

**COUNTY OF HIDALGO - URBAN COUNTY PROGRAM  
Price Quotation Form**

Price Quotation Form must be submitted to Urban County for pre-approval prior to the purchase. Use additional forms as needed.

**VENDOR #1** Name: Bauhaus Interiors Group Person Contacted: Leo  
Phone #: 1-214-744-5500 ext. 227

Item #	Description of Items	Quantity	Price Per unit	Total Amount
1	9811 HAG Conventio Wing Chair- Clay/Blk	15	178.13	2,671.95
2	9811 HAG Conventio Wing Chair- White/Blk	15	178.13	2,671.95
3	Trolley	2	269.87	539.74
4	Labor- Delivery/Installation	1	1,364.29	1,364.29
5	Project Management Services	2	60.00	120.00
6				
<b>TOTAL:</b>				<b>7,367.93</b>


**VENDOR #2** Name: Office Relief Ergonomic Expert Person Contacted: Eric Johnson  
Phone #: 1-877-919-1190

Item #	Description of Items	Quantity	Price Per unit	Total Amount
1	9811 HAG Conventio Wing Conference Chair	30	189.00	5,670.00
2	Wing CLAY HAG Back shell color - CLAY			
3	Wing WHITE HAG Back shell color - WHITE			
4	Alesccart- Alera Stacking Chair Doly	3	101.29	303.87
5	*Priced 3 Chair Doly to compensate for size			
6	Shipping and Handling	1	830.00	830.00
<b>TOTAL:</b>				<b>6,803.87</b>

**VENDOR #3** Name: Texas Wilson Person Contacted: Gloria Rivas  
Phone #: 1-210-647-8800

Item #	Description of Items	Quantity	Price Per unit	Total Amount
1	9811 Wing 9811 Clay Aluminum Black Carpet Glider	15	190.86	2,862.90
2	9811 Wing 9811 White Aluminum Black Carpet Glider	15	190.86	2,862.90
3	Trolley Cart 15 High	2	289.14	578.28
4	Installation & Delivery	1	225.00	225.00
5				
6				
<b>TOTAL:</b>				<b>6,529.08</b>

Recommendation: Recommendation - Texas Wilson

Requested by:  UCP Assistant  
(USE BLUE INK) Date \_\_\_\_\_ Director Approval: \_\_\_\_\_  
(USE BLUE INK) Date \_\_\_\_\_



texaswilson.com  
 6812 fairgrounds pkwy  
 san antonio, texas 78238  
 p :: 210.647.8800  
 f :: 210.647.3110

**Quotation 142120**  
**Quote Date** 08/31/21  
**Customer** CITY65  
**Terms** PER CUSTOMER PO  
**Account Representative** GLORIA RIVAS

**Quote To**

Marisol Vidales  
 City of Mercedes  
 400 S OHIO AVE  
 Mercedes TX 78570-3120

**Ship To**

Marisol Vidales  
 Dr. Hector P. Garcia Memorial Library  
 434 S Ohio Ave  
 Mercedes TX 78570-3120

Phone +1 (956) 565-2371

Phone +1 (956) 565-2371

UPDATED PRICING- HAG Seating 2021

**\*\* Open Market Pricing**

Lead-time will be 12-14 weeks from order

This proposal is being submitted during the current COVID-19 pandemic. The schedule in the proposal is based upon availability of resources both at Texas Wilson and from vendor suppliers that are subject to change. Texas Wilson will work with you during this time to communicate any schedule or other changes required due to these extenuating circumstances.

Description	Quantity	Unit Price	Extended Price
1 9811 - Wing 9811 Clay clay Plast PL115 aluminium Black AC01 carpet glider. FLOKK	15	190.86	2,862.90
2 9811 - Wing 9811 White white plast PL105 aluminium Black AC011 carpet glider FLOKK	15	190.86	2,862.90
3 TROLLEY - Trolley Cart, 15 high FLOKK	2	289.14	578.28
4 INSTALLATION - Delivery and Installation is quoted to be done in one phase. Installation site is to be free and clear of debris and any trades. If site has a loading dock and/or freight elevator, customer shall provide exclusive access during unloading. Access to the building is to be no more than 40' from Texas Wilson's delivery truck. All cabling and electrical hook ups are to be provided by the customer. Anything	1	225.00	225.00

I acknowledge that I have read and accepted this contract and the complete conditions of sale.

