









# URBAN COUNTY PROGRAM

1916 TESORO ST. • PHARR, TEXAS 78577 • (956) 787-8127 FAX (956) 318-2988 • E-MAIL: [ucp@co.hidalgo.tx.us](mailto:ucp@co.hidalgo.tx.us)

## REQUEST FOR QUOTE

### Project Name: 2021 Mercedes Fire Station Equipment

Hidalgo County Urban County Program is requesting a quote for the procurement of one battery powered rescue combination tool with horizontal mounting brackets.

All quotes must contain a price and terms of a delivery date with a validity period of at least forty five (45) days. If you are unable to provide us with a quote please indicate so in writing.

All questions or discussions on this request for quotation must be directed to:  
**Adrian Perez, CDBG Coordinator II.**

All quotes must be submitted no later than **Monday, November 14<sup>th</sup>, 2022 by 3:00 pm**

Note: Notice of tax exempt (if selected) tax exempt form shall be provided.

Contact: <b>Adrian Perez, UCP CDBG Coordinator II</b>	Phone: (956) 787-8127 x 2233 Email: <a href="mailto:adrian.perez@co.hidalgo.tx.us">adrian.perez@co.hidalgo.tx.us</a>		
Description	Qty.	Unit Price	Extended Price
Battery powered rescue combination tool with charger	2	\$7,400	\$14,800
Horizontal mounting brackets	2	\$216.00	\$432.00
Shipping/Freight	2	\$190.00	\$190.00
<b>Total</b>			<b>\$15,422.00</b>

Patrick Guzman  
Representative Name

[Pguzman@mesfire.com](mailto:Pguzman@mesfire.com)  
Email Address

November 21<sup>st</sup>, 2022  
Date

(956) 269-2456  
Phone



MES - Texas  
 600 Century Plaza Dr.  
 Suite C-160  
 Houston, TX 77073

# Quote

**Quote #** QT1438835  
**Date** 11/21/2022  
**Expires** 12/02/2022  
**Sales Rep** Guzman, Patrick L  
**Shipping Method** FedEx Ground  
**Customer** MERCEDES FIRE DEPARTMENT (TX)  
**Customer #** C32367

**Bill To**  
 MERCEDES FIRE DEPARTMENT  
 P.O. BOX 837  
 MERCEDES TX 78570  
 United States

**Ship To**  
 MERCEDES FIRE DEPARTMENT  
 400 SOUTH OHIO  
 MERCEDES TX 78570  
 United States

Item	Alt. Item #	Units	Description	QTY	Unit Price	Amount
273100000			StrongArm Fire 100E Pkg Blue w/ 2 tips, 2 batt. & 1 charger	2	\$7,400.00	\$14,800.00
PPSTRARM			Horizontal Mounting Bracket for Strongarm Combi	2	\$216.00	\$432.00

Buy Board 603-20

**Subtotal** \$15,232.00  
**Shipping Cost** \$190.00  
**Tax Total** \$0.00  
**Total** \$15,422.00

This Quotation is subject to any applicable sales tax and shipping & handling charges that may apply. Tax and shipping charges are considered estimated and will be recalculated at the time of shipment to ensure they take into account the most current information.

All returns must be processed within 30 days of receipt and require a return authorization number and are subject to a restocking fee.

Custom orders are not returnable. Effective tax rate will be applicable at the time of invoice.





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Description	Qty.	Unit Price	Extended Price
Battery powered rescue combination tool with charger	2	\$8,900	\$17,800
Horizontal mounting brackets	2	\$285	\$570
Shipping/Freight	2	\$200	\$200
<b>Total</b>			<b>\$18,570.00</b>

Gabe Labonte  
Representative Name

[Gabe.labonte@nafeco.com](mailto:Gabe.labonte@nafeco.com)  
Email Address

November 3<sup>rd</sup>, 2022  
Date

(830) 832-8388  
Phone

# NAFECO

Gabe Labonte  
 352 W. Merriweather St  
 New Braunfels, TX 78130  
 (830) 832-8388

## Quote

### Customer

Name Mercedes FD Attn: Chief Javier Campos Jr.  
 Address 105 N. Ohio Ave  
 City Mercedes, State TX ZIP 78570  
 Your PO#

