

Hidalgo County Head Start Program Policy Council Agenda

DATE: November 20, 2024

SUBJECT: Discussion/Approval on Request to purchase Six (6) Shade Structures through Hidalgo County’s Membership/Participation with Buyboard Purchasing Cooperative (Contract No. 679-22), from Tenzo McAllen, LLC in the Amount of \$150,000.

RATIONALE/NEED: This would allow Head Start to obtain the best pricing under the Buyboard contract. The shade structures are to be placed at the Edinburg Head Start Campus, Mission Head Start Campus, and Enrique Camarena Head Start Campus.

RECOMMENDATION: Administration recommends approval.

COST: Head Start Program (DHHS) funds are available.

RELATED INFORMATION INCLUDED: Participant Info/Proposal/
Form 1295, Insurance, SAM.gov

INITIATED BY: Ambrosio Tovar, Procurement Director

A. Tovar

REVIEWED BY: Dr. Nereyda Cantu, Assistant Director

N. Cantu

PROGRAM DIRECTOR’S APPROVAL:

[Signature]



Vendor Contract Information Summary

Vendor Tenzo McAllen, LLC
Contact Yanelly Diaz
Phone 956-239-3708
Email ydiaz@tenzosunshades.com
Vendor Website www.tenzosunshades.com
TIN 27-0887320
Address Line 1 2801 Santa Lydia
Vendor City Mission
Vendor Zip 78572
Vendor State TX
Vendor Country USA
Delivery Days 10
Freight Terms FOB Destination
Payment Terms Due upon received
Shipping Terms Freight prepaid by vendor and added to invoice
Ship Via Company Truck
Designated Dealer No
EDGAR Received Yes
Service-disabled Veteran Owned No
Minority Owned No
Women Owned No
National No
No Foreign Terrorist Orgs Yes
No Israel Boycott Yes
MWBE No
ESCs All Texas Regions
States Texas
Contract Name Parks and Recreation Equipment, Products, and Installation
Contract No. 679-22
Effective 10/01/2022
Expiration 09/30/2025
Accepts RFQs Yes
Quote Reference Number 679-22



SHADE STRUCTURES 3 CENTERS TURN KEY INSTALLATION

HIDALGO COUNTY HEAD START, EDINBURG TX. 78540

P 956-348-7524 QUOTE FOR 3 PLAYGROUNDS: EDINBURG, PALMVIEW, MISSION CENTERS.

CUSTOMER	QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
HIDALGO COUNTY HS	3	40 BY 32 SHADE STRUCTURE	\$30.000,00	\$90.000,00
ESTIMATE NO	3	30 BY 30 SHADE STRUCTURE	\$20.000,00	\$60.000,00
C-1234	24	CHILDRENS PICNIC TABLES	\$0,00	\$0,00
DATE	1	BUY BOARD FEE 2%	\$0,00	\$0,00
11/12/2024	5	FREIGHT	\$0,00	\$0,00
ADDRESS	1	PERFORMANCE BOND	\$0,00	\$0,00
1002 HOERNER RD	1	CERTIFICATE OF INSURANCE	\$0,00	\$0,00
CITY/STATE/ZIP		PERFORMANCE BOND & INSURANCE	\$0,00	\$0,00
MISSION TX 78572			\$0,00	\$0,00
PHONE			\$0,00	\$0,00
956-348-7524			\$0,00	\$0,00
E-MAIL			\$0,00	\$0,00
ELIAS_LOZANO@ICLOUD.COM			\$0,00	\$0,00
SALESPERSON			\$0,00	\$0,00
ELIAS			\$0,00	\$0,00
PROJECT			\$0,00	\$0,00
PLAYGROUND EQUIPMENT			\$0,00	\$0,00
PREPARED BY:			\$0,00	\$0,00
ELIAS			\$0,00	\$0,00
ATTENTION				\$0,00
Ambrosio Tovar		THIS PROPOSAL INCLUDES:		\$0,00
PAYMENT TERMS		TURN KEY PROJECT, INSTALLATION,		\$0,00
Net 30		BOND INSURANCE UPON AWARD.	SUBTOTAL	\$150.000,00
DUE DATE		THIS PROPOSAL INCLUDES THE CONDITIONS NOTED:		
10/1/2025		ALL EQUIPMENT AND MATERIALS MUST BE PREPAID		
			TOTAL	\$150.000,00