ACCEPTED BY

TITLE

DATE



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**Quotation 142120**  
Page 2 / 3 (cont'd)

Description	Quantity	Unit Price	Extended Price
4 outside the scope of work may result in additional labor fees. TEXAS			
<b>Quotation Totals</b>			
<b>Sub Total</b>			6,529.08
TEXAS NON-TAXABLE			0.00
<b>Grand Total</b>			<b>6,529.08</b>

End of Quotation

I acknowledge that I have read and accepted this contract and the complete conditions of sale.

ACCEPTED BY

TITLE

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**UNIFORM CONDITIONS OF SALE**

05/01/19 #104A

1. Prices quoted are valid for a period of thirty days (30) unless otherwise indicated.
2. Payments are due upon receipt. Customer agrees to pay Texas Wilson in full for any portion of the merchandise Customer has received. Merchandise held in Texas Wilson's warehouse over 25 days will be invoiced to the Customer.
3. TexasWilson has the ability to charge interest on any past due invoice amounts at the highest rate permitted by applicable law. In the event that Texas Wilson retains legal counsel to collect any past-due payments, customer agrees to pay reasonable legal or collection fees, plus court costs and other disbursements required for the collection of past-due debt of Customer.
4. A customer representative must be present at time of delivery of goods to sign for and acknowledge count and condition of the merchandise being delivered. After delivery of merchandise all risk of loss or damage shall pass to the customer, including, but not limited to any loss or damage by weather, other trades, other person, customer, fire or other elements. The customer agrees to hold Texas Wilson harmless from loss for any and all reasons.
5. Orders may not be canceled once the manufacturer receives the order unless said manufacturer(s) agrees in writing to accept the cancellation.
6. Texas Wilson continually expedites orders and has influence with manufacturers' delivery schedules, however, we shall not be responsible for manufacturers' lead-times or freight companies' delivery time and shall not be liable for any failure delay or interruption in performance caused by strikes, fires, shortages of labor or materials, or any other cause beyond our control. The Customer cannot cancel any order due to lead-time or delayed delivery unless we receive written authorization from the manufacturer.
7. Merchandise may not be returned for refund of purchase price, credit or replacement except upon the specific written approval of Texas Wilson.
8. Texas Wilson is not liable for any failure, delay or interruption in the performance of this contract, which may result due to causes beyond our control. Delays beyond our control shall not release the customer from their obligations to accept and pay for the merchandise.
9. Pricing for orders is based on shipping product direct to the location designated by the customer where it will be unloaded and installed by Texas Wilson, unless otherwise specified. If the product is diverted to Texas Wilson's warehouse, the cost of the additional handling may be passed on to the customer.
10. If a Customer is not ready to receive or accept the merchandise upon its arrival from the manufacturer, Texas Wilson will store it for a fee of 85 cents per square foot per month or portion thereof. The charge per square foot may be subject to change.
11. Installation, if applicable, will be performed during Texas Wilson's regular (non holiday) business hours and business days. If installation is required outside of these times, the Customer shall be required to pay Texas Wilson additional charges for this work.
12. Texas Wilson accepts no responsibility for the accuracy or practicality thereof, if the products and quantities are specified or inventoried by others.
13. All responsibilities involving medications of the building structure or electrical connection, which incorporates product specified herein, shall be borne by the Customer.
14. All new merchandise sold by Texas Wilson is warranted per manufacturer's stated warranty. If the merchandise is defective due to workmanship or material, Texas Wilson will either repair or replace the merchandise. The Customer must promptly notify Texas Wilson in writing of any claim with respect to defects in the merchandise by specifically noting the alleged defect in the merchandise and affording Texas Wilson and the manufacturer a reasonable opportunity to examine the merchandise and investigate the alleged defect. Under no circumstance shall Texas Wilson be liable for damage beyond the Purchase Price paid by Buyer for such defective merchandise.
15. Texas Wilson will warrant their shop services for a period of 12 months from date of delivery.
16. Texas Wilson carries all insurance coverage common to and considered necessary for the operation of a multi-line office furniture dealership. Certificates of insurance will be provided upon request prior to contract. Should any additional insurance and /or bid bond coverage be required, cost of such coverage will be invoiced to the customer as a separate charge. Said cost of additional insurance is in no way included in the pricing on our proposals.
17. Title to and ownership of all merchandise is and shall remain in Texas Wilson's name, notwithstanding delivery or possession of the customer, until the entire invoice is paid in full.
18. This agreement shall be governed in accordance with the laws of the State of Texas.
19. This agreement contains all the forms, provisions, conditions and warranties of the purchase agreement and no extension, modification, amendment or assignment of this agreement shall be valid unless approved in writing by an officer of Texas Wilson.
20. The Uniform Conditions of Sale are subject to change at any time at the discretion of Texas Wilson Office Furniture & Services.
21. Credit card transactions will incur a 3% buyer convince fee.