Date 10/6/2022  
 Order No.  
 Rep 45 Gabe Labonte  
 FOB Mercedes, TX

Qty	Description	Unit Price	TOTAL
2	Hol Battery Powered Rescue Combi Tool	\$8,900.00	\$17,800.00
2	Mount Brackets	\$285.00	\$570.00

### Payment Details

Cash  
 Check  
 Credit Card

Name \_\_\_\_\_  
 CC # \_\_\_\_\_  
 Expires \_\_\_\_\_

SubTotal	\$18,370.00
Shipping & Handling	<u>200.00</u>
Taxes	\$0.00
<b>TOTAL</b>	<b>\$18,570.00</b>

If placing order, please use  
 Purchase Order # \_\_\_\_\_

Thank You for the opportunity to serve you.

**FIRE-POLICE-EMS Equipment**



# URBAN COUNTY PROGRAM

1916 TESORO ST. • PHARR, TEXAS 78577 • (956) 787-8127 FAX (956) 318-2988 • E-MAIL:ucp@co.hidalgo.tx.us

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Description	Qty.	Unit Price	Extended Price
Battery powered rescue combination tool with charger	2	\$10,775	\$21,550
Horizontal mounting brackets	2	\$225	\$450
Shipping/Freight	2	\$165	\$330
<b>Total</b>			<b>\$22,330.00</b>

Bryan Williams  
Representative Name

[advancedrescue@hotmail.com](mailto:advancedrescue@hotmail.com)  
Email Address

November 3<sup>rd</sup>, 2022  
Date

(903) 527-3841  
Phone

Bryan Williams

DBA-Advanced Rescue Systems  
PO Box 9 or 3459 FM 36 South  
Caddo Mills, TX 75135  
903-527-3841  
advancedrescue@hotmail.com

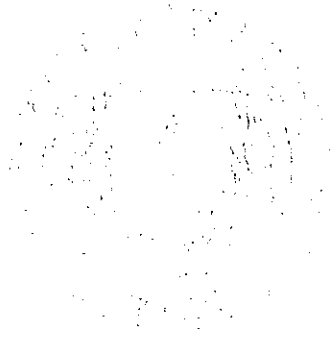
# Estimate

DATE	ESTIMATE #
10/17/2022	3130

NAME / ADDRESS
Mercedes Fire Dept Accounts Payable 400 S. Ohio Ave Mercedes, TX 78570

PROJECT

DESCRIPTION	QTY	COST	TOTAL
EBFCC-28-18V, Gen 3 Storm Surge M18 Brute Force Combination Tool with Removable Spreader Tips. M18 Battery Operation. NFPA Cut Test Data A-8, B-9, C-8, D-8, E-9, F5. 156,000 lbs Max Cut Force and 286,000 lbs Max Spread Force. Includes (2) 18v Batteries and (1) 110v Chargers.	2	10,775.00	21,550.00
PP-TNT-BBFCC-28-D, Plastic Horizontal Mount for EBFCC-28-D Combi Tool.	2	225.00	450.00
Shipping Charges.	2	165.00	330.00
Thank you for your business.		<b>TOTAL</b>	\$22,330.00



## **Appendix F**

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### **CERTIFICATION REGARDING DEBARMENT**

**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.

PRINTED NAME: Chanda Riddick-Yamoah  
TITLE: Contracts Manager  
UEI NUMBER: YY6JAULQF6B6

SIGNATURE:   
TELEPHONE NUMBER: (956) 269-2456  
ADDRESS: 600 Century Plaza Dr. Ste. 160 Houston, TX 77073  
DATE: 11/2/22

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

# DEBARMENT CERTIFICATION CHECKLIST

**\*\*FOR UCP USE ONLY\*\***

VENDOR/AGENCY NAME: MUNICIPAL EMERGENCY SERVICES, INC.