SIGN BELOW TO ACCEPT QUOTE:

 AUTHORIZED REP DATE

DESIGN CRITERIA

1. STRUCTURE IS DESIGNED WITH A REDUCED LOAD CRITERIA IN COMPARISON TO 2018 IBC AND ASCE 007-16; FOLLOWING LOADS HAVE BEEN APPLIED FOR ANALYSIS:

- WIND LOAD: 40 MPH
- PULL FORCE @ COLUMN: 450 LBF EW
- CONCENTRATED LIVE LOAD: 300 LBF

GENERAL

1. THESE CONTRACT STRUCTURAL DRAWINGS AND SPECIFICATIONS REPRESENT THE FINISHED STRUCTURE. UNLESS OTHERWISE INDICATED, THEY DO NOT INDICATE THE METHOD OF CONSTRUCTION. THE CONTRACTOR SHALL PROVIDE ALL MEASURES NECESSARY TO PROTECT THE STRUCTURE. WORKMAN AND PERSONNEL DURING CONSTRUCTION, SUCH MEASURES SHALL INCLUDE, BUT NOT BE LIMITED TO, BRACING, SHORING FOR EARTH, SHIELD FORMS, SCAFFOLDING, PLANKING, SAFETY NETS, SUPPORT, AND BRACING FOR CRANES AND GIN POLES, ETC. THE CONTRACTOR SHALL SUPERVISE AND DIRECT THE WORK AND HE SHALL BE SOLELY RESPONSIBLE FOR ALL CONSTRUCTION MEANS, METHODS, TECHNIQUES, SEQUENCES, AND PROCEDURES. OBSERVATION VISITS TO THE SITE BY THE ARCHITECT OR THE ENGINEER DO NOT INCLUDE INSPECTION OF THE ITEMS PRESENTED HEREIN.
2. ALL CONSTRUCTION AND QUALITY OF MATERIALS SHALL COMPLY WITH THE GOVERNING BUILDING CODES AND REGULATIONS.
3. THE CONTRACTOR SHALL TAKE ALL NECESSARY PRECAUTIONS TO LOCATE AND PROTECT ANY EXISTING UNDERGROUND OR CONCEALED CONDUIT, PLUMBING, OR OTHER UTILITIES PRIOR TO BEGINNING ANY WORK.
4. 40 MPH THE CANOPY FABRIC SHALL BE REMOVED. A WIND MITIGATION PLAN SHALL BE REQUIRED IN PREPARATION OF THIS SAFETY PROTOCOL. INSTALLER SHALL PROVIDE AND MOUNT SIGN IN EACH CANOPY STATING MAXIMUM WIND LOAD AND REQUIREMENT TO REMOVE FABRIC IN ACCORDANCE WITH WIND MITIGATION PLAN.
5. STRUCTURE IS NOT DESIGNED TO WITHSTAND SIGNIFICANT AMOUNTS OF PONDING EXCEEDING 3 PSF. FABRIC SHALL BE ADEQUATELY TENSIONED TO MITIGATE ACCUMULATION OF WATER PONDING OCCUR, IN EXCESS OF 3 PSF. FABRIC SHALL BE REINSTALLED WITH ADEQUATE TENSION TO AVOID FUTURE REOCCURRENCE.
6. COMMERCIAL KINETY FIVE 3-40 FABRIC OR EQUAL SHALL BE USED FOR CANOPY COVER. STRICT ADHERENCE TO FIRE STANDARDS FOR SHADE FABRICS, INCLUDING CSFM 1237.1 & NFPA 701 IS REQUIRED.