This is to certify that I have read and hereby agree to the Uniform Condition of Sale as stated in this document.

SELLER: TEXAS WILSON

Signature: \_\_\_\_\_

BUYER: \_\_\_\_\_

(Please Print Name): \_\_\_\_\_

Date: \_\_\_\_\_

(Please Print Title): \_\_\_\_\_

I acknowledge that I have read and accepted this contract and the complete conditions of sale.

ACCEPTED BY

TITLE

DATE



texaswilson.com  
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Quote Date 07/28/21  
Customer CITY65  
Terms PER CUSTOMER PO  
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400 S OHIO AVE  
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**Quotation Totals**

Sub Total

6,529.08

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Quotation 142120  
Page 2 / 3 (cont'd)

TEXAS NON-TAXABLE	0.00
<b>Grand Total</b>	<b>6,529.08</b>

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15. Texas Wilson will warrant their shop services for a period of 12 months from date of delivery.
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SELLER: TEXAS WILSON

Signature: \_\_\_\_\_

BUYER: \_\_\_\_\_

(Please Print Name): \_\_\_\_\_

Date: \_\_\_\_\_

(Please Print Title): \_\_\_\_\_

I acknowledge that I have read and accepted this contract and the complete conditions of sale.

ACCEPTED BY

TITLE

DATE

\_\_\_\_\_

# 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:  
2021-796206

Date Filed:  
08/27/2021

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.  
TEXAS WILSON  
SAN ANTONIO, 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.  
DR HECTOR P GARCIA MEMORIAL LI  
LIBRARY FURNISHINGS

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	LUNA, MICHAEL	SAN ANTONIO, TX United States	X	

5 Check only if there is NO Interested Party.

### 6 UNSWORN DECLARATION

My name is MICHAEL T. LUNA, and my date of birth is MAY 17, 1962.

My address is 12406 WINDING BRANCH, SAN ANTONIO, TX, 78230, USA.  
(street) (city) (state) (zip code) (country)

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

Executed in Bexar County, State of Texas, on the 20th day of August, 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.

TEXAS WILSON  
SAN ANTONIO, TX United States

Certificate Number:  
2021-796206

Date Filed:  
08/27/2021

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

Date Acknowledged:  
08/30/2021

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.

DR HECTOR P GARCIA MEMORIAL LI  
LIBRARY FURNISHINGS

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

# Request for Taxpayer Identification Number and Certification

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

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**THE CAPROCK GROUP, LLC**

2 Business name/disregarded entity name, if different from above  
**TEXAS WILSON**

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor or single-member LLC

C Corporation

S Corporation

Partnership

Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ S

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

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) \_\_\_\_\_

*(Applies to accounts maintained outside the U.S.)*

5 Address (number, street, and apt. or suite no.) See instructions.  
**6812 FAIRGROUNDS PARKWAY**

6 City, state, and ZIP code  
**SAN ANTONIO, TEXAS 78238**

7 List account number(s) here (optional)

Requester's name and address (optional)

**Part I Taxpayer Identification Number (TIN)**

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

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

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

or

Employer identification number

0	4	-	3	7	5	5	1	1	0
---	---	---	---	---	---	---	---	---	---

**Part II Certification**

Under penalties of perjury, I certify that:

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

Sign Here

Signature of U.S. person ▶ 

Date ▶ Jan 6, 2020

## General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## 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, later.

