Supplier Information

Company Name: Angel Care Ambulance service LLC

Contact Name: Angel Garcia

Address: PO Box 440235, Laredo,TX 78044-0235 (mailing)

1901 San Bernardo, Laredo, TX 78040 (physical)

Phone: 956-725-7484

Fax: 956-725-7743

Email: lineman51@gmail.com

Supplier Notes

Angel Care Ambulance service LLC has been proudly serving Webb county and it's constituents for continously for the past 13 years. We look forward to the opportunity for a continued partnership with Webb county for the considerable future.

By submitting your response, you certify that you are authorized to represent and bind your company.

Angel Garcia
Print Name


Signature

THIS FORM MUST BE INCLUDED WITH RFP PACKAGE; PLEASE CHECK OFF EACH ITEM INCLUDED WITH RFP PACKAGE AND SIGN BELOW TO COMPLETE SUBMITTAL OF EACH REQUIRED ITEM.

"Webb County Emergency Ambulance Service Agreement"

✓References Form

✓Conflict of Interest Form (CIQ)

✓Certification regarding Debarment (Form H2048)

✓Certification regarding Federal lobbying (Form 2049)

✓Purchasing Code of Ethics Affidavit

✓House Bill 89 Form

✓Senate Bill 252 Form

✓Proof of No Delinquent Tax Owed to Webb County

Angel Garcia/ Partner

Authorized Offeror's Printed Name and Title

Authorized Offeror's Signature **Date** 7/05/2024

1.46 a. pg19

Angel Care Ambulance service has 16 years of service in the EMS field with 13 years of experience as the 911 emergency MICU response entity for Webb County. Our staff is comprised of a combination of experienced EMTs with hospital and field EMS backgrounds. The leadership behind our company has a combined 80+ years of emergency response experience as Firefighter/Paramedics for the Laredo fire department as well as 30yrs experience in hospital emergency room. Angel Care has been recognized for our exemplary service at multiple mass casualty events while serving the constituents of Webb County (examples: bus rollover IH35 by checkpoint, 50+ pts.; bus rollover Hwy 83N, 50+ pts; child with injury to face Tannerite accident on Hwy 359, revived child saved his eye). We have also provided mutual aid to our surrounding communities (Laredo, Rio Bravo, El Cenizo, Zapata county, La Salle county, Dimmit county, Jim Hogg county) for the past 13 years as part of our service to our community.

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1.46 b. pg19

Angel Care Ambulance has 13 years of experience running 911 EMS services to Webb County, we have staffing and contingency plans to cover our ambulances to properly serve the constituents of Webb County. We run ESO software for our medical reports like WCVFD uses for their fire reports as well as use radio transmitting technology approved and used by the WCVFD. We have been evolving through the constant cooperation and guidance of WCVFD Fire Chief and are always open to training and advice.

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1.46 c. pg19

Angel Care Ambulance began doing business in May 2008. We have continued to thrive 16 years later with 13 of those years as the 911 provider for Webb County and its constituents. We have included balance sheets and income statements for your review of our continued financial stability.

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1.46 d. pg19

List of current employee certifications has been included with State of Texas licenses listed.

;

ANGEL CARE AMBULANCE CALLS BY FISCAL				
MONTH	2019	2020	2021	2022
OCTOBER	41	47	48	49
NOVEMBER	43	38	35	46
DECEMBER	30	38	47	54
JANUARY	41	50	40	50
FEBRUARY	39	44	35	36
MARCH	32	39	53	53
APRIL	34	44	48	68
MAY	35	43	55	63
JUNE	40	38	59	56
JULY	46	43	64	50
AUGUST	41	43	50	61
SEPTEMBER	39	44	35	62
TOTALS	461	511	569	648

YEAR
2023
56
65
57
54
57
53
49
51
52
494

ANGEL CARE AMBULANCE SERVICE CAI

MONTH	2019	2020	2021	2022
JANUARY	36	41	50	40
FEBRUARY	40	39	44	35
MARCH	39	32	39	53
APRIL	46	34	44	48
MAY	53	35	43	55
JUNE	44	40	38	59
JULY	52	46	43	64
AUGUST	43	41	43	50
SEPTEMBER	24	39	44	35
OCTOBER	41	47	48	49
NOVEMBER	43	38	35	46
DECEMBER	30	38	47	54
TOTALS	491	470	518	588