CONCRETE

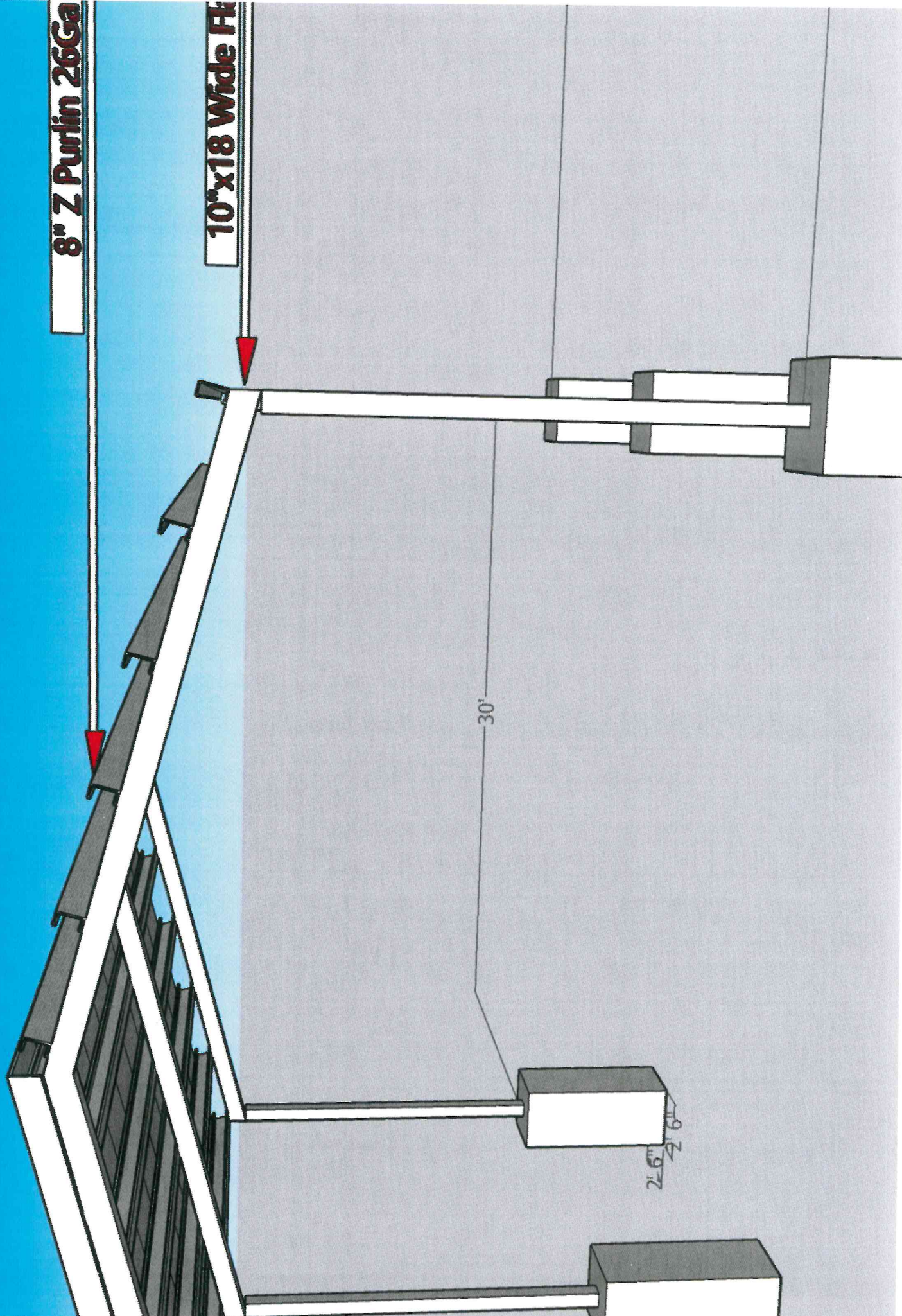
1. CONCRETE SHALL HAVE A MINIMUM COMPRESSIVE STRENGTH OF 3000 PSI @ 28 DAYS.
2. FOOTING HOLES SHALL NOT BE LEFT OPEN OVERNIGHT.
3. CONCRETE AND REINFORCING SHALL BE PLACED THE SAME DAY AS DRILLING.
4. REINFORCING STEEL SHALL BE NEW, DOMESTIC, DEFORMED BILLET STEEL CONFORMING TO ASTM A-615 GRADE 60.
5. REINFORCING BARS SHALL BE DETAILED IN ACCORDANCE WITH THE REINFORCING MANUAL. PROVIDE BAR SUPPORTS AND SPACERS AS REQUIRED.