# DEBARMENT CERTIFICATION CHECKLIST

VENDOR/AGENCY NAME: Texas Wilson

UNIQUE IDENTIFYING NUMBER: J2MCDGLXKWM7

DATE VERIFIED ON SAM.GOV: 8/31/21

EXCLUSIONS: \_\_\_\_\_ YES  NO

NAME OF UCP COORDINATOR: Sandra Regalado

PRINT VERIFICATION REPORT AND ATTACH:  YES \_\_\_\_\_ NO

ASSISTANT DIRECTOR APPROVAL: PR Co  
for

DATE SUBMITTED TO FINANCE: 8/31/2021

FINANCE MANAGER ACCEPTANCE: Nellie. King

# CAPROCK GROUP, LLC, THE

DUNS Unique Entity ID 134075972	SAM Unique Entity ID J2MCDGLXKWM7	CAGE / NCAGE 4HN39
Purpose of Registration All Awards	Expiration Date Jul 26, 2022	Registration Status Active
Physical Address 6812 Fairgrounds PKWY San Antonio, Texas 78238-4536 United States	Mailing Address 6812 Fairgrounds Parkway San Antonio, Texas 78238-4536 United States	

## Business Information

Doing Business as Texas Wilson	Division Name (blank)	Division Number (blank)
Congressional District Texas 20	State / Country of Incorporation Texas / United States	URL <a href="https://www.texaswilson.com/">https://www.texaswilson.com/</a>

## Registration Dates

Activation Date Jul 28, 2021	Submission Date Jul 26, 2021	Initial Registration Date Aug 16, 2006
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## Entity Dates

Entity Start Date Apr 28, 2003	Fiscal Year End Close Date Dec 31
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## Immediate Owner

CAGE (blank)	Legal Business Name (blank)
-----------------	--------------------------------

## Highest Level Owner

CAGE (blank)	Legal Business Name (blank)
-----------------	--------------------------------

## Executive Compensation

Registrants in the System for Award Management (SAM) respond to the Executive Compensation questions in accordance with Section 6202 of P.L. 110-252, amending the Federal Funding Accountability and Transparency Act (P.L. 109-282). This information is not displayed in SAM. It is sent to USAspending.gov for display in association with an eligible award. Maintaining an active registration in SAM demonstrates the registrant responded to the questions.

## Proceedings Questions

Registrants in the System for Award Management (SAM) respond to proceedings questions in accordance with FAR 52.209-7, FAR 52.209-9, or 2.C.F.R. 200 Appendix XII. Their responses are not displayed in SAM. They are sent to FAPIIS.gov for display as applicable. Maintaining an active registration in SAM demonstrates the registrant responded to the proceedings questions.

## SAM Search Authorization

I authorize my entity's non-sensitive information to be displayed in SAM public search results:  
Yes

## Entity Types

### Business Types

Entity Structure Partnership or Limited Liability Partnership	Entity Type Business or Organization	Organization Factors Limited Liability Company
Profit Structure For Profit Organization		

### Socio-Economic Types

Minority Owned Business  
Hispanic American Owned  
Entrance Date: Currently Not Available



[Download](#) [Follow](#)

<b>Entity Registration</b>
<b>Core Data</b>
Business Information
Entity Types
Financial Information
Points of Contact
Assertions
Reps and Certs
Exclusions
Responsibility / Qualification

### CAPROCK GROUP, LLC, THE

**DUNS** Unique Entity ID  
134075972

**SAM** Unique Entity ID  
J2MCDGLXKWM7

CAGE/NCAGE  
4HN39

Expiration Date	Registration Status
Jul 26, 2022	Active

Purpose of Registration  
All Awards

Physical Address  
6812 Fairgrounds PKWY  
San Antonio, Texas  
78238-4536, United States