_LS BY CALENDAR YEAR

2023	2024
50	54
36	57
53	53
68	49
63	51
56	52
50	
61	
62	
56	
65	
57	
677	316

TEXAS Health and Human Services | Texas Department of State Health Services

Contact your licensing board or program | Internet Policy
Return to the Main Menu | Contact Us

License Details

"License" means a license, certificate, registration, permit, or other form of authorization, including a renewal of the authorization, that: a person must obtain to practice or engage in a particular business, occupation, or profession; or a facility must obtain before a particular business, occupation, or profession is practiced or engaged in within the facility. A "License Rank" is the level of license; a "License Modifier" provides additional information on the scope of the license.

A license may have one or two statuses. The first status is normally "Current" which means the license is in good standing. If the first status is "Expired" or "Null and Void", or if either status shows "Inactive", the licensee may not practice in the profession and/or operate as a licensed business.

For more information regarding this license, including any disciplinary information displayed below, please contact the appropriate board or program office. A list of DSHS licensing board and programs may be found at: http://www.dshs.state.tx.us/Licensee-Registrant-Permittee.aspx or click the link at the bottom of this page.

Press "Previous Record" to display the previous license.

Press "Next Record" to display the next license.

Press "Search Results" to return to the Search Results list.

Press "New Search Criteria" to do another search of this type.

Press "New Search" to start a new search.

License Number: 1000196 ***Current Date: 07/09/2024 09:57 PM***

Name:	ANGEL CARE AMBULANCE SERVICE LLC DBA
Doing Business As:	ANGEL CARE AMBULANCE
License Type:	Licensed EMS Provider
License Status:	Current
Expiry Date:	01/31/2025
Effective Rank Date:	10/24/2008
Modifier(s):	Mobile Intenstive Care Unit Ground Only E911 & Transfer

Addresses

Billing Address	Address	**ANGEL CARE AMB SVC** **LAREDO , TX** **WEBB** **78040** **US**
Additional Cont	Address	**VELIZ, REYNALDO** **PO BOX 440235** **LAREDO , TX** **WEBB** **78044** **US**
	Phone Number:	**9567632273**
Primary Loc	Address	**1901 SAN BERNARDO STE # 1** **LAREDO , TX** **WEBB** **78040** **US**
	Phone Number:	**9567257484**
Records Loc	Address	**PRIMARY LOCATION** **LAREDO , TX** **WEBB** **78040** **US**
Infect Ctr Offr	Address	**VELIZ, REYNALDO** **LAREDO , TX** **WEBB** **78040** **US**

Addresses

Dispatch Center	Address	**COUNTY EMS** **LAREDO , TX** **WEBB** **78040** **US**
Dispatch Center	Address	**COUNTY EMS** **LAREDO , TX** **WEBB** **78040** **US**
Station Loc	Address	**COUNTY EMS** **1020 WASHINGTON ST C** **LAREDO , TX** **WEBB** **78040** **US**
	Phone Number:	**9567257484**
Station Loc	Address	**SOUTH** **7210 E SAUNDERS HWY 59** **LAREDO , TX** **WEBB** **78041** **US**
	Phone Number:	**9567257484**
Station Loc	Address	**LOS BOTINES FIRE STATION** **126 SAN JUAN** **LAREDO , TX** **WEBB** **78045** **US**
	Phone Number:	**9567257484**
Mailing Address	Address	**PO BOX 440235** **LAREDO , TX** **WEBB** **78044** **US**
CEO/Owner	Address	**GARCIA, ANGEL** **LAREDO , TX** **WEBB** **78044** **US**