STRUCTURAL STEEL

1. MATERIAL AND WORKMANSHIP SHALL CONFORM TO THE LATEST EDITION OF THE AISC SPECIFICATIONS FOR THE DESIGN, FABRICATION, AND ERECTION OF STRUCTURAL STEEL FOR BUILDINGS.
2. STRUCTURAL STEEL SHALL COMPLY WITH THE FOLLOWING ASTM DESIGNATIONS:
 3. PIPE ASTM A36 (36 KSI)
 4. PLATES ASTM A53 GRADE B (35 KSI)
5. WELDING SHALL BE DONE IN ACCORDANCE WITH THE STANDARD CODE FOR ARC AND GAS WELDING IN BUILDING CONSTRUCTION AS ISSUED BY THE AMERICAN WELDING SOCIETY EXCEPT THAT WELDING SHALL BE DONE BY THE ELECTRIC ARC PROCESS. ALL WELDING SHALL BE PERFORMED BY CERTIFIED WELDERS AND SHALL CONFORM TO ANSI/AWS D1.1:20.
6. DETAILED AND OR SCHEDULED CONNECTIONS HAVE BEEN DESIGNED BY A STRUCTURAL ENGINEER. ANY CONNECTION NOT DETAILED OR SCHEDULED OR ALTERED FOR FABRICATION PURPOSES SHALL BE SIZED AND DETAILED BY FABRICATOR AND SHALL BE MARKED FOR ENGINEERS VERIFICATION.
7. SEE ARCHITECTURAL PLANS FOR MISCELLANEOUS STEEL ITEMS NOT INDICATED ON STRUCTURAL DRAWINGS. STEEL ITEMS SHOWN ON ARCHITECTURAL DRAWINGS AND NOT SPECIFIED ON THE STRUCTURAL DRAWINGS SHALL BE SIZED BY THE STEEL FABRICATOR. SEE DESIGN CRITERIA FOR CONNECTIONS.
8. ALL WELDED CONNECTIONS SHALL BE MADE USING 1/4" FILLET WELD UNLESS OTHERWISE SPECIFIED ON THE PLANS.
9. ALL CONNECTION PLATES AND STEELERS SHALL BE MADE WITH 1/4" THICK PLATES UNLESS OTHERWISE NOTED ON THE PLANS.
10. ALL STEEL (INCLUDING BOLTS) EXPOSED TO THE WEATHER SHALL BE HOT-DIPPED GALVANIZED, (INCLUDES STEEL THAT IS ONLY COVERED WITH PLASTER OR STUCCO).
11. ALL EXPOSED STEEL SHALL FOLLOW AISC 16.3. SECTION 10. ARCHITECTURALLY EXPOSED STRUCTURAL STEEL CONNECTION FOR HOLLOW STRUCTURAL SECTIONS (HSS) SHALL BE PER AISC HSS CONNECTION MANUAL.
12. ALL STEEL MEMBERS, UNLESS NOTED OTHERWISE, SHALL BE FINISHED WITH ONE COAT OF SHOP PRIMER. DO NOT PRIME ITEMS EMBEDDED IN CONCRETE OR FIRE PROOFED WITH SPRAY ON MATERIAL WITHOUT COORDINATION WITH THE ARCHITECT.
13. FILED WELDS AND BOLTED CONNECTIONS SHALL BE VISUALLY INSPECTED BY A QUALIFIED INSPECTOR. THE INSPECTOR SHALL PROVIDE A WRITTEN REPORT TO THE STRUCTURAL ENGINEER AND THE OWNER.
14. THE CONTRACTOR SHALL REVIEW AND ANNOTATE SHOP DRAWINGS BEFORE SUBMITTING THEM TO THE ARCHITECT/ENGINEER FOR REVIEW. THE CONTRACTOR SHALL ALLOW ARCHITECT/ENGINEER 10 WORKING DAYS FOR REVIEW OF SHOP DRAWINGS.

