

THE STATE OF TEXAS §
§
COUNTY OF HIDALGO §

**REQUIREMENTS AGREEMENT
C-19-048A-07-16**

THIS AGREEMENT (the "Agreement") is entered into effective as of the 16th day of July, 2019 by and between Anrige, Inc. DBA: A Clean Portoco ("Seller") and Hidalgo County, Texas ("Buyer").

WHEREAS, Buyer has solicited sealed quotes for the supply of its requirements of **Hidalgo County** for the "Lease and Service of Portable Toilets and/or Showers" (the "Product") on an **"As Needed Basis"** as further described in Exhibit "A", Request for Sealed Quotes (RFSQ) Procurement Packet as attached hereto and incorporated herein by reference for all purposes (the "RFSQ") and;

WHEREAS, Seller has submitted a proposal to supply Buyer's requirements in accordance with the specifications as bid. A copy of which is attached hereto as Exhibit "B" and is incorporated herein for all purposes (the "Specifications"); and

WHEREAS, Buyer has determine that Seller has submitted the lowest and best quote to meet Buyer's requirements for certain of the Products, as herein after described.

NOW THEREFORE, for and in consideration of the mutual covenants and conditions hereinafter set forth, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereto agree as follows:

1. This Contract shall commence on July 17, 2019 and expire on December 31, 2019 and/or if the threshold of **\$50,000.00** is met, whichever comes first, and it is agreed that the Products will meet the Specifications in the Request for Sealed Quotes (RFSQ) Procurement Packet set forth in Exhibit "A" hereto. Hidalgo County reserves the right to continue this sealed bid for an additional sixty (60) day grace period at the end of the contract term for unforeseen delay of award for the next term and contingent upon cost remaining unchanged. If County holds over and continues in possession of the Leased Property after expiration of the term of this Lease, County will be deemed to be occupying the Property on the basis of a month to month tenancy, subject to all of the terms and conditions of this Lease. The inclusion of this holdover provision shall not be construed as Seller's consent for County to hold over.

2. When Buyer determines that it needs a quantity of the Products to be delivered, it will, according to its Purchasing Policies, complete and submit to Seller a Purchase Order describing the type and quantity of the Products required. The Products are to be delivered by Buyer to the location in Hidalgo County specified by Buyer in its Purchase Order.

3. Buyer agrees to pay Seller for each Purchase Order based on the prices set out in Exhibit "B". Seller shall render invoices for each Purchase Order, and the invoices shall be paid by Buyer in accordance with the Texas Prompt Payment Act, Tex. Govt. Code Ch. 2251.

4. Seller represents that it is licensed by the State of Texas and qualified to perform and execute the services provided above. If such license is suspended or revoked, this Contract shall automatically be terminated and Seller shall immediately notify the County Judge of Hidalgo.

5. Seller must comply with all applicable laws and regulations of the State of Texas, and County policies. Notwithstanding the foregoing sentence, Seller represents and maintains that Seller is an independent Contractor and is not an employee of the County, or any agency thereof, and represents and warrants that Seller does not desire or request any fringe benefits provided to employees of County, and/or any agency of the County.

6. Buyer may terminate this Agreement at any time for any reason or no reason at all upon giving thirty (30) days written notice.

7. General Provisions.

a. **Conflict with Applicable Law.** Nothing in this Agreement shall be construed so as to require the commission of any act contrary to law, and whenever there is any conflict between any provision of this Agreement and any present or future law, ordinance or administrative, executive or judicial regulation, order or decree, or amendment thereof, contrary to which the parties have no legal right to contract, the latter shall prevail, but in such event the affected provision or provisions of this Agreement shall be modified only to the extent necessary to bring them within the legal requirements and only during the time such conflict exists.

b. **No Waiver.** No waiver by Buyer of any breach of any provision of this Agreement shall be deemed to be a waiver of any preceding or succeeding breach of the same or any other provision hereof.

c. **Entire Agreement.** This Agreement contains the entire contract between the parties hereto, and each party acknowledges that neither has made (either directly or through any agent or representative) any representations or agreements in connection with this Agreement not specifically set forth herein. This Agreement may be modified or amended only by agreement in writing executed by Buyer and Seller, and not otherwise.

d. **Texas Law to Apply.** This Agreement shall be construed under and in accordance with the laws of the State of Texas, and all obligations of the parties created hereunder are performable in Hidalgo County, Texas. The parties hereby consent to personal jurisdiction in Hidalgo County, Texas.

e. **Notice.** Except as may be otherwise specifically provided in this Agreement, all notices, demands, requests or communications required or permitted hereunder shall be in writing and shall either be (i) personally delivered against a written receipt, or (ii) sent by registered or certified mail, return receipt requested, postage prepaid and addressed to the parties at the addresses set forth below, or at such other addresses as may have been theretofore specified by written notice delivered in accordance herewith:

If to Buyer: Hidalgo County
Attention: County Judge
1615 So. Closner, Suite J
Edinburg, Texas 78539

If to Seller: Anrige, Inc. DBA: A Clean Portoco
P O Box 531607
Harlingen, TX 78553

Each notice, demand, request or communication which shall be delivered or mailed in the manner described above shall be deemed sufficiently given for all purposes at such time as it is personally delivered to the addressee or, if mailed, at such time as it is deposited in the Unites States mail.

f. **Additional Documents.** The parties hereto covenant and agree that they will execute such other and further instruments and documents as are or may become necessary or convenient to effectuate and carry out the terms of this Agreement.

