRANT # M-19-UC-48-0501-EG-006

VENDORS							
Clayton Homes	\$101,190	1 bedroom 4 bedroom ✓					
Clayton Homes	\$99,190	3 bedroom 2 bath					
Clayton Homes	\$64,490	2 bedroom 1 bath ✓					
Clayton Homes	\$73,190	3 bedrooms ✓					

64,490.00 +
64,490.00 +
128,980.00 G+

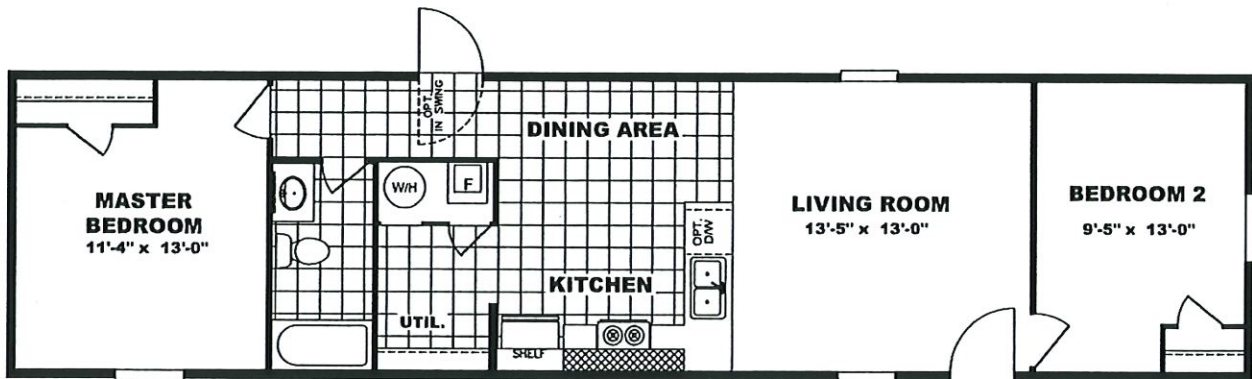
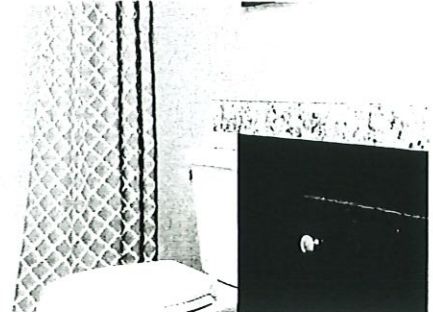
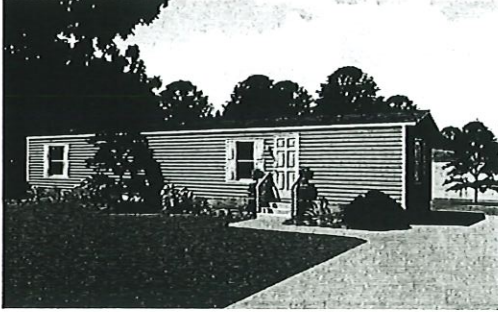


BLISS

97TRS14562AH

2 beds • 1 bath

765 sq. ft



(956) 464-3379

Monday - Friday: 9am - 5:30pm

Saturday: 9am - 5pm Sunday: Closed

CLAYTON HOMES-DONNA

3201 E EXPRESSWAY 83

DONNA, TX 78537

Our home building facilities invest in continuous product and process improvements. Plans, dimensions, features, materials, specifications, and availability are subject to change without notice or obligation. Renderings and floor plans are representative likenesses of our homes and many differ from actual homes. We invite you to tour a Home Center near you and inspect the highest value in quality housing available or call (865) 688-6110 to speak with a Home Consultant. ©2021, CMH. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/24/2020

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 REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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

PRODUCER Willis Towers Watson Southeast, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: Willis Towers Watson Certificate Center PHONE (A/C, No, Ext): 1-877-945-7378 E-MAIL ADDRESS: certificates@willis.com		FAX (A/C, No): 1-888-467-2378
	INSURER(S) AFFORDING COVERAGE		
INSURED CMH Homes, Inc. P.O. Box 9790 Maryville, TN 37802	INSURER A: Greenwich Insurance Company		NAIC # 22322
	INSURER B: Indian Harbor Insurance Company		36940
	INSURER C: XL Insurance America Inc		24554
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES

CERTIFICATE NUMBER: W16916576

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	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			RGD943728114	07/01/2020	07/01/2021	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMPI/OP AGG \$ 4,000,000	
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			RAD943728214	07/01/2020	07/01/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			SUM005450701	07/01/2020	07/01/2021	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	No	N/A	RWD943519214	07/01/2020	07/01/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,250,000 E.L. DISEASE - EA EMPLOYEE \$ 1,250,000 E.L. DISEASE - POLICY LIMIT \$ 1,250,000
C	Workers Compensation and Employers Liability Per Statute				RWR943525412	07/01/2020	07/01/2021	E.L. Each Accident \$1,000,000 E.L. Disease - EA Emp \$1,000,000 E.L. Disease - Pol Lmt \$1,000,000

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

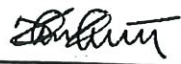
CERTIFICATE HOLDER

CANCELLATION

Evidence of Coverage

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 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:
 2021-743145

Date Filed:
 04/26/2021

Date Acknowledged:

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

CMH HOMES INC
 DONNA, 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-URBAN COUNTY PROGRAM

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.

M-19-UC-48-0501-EG-006
 DEMOLITION AND REPLACEMENT OF 2 MANUFACTURED HOUSING UNITS

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	CMH HOMES INC	DONNA, TX United States	X	

5 Check only if there is NO Interested Party.

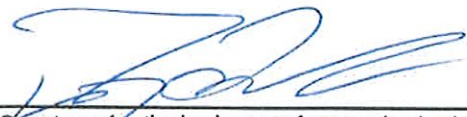
6 UNSWORN DECLARATION

My name is Doug Fowler, and my date of birth is 12/06/1952.

My address is 2700 Bluebonnett Ln, Mission, TX, 78593, U.S.
(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 TX, on the 26th day of April, 2021.
(month) (year)



 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

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

CMH HOMES INC
 DONNA, TX United States

Certificate Number:
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Date Filed:
 04/26/2021

Date Acknowledged:
 04/26/2021

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HIDALGO COUNTY-URBAN COUNTY PROGRAM

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.

M-19-UC-48-0501-EG-006
 DEMOLITION AND REPLACEMENT OF 2 MANUFACTURED HOUSING UNITS

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