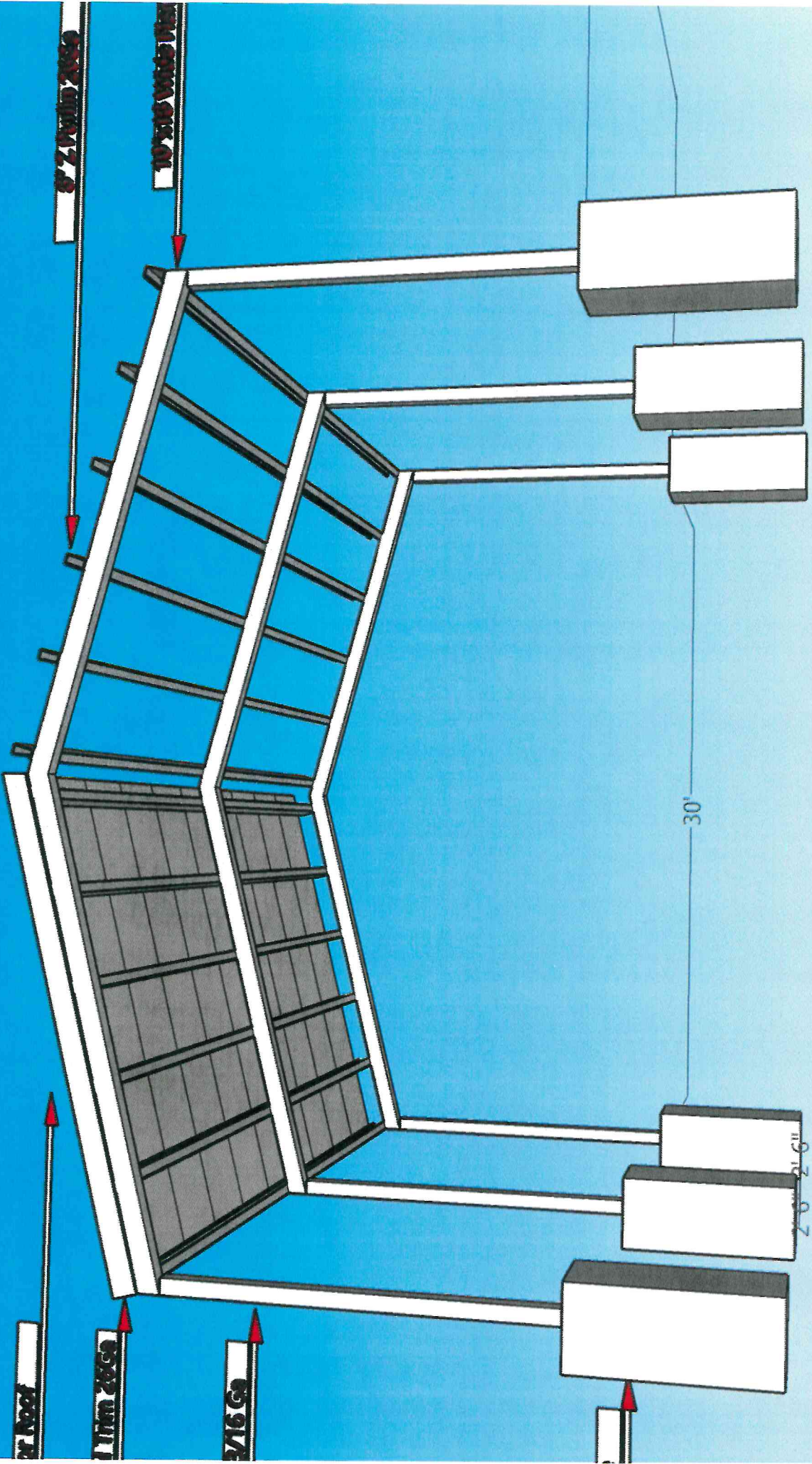
8" Z Purlin 26Ga

10"x18 Wide Flange



30'