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

h. **Assignment.** This Agreement shall not be assignable.

i. **Headings.** The headings and captions contained in this Agreement are solely for convenient reference and shall not be deemed to affect the meaning or interpretation of any provision or paragraph hereof.

j. **Gender and Number.** All pronouns used in this Agreement shall include the other gender, whether used in the masculine, feminine or neuter gender, and the singular shall include the plural whenever and as often as may be appropriate

k. **Authority to Execute.** The execution and performance of this Agreement by Buyer and Seller have been duly authorized by all necessary laws, resolutions or corporate action, and this Agreement constitutes the valid and enforceable obligations of Buyer and Seller in accordance with its terms.

l. **Insurance.** Consistent with its status as an independent contractor and at its sole expense, Company agrees that throughout the duration of the work under this contract and any extension hereof, it shall provide and maintain any and all insurances and abide by any requirements which are specified in the Procurement Packet/Specifications and/or which may be necessary in providing Services or are otherwise required by law. Insurance policies shall cover, but are not limited to, Bidder's activities and all persons, vehicles, equipment and property connected with providing Services. The amount of insurance required shall be in accordance with amounts specified by the County or as prescribed by law, but in no event shall any amount be less than the minimum amounts prescribed by law, including, but not limited to the Texas Tort Claims Act. These requirements do not establish limits of Company's liability. Any and all applicable insurance requirements and amounts are incorporated herein by reference for all purposes. Company is responsible for ensuring all required insurance policies are valid for the duration of the contract. All insurance policies are to be issued by an insurance company authorized to do business in the State of Texas and acceptable to County. Company shall cause all subcontractors utilized by Company to also comply with these specifications. Company shall furnish to County certificate(s) of coverage, and all renewals throughout the duration of the Project, issued by the insurer that such insurance is in full force and effect. (See Exhibit "C" attached hereto and incorporated herein for all purposes). For each applicable policy, Company shall name the County as an additional insured. Company shall notify County a minimum of thirty (30) days in advance of cancellation of all or part of a policy. Company shall make any other insurance documentation available to County upon request.

m. **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 County under this Agreement, County may terminate this Agreement upon ninety (90) days written notice to Company. County 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 County. **Agreements for the acquisition, including lease of real or personal property under Tex. Loc. Govt. Code §271.903:** In the event that, during any term hereof, the Commissioner's Court does not appropriate sufficient funds to meet the obligations of County under this Agreement, County may terminate this Agreement upon ninety (90) days written notice to Company, County agrees, however, to use a best efforts attempt to obtain and appropriate funds for payment of the Agreement. The parties intend this provision, if applicable, to be a continuing right to terminate this Agreement at the expiration of each budget period of County in accordance with Tex. Loc. Govt. Code §271.903 (Vernon Supp. 1996).

n. **Indemnification:** Seller will indemnify and hold Buyer harmless from any and all claims, actions, liability, and expenses (including costs of judgments, settlements, court costs, and attorneys' fees, regardless of the outcome of such claim or action) caused by, resulting from, or alleging negligent or intentional acts or omissions or any failure to perform any obligation undertaken or any covenant in this Contract, whether such act, omission, or failure was the Seller's or that of any person providing services hereunder through or for the Seller. Upon written notice from the County, the Company will resist and defend at its own expense, and by counsel reasonably satisfactory to County, any such claim or action. The Company will carry proper insurance with the County as an additional named insured.

o. **Purchasing Ethics.** Seller represents and warrants it has not, during the process of being awarded this contract violated the following ethical standards of Buyer and, upon and after the execution of this Agreement, agrees to abide by the following ethical standards of Buyer:

- (1) 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 Hidalgo County, or for any elected official, department head or employee or former elected official, department head or employee of Hidalgo County, to solicit, demand, accept or agree to accept from another person, entity or organization, a gratuity or an officer 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 advise, 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 Hidalgo County.
- (2) 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 Hidalgo County, or any person associated therewith, as an inducement for the award of a subcontract or order.

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

q. 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.

r. **Nondiscrimination:** Seller/Contractor/Vendor, including subcontractors, assignees and successors in interest, ensures that no person shall on the grounds of race, religion, color, national origin, sex, age, disability, or any other protected class under law, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination or retaliation in any federally or non-federally funded program or activity when providing any services described herein under this contract/agreement. Applicable nondiscrimination statements and provisions of Title VI of the Civil Rights Act of 1964, as amended, were provided as part of the initial procurement packet and are incorporated herein and made part of this agreement for all purposes.

s. **Appendix II to CFR 200-Contract Provisions Required Contract Provision for Contracts Subject to Federal Award (if applicable):** Pursuant to 2 CFR 200.236, a non-federal entity's contracts must contain the applicable provisions described in Appendix II to 2 CFR 200-Contract Provisions for non-Federal Entity Contracts under Federal Awards. Additionally, County contracts under Federal award which are subject to assistance from the Federal Emergency Management Agency (FEMA) are also required to contain additional contract clauses. Applicable required contract clauses were provided as part of the initial procurement packet, and as such are incorporated into this agreement for all purposes.

t. **Authority to Execute:** The execution and performance of this Agreement by the Parties has been duly authorized by all necessary laws, resolutions or corporate action, and this Agreement constitutes the valid and enforceable obligations of the participating County and City in accordance with its terms.