Mailing Address  
6812 Fairgrounds Parkway  
San Antonio, Texas  
78238-4536, United States

\*The DUNS number is currently the official Unique Entity ID

#### Version

Current Record

### BUSINESS INFORMATION

Doing Business As  
Texas Wilson

URL  
<https://www.texaswilson.com/>

State / Country of Incorporation  
Texas, United States

Division Name  
(blank)

Division Number

(blank)

Congressional District  
Texas 20

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### Registration Dates

Activation Date  
Jul 28, 2021

Submission Date  
Jul 26, 2021

Initial Registration Date  
Aug 16, 2006

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### Entity Dates

Entity Start Date  
Apr 28, 2003

Fiscal Year End Close Date  
Dec 31

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### Immediate Owner

CAGE  
(blank)

Legal Business Name  
(blank)

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### Highest Level Owner

CAGE  
(blank)

Legal Business Name  
(blank)

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### Executive Compensation

Registrants in the System for Award Management (SAM) respond to the Executive Compensation questions in accordance with Section 6202 of P.L. 110-252, amending the Federal Funding Accountability and Transparency Act (P.L. 109-282). This information is not displayed in SAM. It is sent to USAspending.gov for display in association with an eligible award. Maintaining an active registration in SAM demonstrates the registrant responded to the questions.

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### Proceedings Questions

Registrants in the System for Award Management (SAM) respond to proceedings questions in accordance with FAR 52.209-7, FAR 52.209-9, or 2.C.F.R. 200 Appendix XII. Their responses are not displayed in SAM. They are sent to FAPIIS.gov for display as applicable. Maintaining an active registration in SAM demonstrates the registrant responded to the proceedings questions.

## SAM Search Authorization

I authorize my entity's non-sensitive information to be displayed in SAM public search results:

Yes

## ENTITY TYPES

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### Business Types

Entity Structure  
Partnership or Limited Liability Partnership

Organization Factors  
Limited Liability Company

Entity Type  
Business or Organization

Profit Structure  
For Profit Organization

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### Socio-Economic Types

Minority Owned Business, Hispanic American Owned

Check the registrant's Reqs & Certs, if present, under FAR 52.212-3 or FAR 52.219-1 to determine if the entity is an SBA-certified HUBZone small business concern. Additional small business information may be found in the SBA's Dynamic Small Business Search if the entity completed the SBA supplemental pages during registration.

## FINANCIAL INFORMATION

Accepts Credit Card Payments  
Yes

Debt Subject To Offset ([What is this?](#))  
No

### Account Details

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EFT Indicator  
0000

CAGE Code  
4HN39

## POINTS OF CONTACT

### Electronic Business

 John Walvoord, Controller

6812 Fairgrounds Parkway  
San Antonio, Texas 78238  
United States

### Government Business

 Jennie Mayes, GSA SALES

6812 Fairgrounds Parkway  
San Antonio, Texas 78238  
United States

### Past Performance

 Tammy Poe

6812 Fairgrounds Parkway  
San Antonio, Texas 78238  
United States



### Feedback

#### Our Website

[About This Site](#)  
[Our Community](#)  
[Release Notes](#)  
[System Alerts](#)

#### Policies

[Privacy Policy](#)  
[Disclaimers](#)  
[Freedom of Information Act](#)  
[Accessibility](#)

#### Our Partners

[Acquisition.gov](#)  
[USASpending.gov](#)  
[Grants.gov](#)  
[More Partners](#)

#### Customer Service

[Help](#)  
[Check Registration](#)  
[Federal Service Desk](#)  
[External Resources](#)  
[Contact](#)



This is a U.S. General Services Administration Federal Government computer system that is "FOR OFFICIAL USE ONLY." This system is subject to monitoring. Individuals found performing unauthorized activities are subject to disciplinary action including criminal prosecution.