2x6



26Ga R-Panel for Roof

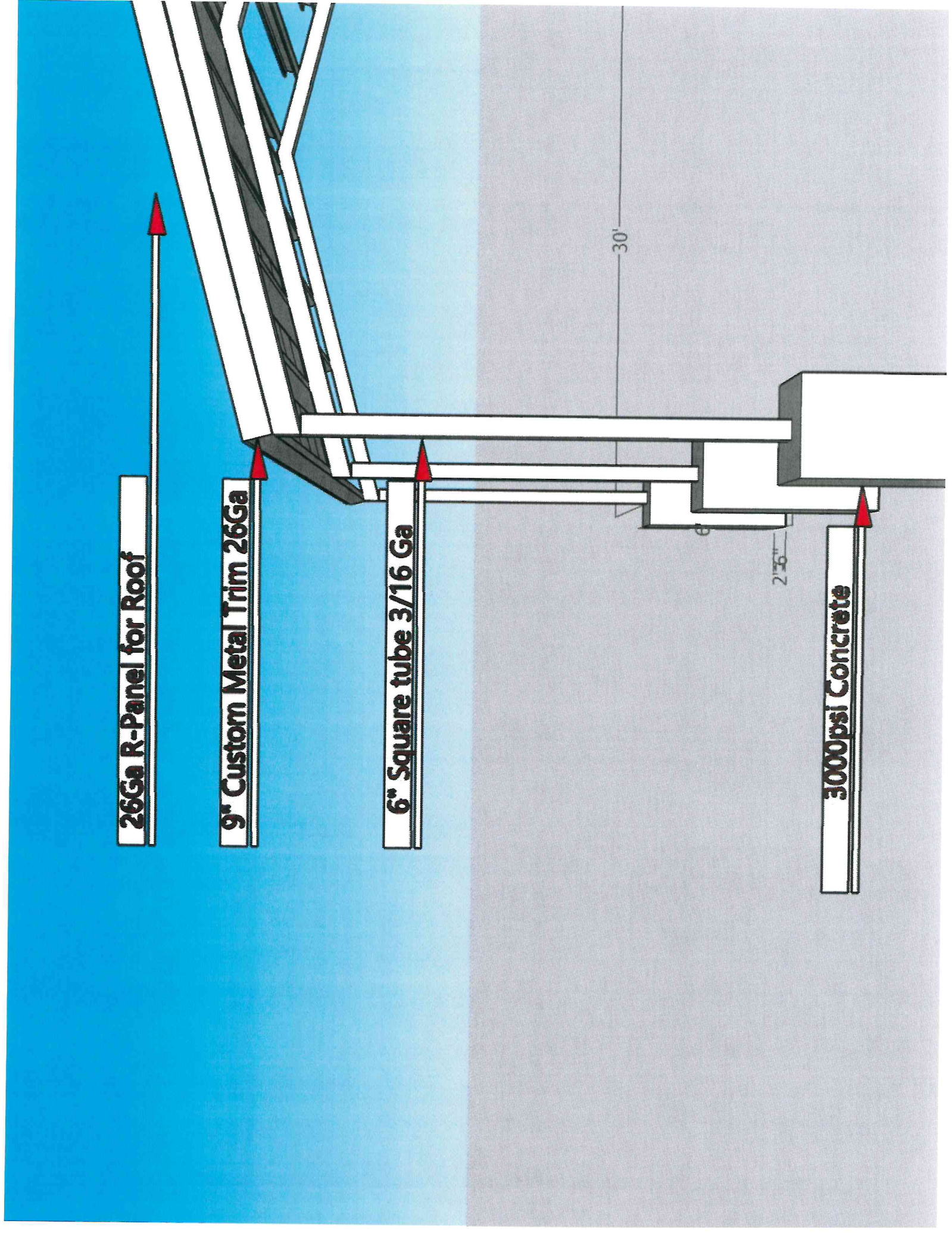
9" Custom Metal Trim 26Ga

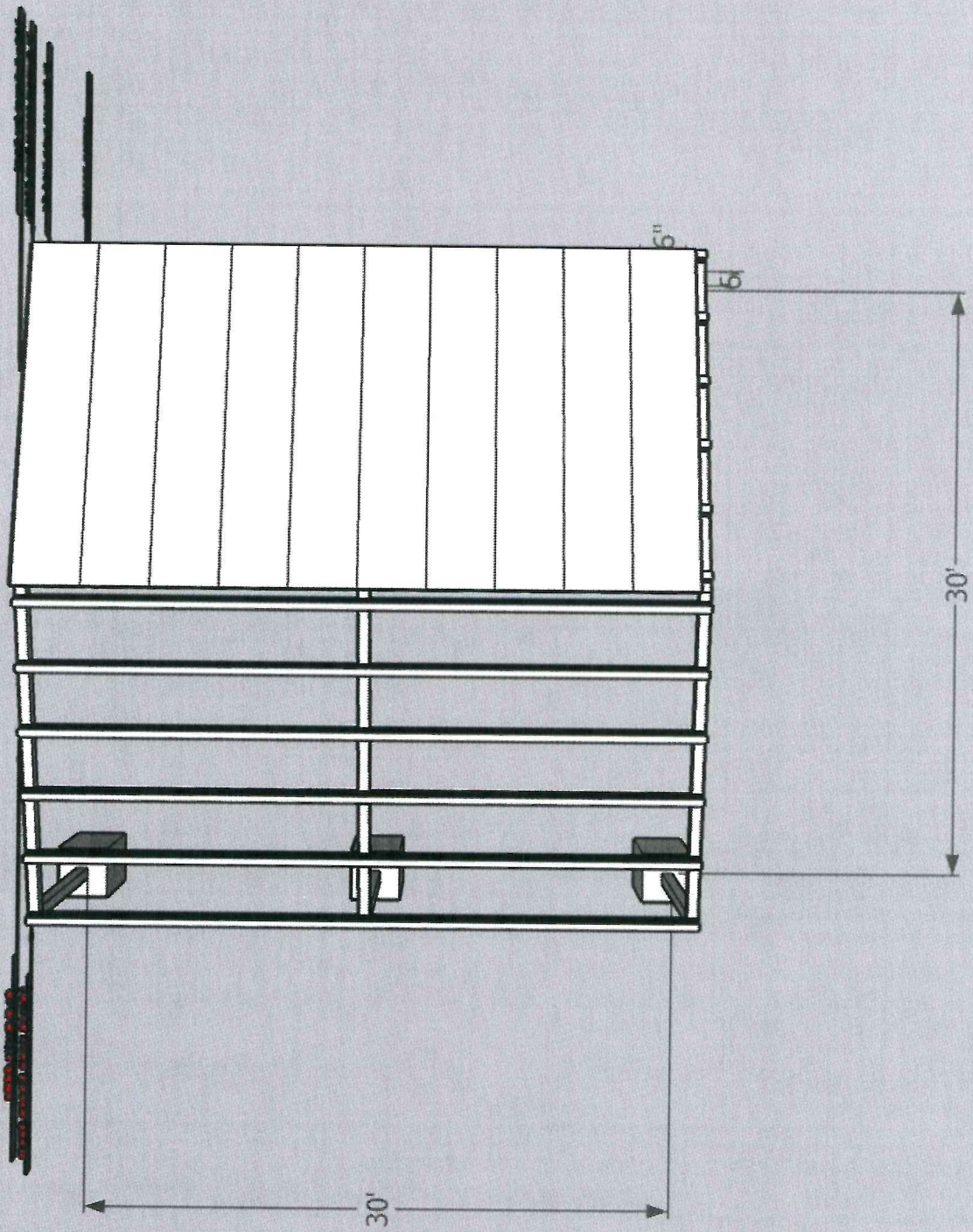
6" Square tube 3/16 Ga

3000psi Concrete

30'

2'-5"





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:
2024-1247744

Date Filed:
12/10/2024

Date Acknowledged:

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

Tenzo McAllen, LLC.
Mission, 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 Head Start 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.

114501
Canopies and shade structures

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

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

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

My address is 2801 Santa Lydia (street), Mission (city), TX (state), 78572 (zip code), USA (country).

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

Executed in Hidalgo County, State of Texas, on the 10 day of 12, 2024.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)

CERTIFICATE OF INTERESTED PARTIES

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Hidalgo County Head Start Program

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 Canopies and shade structures

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			Controlling	Intermediary

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)

Status 



Active



Inactive

Reset 

Showing 1 - 1 of 1 results

Sort by

Date Modified/Updated

TENZO MCALLEN LLC Active Registration

Entity

Unique Entity ID
K7HKHH4S6BS3

CAGE Code
8TWW4

Physical Address
1002 Hoerner Rd,
Mission, TX 78572