EXECUTED effective as of the day and year first above written.

COUNTY OF HIDALGO

By: Richard F. Cortez
Richard F. Cortez, County Judge

ATTEST:

Arturo Guajardo Jr.
Arturo Guajardo Jr., County Clerk



APPROVED BY
COMMISSIONERS' COURT
ON: 7/16/19

COMPANY: Anrige INC
DBA: A Clean Portoco
By: Nancy Perez
Printed Name: Nancy Perez
Title: President

APPROVED AS TO FORM:
Office of the Criminal District Attorney
Ricardo Rodriguez, Jr.

By: [Signature]
Robert Viña, III, Assistant District Attorney

Approved By Commissioners Court: 7/16/19

EXHIBIT “A”

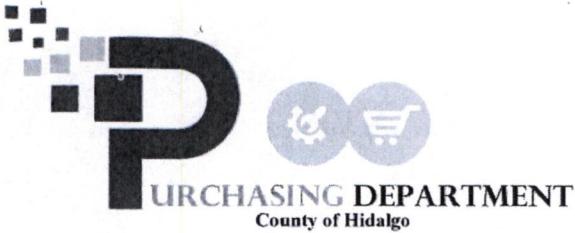
REQUEST FOR SEALED QUOTES (RFSQ) PROCUREMENT PACKET

EXHIBIT “B”

BID PAGE

EXHIBIT “C”

CERTIFICATE OF INSURANCE



2812 S. Bus. Hwy 281
Edinburg, Texas 78539
Phone: (956) 318-2626
Fax: (956) 318-2629

June 14, 2019

Anrige Inc.
DBA: A Clean Portoco

Original

Re: **HIDALGO COUNTY (all funding sources, programs & entities)**
Request for Sealed Quotes –“**LEASE AND SERVICE OF PORTABLE TOILETS
AND/OR SHOWERS**”
RFSQ No: 2019-048A-06-24-HAG

Dear Gentleman/Ladies:

Enclosed please find a Request for Sealed Quotes (RFSQ) packet for your consideration. Careful review is required as the packets have been modified to reflect new requirements and changes within Hidalgo County.

Hidalgo County Purchasing Department welcomes and appreciates your participation in the RFSQ process.

If assistance is required, please do not hesitate to call the Purchasing Department at (956) 318-2626 x 4857.

Sincerely,

Martha L. Salazar, CPPB
Hidalgo County Purchasing Agent

MLS/hag

Enclosures

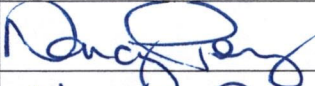
EXHIBIT "B"
HIDALGO COUNTY
"LEASE AND SERVICE OF PORTABLE TOILETS and/or SHOWERS"
RFSQ NO.: 2019-048A-06-24-HAG

BID PAGE

A/C Trailers
 All of our "Trailer Mobile Units" are priced with us using 2 different trailers

Description	Unit Price Toilets	Unit Price Showers
Rental- Toilets/Showers		
Regular Unit Daily Rental	\$ 65. ⁰⁰	\$
Hand Washing Station	\$ 65. ⁰⁰	\$
Handicap Accessible Unit Daily Rental	\$ 100. ⁰⁰	\$
Trailer Mobile Single Toilet Unit (Handicap Accessible) Daily Rental	\$ 1199.99	
Trailer Mobile Double (Male/Female) Toilet Unit (Handicap Accessible) Daily Rental	\$ 2399.99	
Trailer Mobile Showers Unit (Handicap Accessible) Daily Rental		\$3200. ⁰⁰
Services-County Owned Portable Toilets/Showers		
Service/Cleaning County Owned Portable Toilets/Showers – "as needed basis"	\$ 25. ⁰⁰	\$
Services- Regular Unit		
Toilet Cleaning Per Day	\$ 15. ⁰⁰	\$
Regular Unit Weekly Rental – 1 Cleaning per Week	\$ 70. ⁰⁰	\$
Regular Unit Weekly Rental – 2 Cleanings per Week	\$ 90. ⁰⁰	\$
Regular Unit Weekly Rental – 1 Cleaning per Day	\$ 130. ⁰⁰	\$
Regular Unit Weekend Rental – 1 Cleaning per Day	\$ 90. ⁰⁰	\$
Services-Handicap Accessible Unit		
Handicap Accessible Unit Weekly Rental – 1 Cleaning per Week	\$ 100. ⁰⁰	\$
Handicap Accessible Unit Weekly Rental – 2 Cleanings per Week	\$ 115. ⁰⁰	\$
Handicap Accessible Unit Weekly Rental – 1 Cleaning per Day	\$ 140. ⁰⁰	\$
Handicap Accessible Unit Weekend Rental – 1 Cleaning per Day	\$ 115. ⁰⁰	\$
Services-Trailer Mobile Single Toilet Unit (Handicap Accessible)		
Trailer Mobile Single Toilet Unit Daily Rental – 1 Cleaning per Day	\$ 1799.00	
Trailer Mobile Single Toilet Unit Weekly Rental – 1 Cleaning per Week	\$ 2999.00	
Trailer Mobile Single Toilet Unit Weekly Rental – 2 Cleanings per Week	\$ 3149.00	
Trailer Mobile Single Toilet Unit Weekend Rental – 1 Cleaning per Day	\$ 3149.00	