UNIQUE IDENTIFYING NUMBER: YY6JAULQF6B6

DATE VERIFIED ON SAM.GOV: 11/01/2022

EXCLUSIONS:            YES            X            NO

NAME OF UCP COORDINATOR: ADRIAN PEREZ *Adrian Perez*

PRINT VERIFICATION REPORT AND ATTACH:            X            YES            NO

ASSISTANT DIRECTOR APPROVAL: *[Signature]*

DATE SUBMITTED TO FINANCE: 11.3.2022

FINANCE MANAGER ACCEPTANCE: *[Signature]*



# MUNICIPAL EMERGENCY SERVICES, INC.

Unique Entity ID <b>YY6JAULQF6B6</b>	CAGE / NCAGE <b>3A8R0</b>	Purpose of Registration <b>All Awards</b>
Registration Status <b>Active Registration</b>	Expiration Date <b>Dec 15, 2022</b>	
Physical Address <b>600 Century Plaza DR STE C160 Houston, Texas 77073-6128 United States</b>	Mailing Address <b>600 Century Plaza DR STE 160 Houston, Texas 77073-6013 United States</b>	

## Business Information

Doing Business as <b>(blank)</b>	Division Name <b>(blank)</b>	Division Number <b>(blank)</b>
Congressional District <b>Texas 18</b>	State / Country of Incorporation <b>Nevada / United States</b>	URL <b>(blank)</b>

### Registration Dates

Activation Date <b>Nov 17, 2021</b>	Submission Date <b>Nov 15, 2021</b>	Initial Registration Date <b>Mar 7, 2006</b>
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### Entity Dates

Entity Start Date <b>Aug 1, 2001</b>	Fiscal Year End Close Date <b>Dec 31</b>
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### Immediate Owner

CAGE <b>1XBB1</b>	Legal Business Name <b>MUNICIPAL EMERGENCY SERVICES INC</b>
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### Highest Level Owner

CAGE <b>(blank)</b>	Legal Business Name <b>(blank)</b>
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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.

### 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.

## Exclusion Summary

Active Exclusions Records?

No

## 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 <b>Corporate Entity (Not Tax Exempt)</b>	Entity Type <b>Business or Organization</b>	Organization Factors <b>(blank)</b>
Profit Structure <b>For Profit Organization</b>		

Socio-Economic Types

Self Certified Small Disadvantaged Business

Check the registrant's Reps & 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 No
EFT Indicator 0000	CAGE Code 3A8R0

**Points of Contact**

Electronic Business

ⓧ Ellen Cavanaugh	12 Turnberry La 2ND FL Sandy Hook, Connecticut 06482 United States
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Government Business

ⓧ TODD MORGAN	600 Century Plaza DR STE C160 Houston, Texas 77073 United States
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**Service Classifications**

NAICS Codes

Primary	NAICS Codes	NAICS Title
Yes	333999	All Other Miscellaneous General Purpose Machinery Manufacturing
	314999	All Other Miscellaneous Textile Product Mills
	315210	Cut And Sew Apparel Contractors
	315220	Men'S And Boy'S Cut And Sew Apparel Manufacturing
	315240	Women's, Girls', And Infants' Cut And Sew Apparel Manufacturing
	315280	Other Cut And Sew Apparel Manufacturing
	315990	Apparel Accessories And Other Apparel Manufacturing
	316210	Footwear Manufacturing
	325998	All Other Miscellaneous Chemical Product And Preparation Manufacturing
	332216	Saw Blade And Handtool Manufacturing
	332911	Industrial Valve Manufacturing
	332919	Other Metal Valve And Pipe Fitting Manufacturing
	333314	Optical Instrument And Lens Manufacturing
	333318	Other Commercial And Service Industry Machinery Manufacturing
	333515	Cutting Tool And Machine Tool Accessory Manufacturing
	333912	Air And Gas Compressor Manufacturing
	334513	Instruments And Related Products Manufacturing For Measuring, Displaying, And Controlling Industrial Process Variables
	335129	Other Lighting Equipment Manufacturing
	335912	Primary Battery Manufacturing
	339113	Surgical Appliance And Supplies Manufacturing
	453998	All Other Miscellaneous Store Retailers (Except Tobacco Stores)
	541380	Testing Laboratories
	812332	Industrial Launderers

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**Product and Service Codes**