USA

Expiration Date
Nov 15, 2025

Purpose of Registration
All Awards

< 1 of 1 >

Results per page

25



Feedback



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/21/2024

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

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

PRODUCER Rick Villarreal Insurance Agency 2116 W University Dr. Edinburg TX 78539		CONTACT NAME: Elizabeth Barrera PHONE (A/C, No, Ext): (956) 383-7001 E-MAIL ADDRESS: elizabeth1.rvillarreal1@farmersagency.com FAX (A/C, No):	
INSURED Tenzo McAllen, LLC 1002 Hoerner Rd Mission Texas 78572		INSURER(S) AFFORDING COVERAGE INSURER A: ATAIN SPECIALTY INS CO NAIC # 17159 INSURER B: EVANSTON INS CO 35378 INSURER C: TEXAS MUT INS CO 22945 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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		BWPF0070573R02	12/15/2023	12/15/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Per Project Aggregate \$ Included
	AUTOMOBILE LIABILITY <input 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					COMBINED SINGLE LIMIT (Ea accident) \$ 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 CLAIMS-MADE DED RETENTION \$		EZXS3140861	12/15/2023	12/15/2024	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
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 Y	N/A 0002012111	03/22/2024	03/22/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

CERTIFICATE HOLDER**CANCELLATION**

Tenzo McAllen, LLC
 1002 Hoerner Rd
 Mission, Texas 78572

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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