Services-Trailer Mobile Double Toilet Unit (Male/Female) (Handicap Accessible)		
Trailer Mobile Double Toilet Unit (Male/Female) Daily Rental – 1 Cleaning per Day	\$ 2399.99	
Trailer Mobile Double Toilet Unit (Male/Female) Weekly Rental – 1 Cleaning per Week	\$ 3499.99	
Trailer Mobile Double Toilet Unit (Male/Female) Weekly Rental – 2 Cleanings per Week	\$ 3899.98	
Trailer Mobile Double Toilet Unit (Male/Female) Weekend Rental – 1 Cleaning per Day	\$ 3899.98	
Services-Trailer Mobile Showers Unit (Handicap Accessible)		
Trailer Mobile Showers Unit Daily Rental – 1 Cleaning per Day		\$ 3200.00
Trailer Mobile Showers Unit Weekly Rental – 1 Cleaning per Week		\$ 4400.00
Trailer Mobile Showers Unit Weekly Rental – 2 Cleanings per Week		\$ 4800.00
Trailer Mobile Showers Unit Weekend Rental – 1 Cleaning per Day		\$ 4800.00

BIDDER/COMPANY NAME:	Anrige Inc. DBA: A Clean Portoco
ADDRESS:	PO Box 531607
CITY/STATE/ZIP CODE:	Harlingen TX 78553
PHONE & FAX NO.'S:	(956) 230-1370 (956) 230-1450
CELLULAR NO.'S:	
AUTHORIZED SIGNATURE:	
PRINTED NAME:	Nancy Perez
TITLE:	President

CLARIFICATION TO EXHIBIT "B"
BID PAGE



Erica Taylor <ericataylor@portoco.com>

Re: RFSQ Clarification

1 message

Hector Garcia <hector.garcia1@co.hidalgo.tx.us>
To: Erica Taylor <ericataylor@portoco.com>

Tue, Jun 25, 2019 at 9:25 AM

Good Morning Erica,

Thank you for your previous response. Would you be able to assist me with providing the breakdown in the table below. I believe this will provide the clarification needed to understand how the prices add up with Exhibit "B" Bid Page, which combined (Unit Rental Price+ Cleaning Fee). I appreciate your assistance!

Services- Regular Unit	RENTAL	CLEANING
Toilet Cleaning Per Day <i>ACP owned portable toilet</i>		\$15.00
Regular Unit Weekly Rental – 1 Cleaning per Week	\$ 65.00	\$ 5.00
Regular Unit Weekly Rental – 2 Cleanings per Week	\$ 65.00	\$ 25.00
Regular Unit Weekly Rental – 1 Cleaning per Day	\$ 65.00	\$ 65.00
Regular Unit Weekend Rental – 1 Cleaning per Day	\$ 65.00	\$ 25.00
<i>Service / Cleaning County owned Portable Toilets</i>	<i>→</i>	25.00
Services-Handicap Accessible Unit	RENTAL	CLEANING
Handicap Accessible Unit Weekly Rental – 1 Cleaning per Week	\$ 100.00	\$ 0
Handicap Accessible Unit Weekly Rental – 2 Cleanings per Week	\$ 100.00	\$ 15.00
Handicap Accessible Unit Weekly Rental – 1 Cleaning per Day	\$ 100.00	\$ 40.00
Handicap Accessible Unit Weekend Rental – 1 Cleaning per Day	\$ 100.00	\$ 15.00
Services-Trailer Mobile Single Toilet Unit (Handicap Accessible)	RENTAL	CLEANING
Trailer Mobile Single Toilet Unit Daily Rental – 1 Cleaning per Day	\$ 1199.99	\$ 599.01
Trailer Mobile Single Toilet Unit Weekly Rental – 1 Cleaning per Week	\$ 2299.00	\$ 700.00
Trailer Mobile Single Toilet Unit Weekly Rental – 2 Cleanings per Week	\$ 2299.00	\$ 850.00
Trailer Mobile Single Toilet Unit Weekend Rental – 1 Cleaning per Day	\$ 2299.00	\$ 850.00
Services-Trailer Mobile Double Toilet Unit (Male/Female) (Handicap Accessible)	RENTAL	CLEANING
Trailer Mobile Double Toilet Unit (Male/Female) Daily Rental – 1 Cleaning per Day	\$ 2399.99	\$ 0
Trailer Mobile Double Toilet Unit (Male/Female) Weekly Rental – 1 Cleaning per Week	\$ 2899.99	\$ 600.00
Trailer Mobile Double Toilet Unit (Male/Female) Weekly Rental – 2 Cleanings per Week	\$ 2899.99	\$ 999.99
Trailer Mobile Double Toilet Unit (Male/Female) Weekend Rental – 1 Cleaning per Day	\$ 2899.99	\$ 999.99
Services-Trailer Mobile Showers Unit (Handicap Accessible)	RENTAL	CLEANING
Trailer Mobile Showers Unit Daily Rental – 1 Cleaning per Day	\$ 3200.00	\$ 0
Trailer Mobile Showers Unit Weekly Rental – 1 Cleaning per Week	\$ 3700.00	\$ 700.00
Trailer Mobile Showers Unit Weekly Rental – 2 Cleanings per Week	\$ 3700.00	\$ 1100.00
Trailer Mobile Showers Unit Weekend Rental – 1 Cleaning per Day	\$ 3700.00	\$ 1100.00

On Mon, Jun 24, 2019 at 4:48 PM Erica Taylor <ericataylor@portoco.com> wrote:

HIDALGO COUNTY PURCHASING DEPARTMENT

TABULATION SHEET

DEPARTMENT NAME: HIDALGO COUNTY – “LEASE AND SERVICE OF PORTABLE TOILETS AND/OR SHOWERS”

RFSQ Deadline: June 24, 2019 09:30A.M.