EMS Employee

Licensee's Role: EMS Firm

Related Party Role: Employee

Related Party Name	License	Address
GARCIA, ANGEL ALBERTO	**Certified Emergency Medical Technician - Paramedic (EMT-P) #126158** Status: Current/Active Expiration Date: 07/31/2028	**LAREDO , TX** **WEBB** **78045** **US**
VELIZ, REYNALDO	**Certified Emergency Medical Technician - Paramedic (EMT-P) #37466** Status: Current/Active Expiration Date: 05/31/2027	**LAREDO , TX** **WEBB** **78045** **US**
GARZA, SAUL	**Certified Emergency Medical Technician - Paramedic (EMT-P) #126160** Status: Current/Active	**LAREDO , TX** **WEBB**

Related Party Name	License	Address
	Expiration Date: 09/30/2024	78041 US
OCHOA, KEVIN	Certified Emergency Medical Technician - Paramedic (EMT-P) #748334 Status: Current/Active Expiration Date: 02/28/2026	LAREDO , TX WEBB 78045 US
IBARRA, GABRIEL	Certified Emergency Medical Technician (EMT) #160004 Status: Current/Active Expiration Date: 04/30/2026	LAREDO , TX WEBB 78041 US
MOTA, BENJAMIN	Certified Emergency Medical Technician - Paramedic (EMT-P) #749091 Status: Current/Active Expiration Date: 02/28/2026	LAREDO , TX WEBB 78043 US
ARREDONDO, MONICA AIMEE	Certified Advanced Emergency Medical Technician (Adv EMT) #130993 Status: Current/Active Expiration Date: 10/31/2024	LAREDO , TX WEBB 78041 US
GARZA, ISRAEL	Licensed Paramedic #749438 Status: Current/Active Expiration Date: 07/31/2025	LAREDO , TX WEBB 78046 US
RODRIGUEZ, JESUS	Licensed Paramedic #747634 Status: Current/Active Expiration Date: 03/31/2027	LAREDO , TX WEBB 78043 US
GARCIA, GENARO JAVIER	Certified Emergency Medical Technician - Paramedic (EMT-P) #731922 Status: Current/Active Expiration Date: 07/31/2026	LAREDO , TX WEBB 78043 US
DE LA CRUZ, ALFRED ANTHONY	Certified Emergency Medical Technician - Paramedic (EMT-P) #716925 Status: Current/Active Expiration Date: 08/31/2026	LAREDO , TX WEBB 78040 US
ZAMORA, APOLONIO	Certified Emergency Medical Technician (EMT) #114671 Status: Current/Active Expiration Date: 07/31/2026	LAREDO , TX WEBB 78046 US
MARTINEZ, ADOLFO	Certified Emergency Medical Technician - Paramedic (EMT-P) #30171 Status: Current/Active Expiration Date: 04/30/2028	LAREDO , TX WEBB 78041 US
MARTINEZ, MARCUS ANTHONY	Certified Emergency Medical Technician - Paramedic (EMT-P) #726875 Status: Current/Active Expiration Date: 03/31/2025	LAREDO , TX WEBB 78045 US

Related Party Name	License	Address
EHRENZWEIG JR, EDDIE	Certified Emergency Medical Technician (EMT) #126154 Status: Current/Active Expiration Date: 07/31/2027	LAREDO , TX WEBB 78046 US
EQUIGUA, MICHAEL STEVEN	Licensed Paramedic #726800 Status: Current/Active Expiration Date: 03/31/2025	LAREDO , TX WEBB 78041 US
FLORES III, JOSE A	Certified Emergency Care Attendant (ECA) #757243 Status: Current/Active Expiration Date: 01/31/2027	LAREDO , TX WEBB 78046 US
ROMERO, JESSE	Certified Emergency Medical Technician - Paramedic (EMT-P) #773458 Status: Current/Active Expiration Date: 05/31/2027	LAREDO , TX WEBB 78046 US
RULL, JUAN MANUEL	Certified Emergency Medical Technician (EMT) #770134 Status: Current/Active Expiration Date: 07/31/2025	LAREDO , TX WEBB 78045 US
CASTILLO, ISAAC	Certified Emergency Medical Technician - Paramedic (EMT-P) #749085 Status: Current/Active Expiration Date: 02/28/2026	LAREDO , TX WEBB 78046 US
MARTINEZ, REUBEN MOISES	Certified Emergency Medical Technician - Paramedic (EMT-P) #726809 Status: Current/Active Expiration Date: 03/31/2025	LAREDO , TX WEBB 78045 US
CAMACHO, SAMUEL	Licensed Paramedic #747386 Status: Current/Active Expiration Date: 03/31/2027	LAREDO , TX WEBB 78043 US
TELLEZ , AZUCENA	Certified Emergency Medical Technician (EMT) #767030 Status: Current/Active Expiration Date: 01/31/2025	LAREDO , TX WEBB 78046 US
GONZALEZ, STEVEN	Licensed Paramedic #731023 Status: Current/Active Expiration Date: 07/31/2028	LAREDO , TX WEBB 78045 US
VELOZ, ASBEL	Certified Emergency Medical Technician (EMT) #749569 Status: Current/Active Expiration Date: 06/30/2025	LAREDO , TX WEBB 78046 US
TOLENTINO, EDGAR EUSEBIO	Licensed Paramedic #766686 Status: Current/Active Expiration Date: 05/31/2028	LAREDO , TX WEBB 78043 US