# Quotation

**Bill-To-Party**

 Dr. Hector P. Garcia Memorial Library  
 434 S. Ohio Ave  
 Mercedes TX 78570

**Ship-To-Party**

 Dr. Hector P. Garcia Memorial Library  
 434 S. Ohio Ave  
 Mercedes TX 78570

**Information**

<b>Quotation</b>	20114495
<b>Quotation Date</b>	08/24/2021
<b>Purchase Order #</b>	Michelle Muniz
<b>Terms of Payment</b>	Net due in 30 days
<b>Customer No.</b>	43444
<b>Sales Person</b>	Eric Johnson

**Order Notes:**

Item	Material/Description	Quantity	Unit Price	Amount
10	9811 HAG Conventio Wing Conference Chair Features: - Integrated rocking mechanism - Lightweight materials - Wing-shaped back - Simple maintenance - Stackable up to 15 chairs - Self-stabilizing on uneven ground Seat height: 16.93" Back height: 14.96" Seat dimensions: 16.54"D x 16.93"W	30 EA	189.00	5,670.00
20	WING-CLAY HAG Back Shell Color, Clay	15 EA	0.00	
30	WING-WHITE HAG Wing Back Shell Color, White	15 EA	0.00	
40	ALESCCART Alera Stacking Chair Dolly Features: - Conveniently transport stacking chairs. - Accommodates up to 12 chairs. - Durable steel construction. - Four 2" casters for mobility. Dimensions: 22.44"W x 22.44"D x 3.93"H Color: Black	3 EA	109.11	327.33
50	HC-LABOR Snap Install Product Audit, Per Unit Features: - Work can be completed during regular business hours (8AM-5PM, M-F) - Product will be in place/mounted prior to Snap's arrival - A minimum of (4) units serviced, per trip to site - No allowances have been made for waiting time, down time, de-merchandising, or retrofitting due to site conditions; a change order may result should any of	1 EA	2,268.75	2,268.75

these circumstances  
occur

- Anything outside of the above scope of work/assumptions will need to be re-quoted
- If job is canceled or rescheduled within 24-hours, may result in additional fee

**Sidemark:****Address:**

Dr. Hector P. Garcia Memorial Library  
434 S. Ohio Ave  
Mercedes TX 78570

**Contact:**

Michelle Muniz  
Phone: (956) 565-2371  
mmuniz@cityofmercedes.com

**Scope of Work:**

Snap Technician to install (30) Model#:  
9811, HAG Conventio Wing Conference Chair  
and (3) Model#:  
ALESCCART, Alera Stacking Chair Dolly.  
Place any debris and dispose of it at an on  
site dumpster.

**PRODUCT:**

(30) MODEL #9811 CHAIR INSTALL  
(3) ALERA STACKING CHAIR DOLLY  
\*PRODUCT TO SHIP TO Dr. Hector P. Garcia  
Memorial Library

**Scope Of Work Assumptions:**

- Work can be completed during regular business hours (8AM-5PM, M-F)
- Product will be on site prior to Snap's arrival
- All product will be staged in the correct rooms or floors for assembly
- Once installed, Snap will not relocate product to another floor/office in the building
- No allowances have been made for waiting time, down time, de-merchandising, or retrofitting due to site conditions; a change order may result should any of these circumstances occur.
- Anything outside of the above scope of work/assumptions will need to be re-quoted.
- Debris will be broken down and disposed of by our team on site
- Cancellations within 48 hours incur a cost up to 25% of the quote



516 MCCORMICK Street  
San Leandro, CA 94577  
Phone: (877) 919-1190

Federal ID: 94-3352983  
customer@officerelief.com

# Quotation

<b>Subtotal</b>	8,266.08
<b>Shipping &amp; Handling</b>	830.00
<b>Sales Tax</b>	0.00
<b>Total Amount (USD)</b>	9,096.08