RFSQ No.: 2019-048A-06-24-HAG

CONTRACT SPECIALIST: HECTOR GARCIA

Anrige, Inc.
dba A Clean Portoco
SOLE BIDDER

Description	Unit Price Toilets	Unit Price Showers
Rental- Toilets/Showers		
Regular Unit Daily Rental	\$65.00	
Hand Washing Station	\$65.00	
Handicap Accessible Unit Daily Rental	\$100.00	
Trailer Mobile Single Toilet Unit (Handicap Accessible) Daily Rental	\$1,199.99	
Trailer Mobile Double (Male/Female) Toilet Unit (Handicap Accessible) Daily Rental	\$2,399.99	
Trailer Mobile Showers Unit (Handicap Accessible) Daily Rental		\$3,200.00
Services-County Owned Portable Toilets/Showers		
	RENTAL	CLEANING
Service/Cleaning County Owned Portable Toilets/Showers – “as needed basis”		\$25.00
Services- Regular Unit		
	RENTAL	CLEANING
Toilet Cleaning Per Day		\$15.00
Regular Unit Weekly Rental – 1 Cleaning per Week	\$65.00	\$5.00
Regular Unit Weekly Rental – 2 Cleanings per Week	\$65.00	\$25.00
Regular Unit Weekly Rental – 1 Cleaning per Day	\$65.00	\$65.00
Regular Unit Weekend Rental – 1 Cleaning per Day	\$65.00	\$25.00
Services-Handicap Accessible Unit		
	RENTAL	CLEANING
Handicap Accessible Unit Weekly Rental – 1 Cleaning per Week	\$100.00	\$0.00
Handicap Accessible Unit Weekly Rental – 2 Cleanings per Week	\$100.00	\$15.00
Handicap Accessible Unit Weekly Rental – 1 Cleaning per Day	\$100.00	\$40.00
Handicap Accessible Unit Weekend Rental – 1 Cleaning per Day	\$100.00	\$15.00

Services-Trailer Mobile Single Toilet Unit (Handicap Accessible)			RENTAL	CLEANING
Trailer Mobile Single Toilet Unit Daily Rental – 1 Cleaning per Day			\$1,199.99	\$599.01
Trailer Mobile Single Toilet Unit Weekly Rental – 1 Cleaning per Week			\$2,299.00	\$700.00
Trailer Mobile Single Toilet Unit Weekly Rental – 2 Cleanings per Week			\$2,299.00	\$850.00
Trailer Mobile Single Toilet Unit Weekend Rental – 1 Cleaning per Day			\$2,299.00	\$850.00
Services-Trailer Mobile Double Toilet Unit (Male/Female) (Handicap Accessible)			RENTAL	CLEANING
Trailer Mobile Double Toilet Unit (Male/Female) Daily Rental – 1 Cleaning per Day			\$2,399.99	\$0.00
Trailer Mobile Double Toilet Unit (Male/Female) Weekly Rental – 1 Cleaning per Week			\$2,899.99	\$600.00
Trailer Mobile Double Toilet Unit (Male/Female) Weekly Rental – 2 Cleanings per Week			\$2,899.99	\$999.99
Trailer Mobile Double Toilet Unit (Male/Female) Weekend Rental – 1 Cleaning per Day			\$2,899.99	\$999.99
Services-Trailer Mobile Showers Unit (Handicap Accessible)			RENTAL	CLEANING
Trailer Mobile Showers Unit Daily Rental – 1 Cleaning per Day			\$3,200.00	\$0.00
Trailer Mobile Showers Unit Weekly Rental – 1 Cleaning per Week			\$3,700.00	\$700.00
Trailer Mobile Showers Unit Weekly Rental – 2 Cleanings per Week			\$3,700.00	\$1,100.00
Trailer Mobile Showers Unit Weekend Rental – 1 Cleaning per Day			\$3,700.00	\$1,100.00

REQUEST FOR SEALED QUOTES LEGAL NOTICE
For
HIDALGO COUNTY
(Including all funding sources, programs and entities)

“Lease and Service of Portable Toilets and/or Showers”
Project No.: 2019-048A-06-24-HAG

To: 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

Vendor acknowledges that it has examined this Request for Sealed Quotes and specifications and is familiar with the conditions to be met. In accordance with the Specifications, and subject to all laws and regulations of the United States and state and local laws, the undersigned vendor proposes and commits to furnish all labor, equipment, material, software, and services as set forth in the documents hereinbefore mentioned. The undersigned vendor further agrees, upon acceptance of its quote, 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.

Vendor acknowledges receipt of all of the pages of the documents referenced in the Invitation to RFSQ Checklist presented in connection with this procurement. Vendor understands that Hidalgo County reserves the right to reject any or all quotes and further reserves the right to design the evaluation criteria to be used in selecting the lowest and best quote.