Related Party Name	License	Address
SILVA, CARLA A.	Certified Emergency Medical Technician (EMT) #772781 Status: Current/Active Expiration Date: 12/31/2025	LAREDO , TX WEBB 78045 US
LOZANO, CARLOS ROBERTO	Certified Emergency Medical Technician - Paramedic (EMT-P) #147412 Status: Current/Active Expiration Date: 10/31/2025	LAREDO , TX WEBB 78046 US
AGUILAR, DANIELSON	Certified Emergency Medical Technician - Paramedic (EMT-P) #769247 Status: Current/Active Expiration Date: 02/28/2027	LAREDO , TX WEBB 78040 US
GAYLORD, AMANDA	Certified Emergency Medical Technician - Paramedic (EMT-P) #785539 Status: Current/Active Expiration Date: 11/30/2027	LAREDO , TX WEBB 78045 US
VILLANUEVA, CARLOS	Certified Emergency Medical Technician (EMT) #785799 Status: Current/Active Expiration Date: 12/31/2027	LAREDO , TX WEBB 78041 US
MARTINEZ, CHELSEY LYNETTE	Certified Emergency Medical Technician (EMT) #761156 Status: Current/Active Expiration Date: 01/31/2028	ZAPATA , TX ZAPATA 78076 US
GARMA, EMILIO ALEJANDRO	Certified Emergency Medical Technician (EMT) #780384 Status: Current/Active Expiration Date: 02/28/2027	LAREDO , TX WEBB 78045 US
LOYOLA, GIOVANNA	Certified Emergency Medical Technician (EMT) #786231 Status: Current/Active Expiration Date: 01/31/2028	LAREDO , TX WEBB 78046 US
ALVA, HECTOR	Certified Emergency Medical Technician (EMT) #779742 Status: Current/Active Expiration Date: 01/31/2027	LAREDO , TX WEBB 78046 US
MARTINEZ GONZALEZ, HERON ALEXANDRO	Licensed Paramedic #748305 Status: Current/Active Expiration Date: 08/31/2026	LAREDO , TX WEBB 78046 US
VASQUEZ, IVAN	Licensed Paramedic #58949 Status: Current/Active Expiration Date: 01/31/2025	LAREDO , TX WEBB 78045 US
SANCHEZ, JOSE	Certified Emergency Medical Technician - Paramedic (EMT-P) #748344 Status: Current/Active Expiration Date: 02/28/2026	LAREDO , TX WEBB 78045 US