PSC	PSC Name
1265	Fire Control Transmitting And Receiving Equipment, Except Airborne
4210	Fire Fighting Equipment
4240	Safety And Rescue Equipment
4310	Compressors And Vacuum Pumps
4730	Hose, Pipe, Tube, Lubrication, And Railing Fittings
6140	Batteries, Rechargeable
6230	Electric Portable And Hand Lighting Equipment
8415	Clothing, Special Purpose
8430	Footwear, Men'S
8455	Badges And Insignia
J042	Maintenance, Repair, And Rebuilding Of Equipment- Fire Fighting, Rescue, And Safety Equipment; Environmental Protection Equipment And Materials

**Disaster Response**

This entity does not appear in the disaster response registry.

# 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.

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**MUNICIPAL EMERGENCY SERVICES, INC.**

2 Business name/disregarded entity name, if different from above

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) ▶ \_\_\_\_\_

**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.  
**PO BOX 656**

6 City, state, and ZIP code  
**SOUTHBURY, CT 06488**

7 List account number(s) here (optional)

Requester's name and address (optional)

**REMIT TO: Municipal Emergency Svcs, PO Box 856892, Minneapolis, MN 55485-6892**

## 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

6	5	-	1	0	5	1	3	7	4
---	---	---	---	---	---	---	---	---	---

## 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 ▶ *Barbara J. Helumphy* Date ▶ *1/3/2022*

## 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.

# 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:  
2022-952597

Date Filed:  
11/07/2022

Date Acknowledged:

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

Municipal Emergency Services, Inc  
Houston, 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.

City of Mercedes

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.

RFP: QT1438835  
Purchase of fire equipment

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

5 Check only if there is NO Interested Party.

### 6 UNSWORN DECLARATION

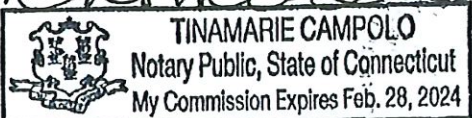
My name is Ward Petrie, and my date of birth is 5/16/1970.

My address is 12 Turnberry Rd, Sandy Hook, CT, 06482, US.  
(street) (city) (state) (zip code) (country)

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

Executed in Fairfield County County, State of Connecticut, on the 7th day of November, 2022.  
(month) (year)

*[Handwritten Signature]*



*[Handwritten Signature]*  
Signature of authorized agent of contracting business (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.  
 Municipal Emergency Services, Inc  
 Houston, TX United States

Certificate Number:  
 2022-952597

Date Filed:  
 11/07/2022

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

Date Acknowledged:  
 11/17/2022

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.  
 RFP: QT1438835  
 Purchase of fire equipment

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

THE PAGE OF THIS DOCUMENT HAS A COLOR PATTERN AROUND ONLY THE PAPER

**CITY OF MERCEDES**

POOLED CASH  
400 SOUTH OHIO  
MERCEDES, TEXAS 78570

24656

TEXAS NATIONAL BANK  
MERCEDES, TEXAS

88-2012/1149

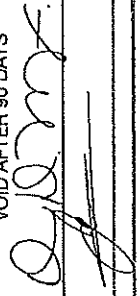
DATE 11/23/2022

AMOUNT \*\*\*\*\*422.00

PAY --- FOUR HUNDRED TWENTY TWO & 00/100 DOLLARS ---

\*\* HIDALGO COUNTY URBAN COUNTY \*\*

VOID AFTER 90 DAYS



TO THE  
ORDER  
OF

VOID AFTER 90 DAYS

⑆024656⑆ ⑆114920128⑆ 0150001808⑆

**CITY OF MERCEDES • POOLED CASH ACCOUNT**

24656

99-05823 \*\* HIDALGO COUNTY URBAN COUNTY \*\* 024656 11/23/2022

DATE	I.D.	PO #	DESCRIPTION	AMOUNT
11/23/2022	QT1438835		QT1438835 COST TO COVER URBAN	422.00
	QT1438835		COST TO COVER HIDALGO URBAN COUNTY FOR 2022	
			URBAN COUNTY FUNDS	

CHECK TOTAL 422.00



Security Features Included Details on back