Vendor acknowledges that by signature below, it is providing the required certifications, attestations, verifications and/or acknowledgments as referenced within this Request for Sealed Quotes. Vendor acknowledges that any and all specifications, provisions, and attachments of this Request for Sealed Quotes are incorporated into and made a part of any resulting agreement.

Vendor agrees that this quote shall be good and may not be withdrawn for a period of ninety (90) calendar days after the scheduled closing time for receiving quotes, as contained in the Specifications. An individual authorized to bind the company must sign the following section. Failure to execute this section may result in quote rejection.

Respectfully submitted,

Firm: Anrise Inc. DBA: A Clean Portoco
Address: P.O. Box 531607 Harlingen TX 78553
By: Nancy Perez
Printed Name: Nancy Perez
Title: President

EXHIBIT “A”
SPECIFICATIONS

REQUEST FOR SEALED QUOTES

HIDALGO COUNTY

**“Lease and Service of Portable Toilets
and/or Showers”**

RFSQ No.: 2019-048A-06-24-HAG



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/12/2018

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 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 (MO) Heffeman Insurance Brokers 16100 Swingley Ridge Road, Suite 250 Chesterfield MO 63017	CONTACT NAME: Christine Flynn	
	PHONE (A/C, No, Ext): 636-489-0188	FAX (A/C, No): 636-536-0475
E-MAIL ADDRESS: christinef@heffins.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Wesco Insurance Company		25011
INSURER B: AmTrust Insurance Company of Kansas, Inc.		15954
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED
Anrige, Inc.
dba A Clean Portco
PO Box 531607
Harlingen TX 78553

ACLEANP-01

COVERAGES

CERTIFICATE NUMBER: 525910533

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			WPP1600355	12/15/2018	12/15/2019	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
	GEN'L AGGREGATE LIMIT APPLIES PER:							
	<input type="checkbox"/> POLICY	<input checked="" type="checkbox"/> PROJECT	<input type="checkbox"/> LOC					
	OTHER:							
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			WPP1590569	12/15/2018	12/15/2019	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			KMB1043086	12/15/2018	12/15/2019	EACH OCCURRENCE	\$ 2,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						AGGREGATE	\$ 2,000,000
								\$
	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 <input type="checkbox"/> N/A				PER STATUTE	OTHER
							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 is included as an additional insured per policy form as respects to General Liability and Automobile Liability, if required by written contract (form #CG20380413 and CA9901870715). Primary & Non-Contributory is included per policy form as respects to the General Liability, if required by written contract (form #CG2038 0413). Waiver of Subrogation is included per policy form as respects to General Liability and Automobile Liability, if required by written contract (form #CG24040509, #CA9901870715).

CERTIFICATE HOLDER

CANCELLATION

Hidalgo County Attn: Purchasing Dept. 2812 S. Highway Bus 281 Edinburg TX 78539	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)

08/07/2018

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 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 TEE & GEE UNDERWRITING MANAGERS, LP 8131 LBJ FREEWAY SUITE 750 DALLAS, TX 75251	CONTACT NAME: RISK MANAGEMENT DEPARTMENT	
	PHONE (A/C, No, Ext): 888-785-4018	FAX (A/C, No): 866-737-1265
	E-MAIL ADDRESS: CERTS@CORPSOLPEO.COM	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: SERVICE LLOYDS INSURANCE COMPANY	43389
INSURED HR RISK OF TEXAS, INC. 4040 BROADWAY, SUITE 103 SAN ANTONIO, TX 78209	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	
	INSURER G:	

COVERAGES

CERTIFICATE NUMBER: 31

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
	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 OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPI/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY						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		Y/N	WC0091213-2018A	8/8/18	8/8/19	<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)

ALTERNATE EMPLOYER, ANRIGE, INC. DBA A CLEAN PORTOCO, IS PROVIDED WORKERS' COMPENSATION COVERAGE ONLY FOR EMPLOYEES PROPERLY ENROLLED AND ASSIGNED TO HR RISK OF TEXAS, INC. PURSUANT TO THE CLIENT SERVICES AGREEMENT BETWEEN ANRIGE, INC. DBA A CLEAN PORTOCO AND HR RISK OF TEXAS, INC.

CERTIFICATE HOLDER

CANCELLATION

HIDALGO COUNTY DRAINAGE DISTRICT
NO. 1 BOARD OF DIRECTORS
902 DOOLITTLE
EDINBURG, TX 78542

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

Adam Goldberg

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Insurance Requirement 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 award of project 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 award of project by the Hidalgo County Commissioners' Court; currently carry the following

Professional Liability (Errors & Omissions): \$ _____

Automobile Liability: \$ _____ General Liability: \$ _____

- have already been met, see attached copy of insurance certificate.

Ganey Pury
Authorized Representative

6/24/15
Date

Notice to Proposer:

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 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 award to be rescinded and re-awarded to next qualified vendor. 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 YOUR PACKET

PROJECT REQUIREMENTS ACKNOWLEDGMENT

This is to certify that I, _____, possess all of the APPLICABLE:

1. Licenses: _____

2. Bonds: _____

3. Certificates: HUB Certified

4. Permits: _____

5. Other: NA

necessary to carry out the required project. Furthermore, I am providing copies of the required documentation so that, if my company is awarded this project, 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, certificates, permits, etc. which are required must be presented as part of the packet in order to expedite the evaluation process. Failure to provide said documentation will result in the disqualification of your proposal/qualification.