Related Party Name	License	Address
REED, LEOPOLDO	Certified Emergency Medical Technician - Paramedic (EMT-P) #748345 Status: Current/Active Expiration Date: 02/28/2026	LAREDO , TX WEBB 78045 US
SORIA, SEAN	Licensed Paramedic #766506 Status: Current/Active Expiration Date: 07/31/2027	LAREDO , TX WEBB 78041 US
GONZALEZ, DANIEL	Certified Emergency Medical Technician - Paramedic (EMT-P) #762839 Status: Current/Active Expiration Date: 03/31/2028	LAREDO , TX WEBB 78045-8520 US
DELGADO, EDUARDO	Certified Emergency Medical Technician - Paramedic (EMT-P) #783633 Status: Current/Active Expiration Date: 08/31/2027	LAREDO , TX WEBB 78041 US
VILLANUEVA, LUIS	Certified Emergency Medical Technician - Paramedic (EMT-P) #762866 Status: Current/Active Expiration Date: 03/31/2028	LAREDO , TX WEBB 78041 US
MENDIOLA, ANGEL RENE	Certified Emergency Medical Technician - Paramedic (EMT-P) #782821 Status: Current/Active Expiration Date: 07/31/2027	LAREDO , TX WEBB 78046 US

EMS Medical Director-Provider

Licensee's Role: EMS Provider

Related Party Role: EMS Medical Director

Related Party Name	License	Address
GARZA-GONGORA, ARTURO GERARDO	Medical Dir #G1404 Status: Current Expiration Date:	LAREDO , TX WEBB 78041 US

EMS Owner

Licensee's Role: Key Person (Owner)

Related Party Role: EMS Firm or EDU Program

Related Party Name	License	Address
ANGEL CARE AMBULANCE SERVICE LLC DBA	# Status: Expiration Date:	LAREDO , TX WEBB 78044 US

Administrator-Provider

Licensee's Role: EMS Provider

Related Party Role: EMS Administrator (New)

Related Party Name	License	Address
GARCIA, ANGEL ALBERTO	EMS Administrator # Status: Inactive Expiration Date:	LAREDO , TX WEBB 78045 US

EMS Owner

Licensee's Role:	Key Person (Owner)
Related Party Role:	EMS Firm or EDU Program

Related Party Name	License	Address
ANGEL CARE AMBULANCE SERVICE LLC DBA	Licensed EMS Provider #1000196 Status: Current Expiration Date: 01/31/2025	LAREDO , TX WEBB 78044 US

Previous Record Next Record Search Results New Search Criteria New Search Print

DSHS Certifications, Licenses and Permits | Disclaimer

Last Updated Mar 27, 2013

ANGEL CARE AMBULANCE SVCS
Balance Sheet
as of 12/31/19

Assets		
Current Assets		
Cash in bank	$ (1,829.24)	
Accounts receivable-employees	3,500.00	
Accounts receivable-other	1,302.00	
Total Current Assets		2,972.76
Fixed Assets		
Auto & trucks	200,935.91	
Office Equipment	3,036.14	
Furniture & fixtures	3,053.07	
Accumulated depreciation	(206,812.59)	
Total Fixed Assets		212.53
Other Assets		
Organizational costs	2,600.00	
Amort-organizational costs	(2,600.00)	
Total Other Assets		0.00
Total Assets		$ 3,185.29
Liabilities & Equity		
Current Liabilities		
Accounts payable-trade	$ 12,283.60	
Payroll Taxes Payable	5,097.01	
Total Current Liabilities		17,380.61
Long Term Liabilities		
Owners' Equity		
Capital, Members	(5,463.38)	
Drawing, Members	(94,315.00)	
Current income	85,583.06	
Total Owners' Equity		(14,195.32)
Total Liabilities & Equity		$ 3,185.29

ANGEL CARE AMBULANCE SVCS
Balance Sheet
as of 12/31/21

Assets		
Current Assets		
Cash in bank	$ 12,154.08	
Accounts receivable-employees	7,629.69	
Total Current Assets		19,783.77
Fixed Assets		
Auto & trucks	140,284.97	
Office Equipment	3,036.14	
Furniture & fixtures	3,053.07	
Accumulated depreciation	(146,331.67)	
Total Fixed Assets		42.51
Other Assets		
Organizational costs	2,600.00	
Amort-organizational costs	(2,600.00)	
Total Other Assets		0.00
Total Assets		$ 19,826.28
Liabilities & Equity		
Current Liabilities		
Payroll Taxes Payable	$ 34,983.27	
Total Current Liabilities		34,983.27
Long Term Liabilities		
Long-Term Notes Payable	105,800.00	
Total Long Term Liabilities		105,800.00
Owners' Equity		
Capital, Members	(7,012.00)	
Drawing, Members	(114,705.63)	
Current income	760.64	
Total Owners' Equity		(120,956.99)
Total Liabilities & Equity		$ 19,826.28