1645 Stemmons Freeway, Suite A  
 Dallas, Texas 75207  
 t. 214.744.5500 f. 214.744.5503  
 www.bauhausinteriors.com

PROPOSAL 69577  
 DATE 07/23/21  
 PROJECT #31-149

PROPOSAL FOR:  
 CITY OF MERCEDES  
  
 434 S OHIO AVE  
 MERCEDES TX 78570

INSTALL AT:  
 CITY OF MERCEDES  
  
 434 S OHIO AVE  
 MERCEDES TX 78570

SALESPERSON:  
 LEO - 2019

CUSTOMER P/O:

QUOTE VALID  
 07/29/21

#	QTY	PRODUCT	DESCRIPTION	SELL	EXTENDED
			PROPOSAL FOR: CITY OF MERCEDES LIBRARY CHAIRS AND DOLLIES		
1	15	9811	HAG CONVENTIO WING CHAIR  POLY FINISH: CLAY PLAST ALUMINUM FINISH: BLACK	178.13	2,671.95
2	15	9811	HAG CONVENTIO WING CHAIR  POLY FINISH: WHITE PLAST ALUMINUM FINISH: BLACK	178.13	2,671.95
3	2	TROLLEY	TROLLEY	269.87	539.74
4	1	RT LABOR	LABOR TO RECEIVE AND INSTALL: (30) CHAIRS AND (2) DOLLIES.	1,364.29	1,364.29

DURING NORMAL BUSINESS  
 HOURS  
 MONDAY - FRIDAY  
 8AM - 5PM

LABOR PRICING ASSUMES:  
 \*PRODUCT TO BE DELIVERED INTO A  
 FREE AND CLEAR SPACE.  
 \*EPI WILL NOT BE REMOVING,  
 RELOCATING, OR DISPOSING OF ANY  
 EXISTING PRODUCT.  
 \*EPI TO REMOVE AND DISPOSE OF ALL  
 TRASH RESULTING FROM THE DELIVERY  
 AND INSTALLATION OF PRODUCT

CONTINUED...



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CITY OF MERCEDES

434 S OHIO AVE  
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INSTALL AT:

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 MERCEDES TX 78570

SALESPERSON:  
 LEO - 2019

CUSTOMER P/O:

QUOTE VALID  
 07/29/21

#	QTY	PRODUCT	DESCRIPTION	SELL	EXTENDED
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RECEIVED.  
 \*ADDITIONAL SERVICES, REQUESTED  
 OR BEYOND THE SCOPE OF WORK, WILL  
 BE BILLED AT TIME AND MATERIAL  
 RATE OF \$35/HR PER MAN.

5	1	DESIGN	DESIGN SERVICES DESIGN HOURS FOR FURNITURE SPECIFICATIONS AND LAYOUTS CHARGE AT \$75.00 PER HOUR	0.00	0.00
6	2	PM	PROJECT MANAGEMENT SERVICES FEES TO COVER ADMINISTRATIVE TASKS, COMMUNICATION WITH INTERNAL AND EXTERNAL RECEIPT, PROVIDING SCHEDULE AND PUNCH CHARGE AT \$60.00 PER HOUR	60.00	120.00

PLEASE ADDRESS PURCHASE  
 ORDER:  
 BAUHAUS INTERIORS GROUP  
 1645 STEMMONS FREEWAY,  
 SUITE A  
 DALLAS, TX 75207

PURCHASE ORDER TO BE FAXED OR  
 E-MAILED ATTN: LEO DANNA  
 FAX: 214-744-5503  
 EMAIL:  
 LDANNA@BAUHAUSINTERIORS.COM

CONTINUED...

PAGE 2



1645 Stemmons Freeway, Suite A  
 Dallas, Texas 75207  
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PROPOSAL 69577  
 DATE 07/23/21  
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SALESPERSON:  
 LEO - 2019

CUSTOMER P/O:

QUOTE VALID  
 07/29/21

#	QTY	PRODUCT	DESCRIPTION	SELL	EXTENDED
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DEPOSIT REQUIRED 7,367.93

PRODUCT SUBTOTAL: 5,883.64

ACCEPTED BY \_\_\_\_\_

INSTALL.....: 1,484.29

DATE ACCEPTED \_\_\_\_\_

TOTAL.....: 7,367.93

PRINTED NAME \_\_\_\_\_