Donny Perry
Authorized Signature

6/19/19
Date

Anrig Inc DBA: A Clean Portoco
Company

PO Box 531607
Address

Harlingen TX 78553
City, State, Zip

EXHIBIT “D”

CIQ FORM

CONFLICT OF INTEREST QUESTIONNAIRE

REQUEST FOR SEALED QUOTES

HIDALGO COUNTY

“Lease and Service of Portable Toilets
and/or Showers”

RFSQ No.: 2019-048A-06-24-HAG

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.

Anrige Inc. DBA: A Clean Portoco

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

N/A

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 Anney Aray
Signature of vendor doing business with the governmental entity

6/19/19
Date

**HIDALGO COUNTY
PURCHASING DEPARTMENT
Proposer/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:
Mailing/Postal Address: 2812 S. Business Hwy. 281
Physical Address: 2802 S. Business Hwy. 281
Edinburg, Texas 78539
or e-mail: purchasing@co.hidalgo.tx.us

Company Name: <u>Anrige Inc.</u>		Telephone No. <u>(956) 230-1370</u>
dba Name: <u>A Clean Portoco</u>		
Legal Name: <u>Anrige Inc.</u>		
Mailing Address: <u>PO Box 531607</u>	Fax No. <u>(956) 230-1450</u>	
Physical Address: <u>2206 W. Teege Ave</u>		
City, State, Zip <u>Harlingen TX 78553</u>	Tax I.D. No. <u>74-2793390</u>	
Remit to Address: <u>PO Box 531607</u>	City, State, Zip <u>Harlingen TX 78553</u>	
E-Mail Address: <u>acp@portoco.com</u>		
Representative(s) Name(s) & Title(s)		
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>1995</u> Other:
Type of Business (check one): <input type="checkbox"/> Manufacturer <input type="checkbox"/> Wholesaler <input type="checkbox"/> Retailer <input type="checkbox"/> Broker <input type="checkbox"/> Distributor <input checked="" 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 type="checkbox"/> Less than 125,000 annual gross receipt	<input type="checkbox"/> Black American	<input type="checkbox"/> Native American
<input type="checkbox"/> Less than 250,000 annual gross receipt	<input checked="" type="checkbox"/> Hispanic American	<input type="checkbox"/> Women
<input type="checkbox"/> Less than 499,000 annual gross receipt	<input type="checkbox"/> Asian Pacific American	<input type="checkbox"/> Other
<input 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 type="checkbox"/> No
Indicate Certification No.(s): <u>1742793390200</u> or are Certificate(s) attached?:		<input checked="" type="checkbox"/> Yes <input 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.: _____		

(THIS PAGE MUST BE SUBMITTED WITH PROPOSAL)

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): 1742793390² 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: _____

(THIS PAGE MUST BE SUBMITTED WITH PROPOSAL)

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.
Anridge Inc

2 Business name/disregarded entity name, if different from above
A Clean Portoco

3 Check appropriate box for federal tax classification; 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. 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.
 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 US

5 Address (number, street, and apt. or suite no.)
PO Box 531607

6 City, state, and ZIP code
Harlingen, TX 78553

7 List account number(s) here (optional)

Requester's name and address (optional)

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												
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> </tr> </table>									OR Employer identification number			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; border: 1px solid black;">7</td> <td style="width: 20px; height: 20px; border: 1px solid black;">4</td> <td style="width: 20px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; height: 20px; border: 1px solid black;">-</td> <td style="width: 20px; height: 20px; border: 1px solid black;">2</td> <td style="width: 20px; height: 20px; border: 1px solid black;">7</td> <td style="width: 20px; height: 20px; border: 1px solid black;">9</td> <td style="width: 20px; height: 20px; border: 1px solid black;">3</td> <td style="width: 20px; height: 20px; border: 1px solid black;">3</td> <td style="width: 20px; height: 20px; border: 1px solid black;">9</td> <td style="width: 20px; height: 20px; border: 1px solid black;">0</td> </tr> </table>	7	4		-	2	7	9	3	3	9	0	
7	4		-	2	7	9	3	3	9	0		

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 on page 3.

Sign Here Signature of U.S. person > Date > **6/19/2019**

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/w9.

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 1099 (home mortgage interest), 1099-E (student loan interest), 1099-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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- 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
- 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.

**Certification
Regarding Debarment, Suspension Ineligibility**

As is required by the Federal Regulations Implementing Executive Order 12549, Debarment and Suspension, 45 CFR Part 76, Government-wide Debarment and Suspension, in 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, theory, 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 of cause or default.

Signature: Nancy Perez
Print Name: Nancy Perez
Title: President
Telephone Number: 956-230-1370
Date: 6/19/19

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

EXHIBIT "G"

TITLE VI APPENDICES "A"
THROUGH "E"

REQUEST FOR SEALED QUOTES

HIDALGO COUNTY

"Lease and Service of Portable Toilets
and/or Showers"

RFSQ No.: 2019-048A-06-24-HAG

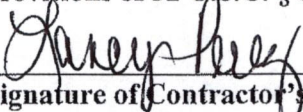
(To be submitted with each bid or offer exceeding \$100,000)

The undersigned Contractor, Anrig Inc. DBA: A Clean Portoco certifies, to the best of his or her knowledge, that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31, U.S.C. § 1352 (as amended by the Lobbying Disclosure Act of 1995). Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

The Contractor, Anrig Inc. DBA: A Clean Portoco, certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. § 3801 *et seq.*, apply to this certification and disclosure, if any.