WEBB COUNTY PURCHASING DEPT.
QUALIFIED PARTICIPATING VENDOR CODE OF ETHICS
AFFIDAVIT FORM

STATE OF TEXAS *

KNOW ALL MEN BY THESE PRESENTS:

COUNTY OF WEBB *

BEFORE ME the undersigned Notary Public, appeared Angel Garcia, the herein-named "Affiant", who is a resident of Webb County, State of Texas, and upon his/her respective oath, either individually and/or behalf of their respective company/entity, do hereby state that I have personal knowledge of the following facts, statements, matters, and/or other matters set forth herein are true and correct to the best of my knowledge.

I personally, and/or in my respective authority/capacity on behalf of my company/entity do hereby confirm that I have reviewed and agree to fully comply with all the terms, duties, ethical policy obligations and/or conditions as required to be a qualified participating vendor with Webb County, Texas as set forth in the Webb County Purchasing Code of Ethics Policy posted at the following address: http://www.webbcountytx.gov/PurchasingAgent/PurchasingEthicsPolicy.pdf

I personally, and/or in my respective authority/capacity on behalf of my company/entity do hereby further acknowledge, agree and understand that as a participating vendor with Webb County, Texas on any active solicitation/proposal/qualification that I and/or my company/entity failure to comply with the Code of Ethics policy may result in my and/or my company/entity disqualification, debarment or make void my contract awarded to me, my company/entity by Webb County. I agree to communicate with the Purchasing Agent or his designees should I have questions or concerns regarding this policy to ensure full compliance by contacting the Webb County Purchasing Dept. via telephone at (956) 523-4125 or e-mail to the Webb County Purchasing Agent to joel@webbcountytx.gov .

Executed and dated this 8th day of JULY, 2024.

Signature of Affiant

Angel Garcia/ Angel Care Ambulance svc.
Printed Name of Affiant/Company/Entity

SWORN to and subscribed before me, this 8th day JULY, 2024

NOTARY PUBLIC, STATE OF TEXAS

Karina Martinez
My Commission Expires
7/21/2027
Notary ID 129655425

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.**

Angel Care Ambulance svc.

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.**

Ricardo Jaime, Webb county commissioner pct.#4
Name of Officer

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.**

Cynthia E. Jaime (wife of commissioner R. Jaime) was a partner of Angel Care Ambulance svc. up till December 2022 when she trensferred her stake to the current ownership. Mrs. Cynthia E. jaime no longer has any stake in Angel Care Ambulance svc.

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.**

N/A

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

Signature of vendor doing business with the governmental entity

7/08/2024
Date

CONFLICT OF INTEREST QUESTIONNAIRE
For vendor doing business with local governmental entity

A complete copy of Chapter 176 of the Local Government Code may be found at http://www.statutes.legis.state.tx.us/Docs/LG/htm/LG.176.htm. For easy reference, below are some of the sections cited on this form.

Local Government Code § 176.001(1-a): "Business relationship" means a connection between two or more parties based on commercial activity of one of the parties. The term does not include a connection based on:

(A) a transaction that is subject to rate or fee regulation by a federal, state, or local governmental entity or an agency of a federal, state, or local governmental entity;

(B) a transaction conducted at a price and subject to terms available to the public; or

(C) a purchase or lease of goods or services from a person that is chartered by a state or federal agency and that is subject to regular examination by, and reporting to, that agency.

Local Government Code § 176.003(a)(2)(A) and (B):

(a) A local government officer shall file a conflicts disclosure statement with respect to a vendor if:

***

(2) the vendor:

(A) has an employment or other business relationship with the local government officer or a family member of the officer that results in the officer or family member receiving taxable income, other than investment income, that exceeds $2,500 during the 12-month period preceding the date that the officer becomes aware that

(i) a contract between the local governmental entity and vendor has been executed; or

(ii) the local governmental entity is considering entering into a contract with the vendor;

(B) has given to the local government officer or a family member of the officer one or more gifts that have an aggregate value of more than $100 in the 12-month period preceding the date the officer becomes aware that:

(i) a contract between the local governmental entity and vendor has been executed; or

(ii) the local governmental entity is considering entering into a contract with the vendor.

Local Government Code § 176.006(a) and (a-1)

(a) A vendor shall file a completed conflict of interest questionnaire if the vendor has a business relationship with a local governmental entity and:

(1) has an employment or other business relationship with a local government officer of that local governmental entity, or a family member of the officer, described by Section 176.003(a)(2)(A);

(2) has given a local government officer of that local governmental entity, or a family member of the officer, one or more gifts with the aggregate value specified by Section 176.003(a)(2)(B), excluding any gift described by Section 176.003(a-1); or

(3) has a family relationship with a local government officer of that local governmental entity.

(a-1) The completed conflict of interest questionnaire must be filed with the appropriate records administrator not later than the seventh business day after the later of:

(1) the date that the vendor:

(A) begins discussions or negotiations to enter into a contract with the local governmental entity; or

(B) submits to the local governmental entity an application, response to a request for proposals or bids, correspondence, or another writing related to a potential contract with the local governmental entity; or

(2) the date the vendor becomes aware:

(A) of an employment or other business relationship with a local government officer, or a family member of the officer, described by Subsection (a);

(B) that the vendor has given one or more gifts described by Subsection (a); or

(C) of a family relationship with a local government officer.

Texas Department of
Agriculture

Form H2048
January 2008

CERTIFICATION
REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION FOR COVERED CONTRACTS

PART A.

Federal Executive Orders 12549 and 12689 require the Texas Department of Agriculture (TDA) to screen each covered potential contractor to determine whether each has a right to obtain a contract in accordance with federal regulations on debarment, suspension, ineligibility, and voluntary exclusion. Each covered contractor must also screen each of its covered subcontractors.

In this certification "contractor" refers to both contractor and subcontractor; "contract" refers to both contract and subcontract.

By signing and submitting this certification the potential contractor accepts the following terms:

1. The certification herein below is a material representation of fact upon which reliance was placed when this contract was entered into. If it is later determined that the potential contractor knowingly rendered an erroneous certification, in addition to other remedies available to the federal government, the Department of Health and Human Services, United States Department of Agriculture or other federal department or agency, or the TDA may pursue available remedies, including suspension and/or debarment.
2. The potential contractor will provide immediate written notice to the person to which this certification is submitted if at any time the potential contractor learns that the certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
3. The words "covered contract", "debarred", "suspended", "ineligible", "participant", "person", "principal", "proposal", and "voluntarily excluded", as used in this certification have meanings based upon materials in the Definitions and Coverage sections of federal rules implementing Executive Order 12549. Usage is as defined in the attachment.
4. The potential contractor agrees by submitting this certification that, should the proposed covered contract be entered into, it will not knowingly enter into any subcontract with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the Department of Health and Human Services, United States Department of Agriculture or other federal department or agency, and/or the TDA, as applicable.

Do you have or do you anticipate having subcontractors under this proposed contract?
☐ Yes

☒ No

5. The potential contractor further agrees by submitting this certification that it will include this certification titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion for Covered Contracts" without modification, in all covered subcontracts and in solicitations for all covered subcontracts.
6. A contractor may rely upon a certification of a potential subcontractor that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered contract, unless it knows that the certification is erroneous. A contractor must, at a minimum, obtain certifications from its covered subcontractors upon each subcontract's initiation and upon each renewal.
7. Nothing contained in all the foregoing will be construed to require establishment of a system of records in order to render in good faith the certification required by this certification document. The knowledge and information of a contractor is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
8. Except for contracts authorized under paragraph 4 of these terms, if a contractor in a covered contract knowingly enters into a covered subcontract with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the federal government, Department of Health and Human Services, United States Department of Agriculture, or other federal department or agency, as applicable, and/or the TDA may pursue available remedies, including suspension and/or debarment.