Signature of Contractor's Authorized Official

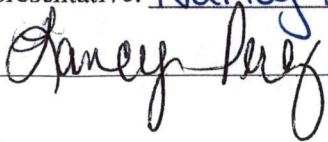
Nancy Perez President
Name and Title of Contractor's Authorized Official

6/19/19
Date

Contractor agrees to comply with all federal, state and local laws, rules, regulations and ordinances, as applicable. It is further acknowledged that the Contractor read and understands all provisions, laws, acts, regulations, etc. as specifically noted above and certifies compliance with the same.

Vendor's Name/Company Name: Anrise Inc. DBA: A Clean Portoco

Printed Name and Title of Authorized Representative: Nancy Perez President

Signature of Authorized Representative: 

Date: 6/19/19

Exhibit "J"

PROPOSER'S AFFIDAVIT

**PROPOSER'S AFFIDAVIT OF NON-COLLUSION
NON-CONFLICT OF INTEREST, AND ANTI-LOBBYING
"Lease and Service of Portable Toilets and/or Showers"
PROJECT NO.: 2019-048A-06-24-HAG**

STATE OF TEXAS
COUNTY OF HIDALGO

Affiant, Nancy Perez, being first duly sworn, deposes that:

- (1) Affiant does hereby state neither the proposer nor any of the proposer's officers, partners, owners, agents, representatives, employees, or parties in interest, has in any way colluded, conspired, agreed, directly or indirectly with any person, firm, corporation, or another proposer, or potential proposer, to provide any money or other valuable consideration for assistance in procuring or attempting to procure a contract, or fix the prices in the attached proposed or the proposal of any other proposer, and further states that no such money or another reward will be hereinafter paid.
- (2) Affiant further states they have neither recommended nor suggested to Hidalgo County or any of its officials or employees, any of the terms or provisions set forth in their Request for Sealed Quotes and subsequent agreement, except at a meeting open to all interested proposers, of which proper notice was given.
- (3) Affiant, further states their officers, employees, or agents have not, and will not attempt to lobby, directly or indirectly, the Hidalgo County Commissioner's Court between proposal submission date and award by the Hidalgo County Commissioner's Court.
- (4) Affiant further states no officer, or stockholder of the proposer is a member of the staff, or related to any employee of Hidalgo County except as noted herein below:

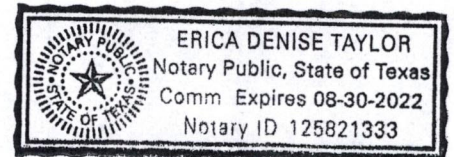
Signature/Title: Nancy Perez President

Subscribed and sworn to before me this 19th day of June 2019.

Erica D. Jayh

Notary Public

My commission expires: August 30, 2022



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.

Anrige Inc
 Harlingen, TX United States

Certificate Number:
 2019-510005

Date Filed:
 06/26/2019

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

Date Acknowledged:
 06/26/2019

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.

RFSQ#2019-048A-06-24-HAG
 Portable toilets, trailers, sinks, shower trailers, etc

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 _____, 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 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.
 Anrige Inc
 Harlingen, TX United States

Certificate Number:
 2019-510005

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 County of Hidalgo

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 RFSQ#2019-048A-06-24-HAG
 Portable toilets, trailers, sinks, shower trailers, etc

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 Anney Perera, and my date of birth is 2-10-54.

My address is PO BOX 0531607, HARLINGEN TX 78553 USA.
(street) (city) (state) (zip code) (country)

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

Executed in CAMERON County, State of TX, on the 26 day of June, 2019.
(month) (year)

Anney Perera
 Signature of authorized agent of contracting business entity
(Declarant)

⚠ ALERT: SAM.gov will be down for scheduled maintenance Saturday 07/13/2019, from 8:00 AM to 1:00 PM (EDT).

⚠ ALERT: CAGE is currently experiencing a high volume of registrations, and is working them in the order in which they are received. When your registration is assigned to a CAGE Technician, you will be contacted by CAGE, if necessary, for any additional information.

Entity Dashboard

Anrige, Inc. 2206 W Toege Ave
 DUNS: 029142648 CAGE Code: 1WC06 Harlingen, TX, 78552-5323,
 Status: Active UNITED STATES
 Expiration Date: 06/18/2020
 Purpose of Registration: All Awards

- ▶ [Entity Overview](#)
- ▶ [Entity Registration](#)
 - ▶ [Core Data](#)
 - ▶ [Assertions](#)
 - ▶ [Reps & Certs](#)
 - ▶ [POCs](#)
- ▶ [Exclusions](#)
 - ▶ [Active Exclusions](#)
 - ▶ [Inactive Exclusions](#)
 - ▶ [Excluded Family Members](#)

Entity Overview

Entity Registration Summary

Name: Anrige, Inc.
Business Type: Business or Organization
Last Updated By: NANCY PEREZ
Registration Status: Active
Activation Date: 06/19/2019
Expiration Date: 06/18/2020

Exclusion Summary

Active Exclusion Records? No

[RETURN TO SEARCH](#)



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