PART B. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION FOR COVERED CONTRACTS

Indicate in the appropriate box which statement applies to the covered potential contractor:

☒ The potential contractor certifies, by submission of this certification, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded form participation in this contract by any federal department or agency or by the State of Texas.

☐ The potential contractor is unable to certify to one or more of the terms in this certification. In this instance, the potential contractor must attach an explanation for each of the above terms to which he is unable to make certification. Attach the explanation(s) to this certification.

Name of Contractor	Vendor ID No. or Social Security No.	Program No.
N/A	N/A	N/A

Signature of Authorized Representative

7 / 05 /2024
Date

Angel Garcia / Partner
Printed/Typed Name and Title of Authorized Representative

CERTIFICATION REGARDING FEDERAL LOBBYING
(Certification for Contracts, Grants, Loans, and Cooperative Agreements)

PART A. PREAMBLE

Federal legislation, Section 319 of Public Law 101-121 generally prohibits entities from using federally appropriated funds to lobby the executive or legislative branches of the federal government. Section 319 specifically requires disclosure of certain lobbying activities. A federal government-wide rule, "New Restrictions on Lobbying", published in the Federal Register, February 26, 1990, requires certification and disclosure in specific instances.

PART B. CERTIFICATION

This certification applies only to the instant federal action for which the certification is being obtained and 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 section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $100,000 for each such failure.

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No federally appropriated funds have peen 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 any 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, or the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.

2. If any funds other than federally 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 these federally funded contract, subcontract, subgrant, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions. (If needed, contact the Texas Department of Agriculture to obtain a copy of Standard Form-LLL.)

3. The undersigned shall require that the language of this certification be included in the award documents for all covered subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all covered subrecipients will certify and disclose accordingly.

Do you have or do you anticipate having covered subawards under this transaction?
☐ Yes
☒ No

Name of Contractor/Potential Contractor	Vendor ID No. or Social Security No.	Program No.
N/A	N/A	N/A

Name of Authorized Representative	Title
Angel Garcia	Partner

Signature - Authorized Representative

07 /05/ 2024
Date

Offeror: Complete & Return this Form with Response Submission.

House Bill 89 Verification

I, **Angel Garcia**, the undersigned representative of (company or business name) **Angel Care Ambulance svc.**
(heretofore referred to as company) being an adult over the age of eighteen (18) years of age, after being duly sworn by the undersigned notary, do hereby depose and verify under oath that the company named above, under the provisions of Subtitle F, Title 10, Government Code Chapter 2270:

1. Does not boycott Israel currently; and

2. Will not boycott Israel during the term of the contract.

Pursuant to Section 2270.001, Texas Government Code:

1. "Boycott Israel" means refusing to deal with, terminating business activities with, or otherwise taking any action that is intended to penalize, inflict economic harm on, or limit commercial relations specifically with Israel, or with a person or entity doing business in Israel or in an Israeli-controlled territory, but does not include an action made ordinary business purposes; and

2. "Company" means a for-profit sole proprietorship, organization, association, corporation, partnership, joint venture, limited partnership, limited liability partnership, or an limited liability company, including a wholly owned subsidiary, majority-owned subsidiary, parent company or affiliate of those entities or business association that exist to make a profit.

Signature of Company Representative

7/8/2024
Date

On this 8 day of JULY, 2024, personally appeared

ANGEL GARCIA, the above named person, who after by me being duly sworn, did swear and confirm that the above is true and correct.

Notary Seal

Notary Signature

7/8/2024
Date

Karina Martinez
My Commission Expires
7/21/2027
Notary ID129655425

ANGEL CARE AMBULANCE SVCS
Income Statement
01/01/19 to 12/31/19

		%
Income		
REVENUES	$ 782,316.09	100.0
Total Income	782,316.09	100.0
Cost of Sales		
Gross Margin	782,316.09	100.0
Operating Expenses		
ACCOUNTING FEES	5,480.00	0.7
ADVERTISING	2,265.00	0.3
BANK CHARGES	418.60	0.1
CHARITABLE CONTRIBUTIONS	4,730.00	0.6
CONTINUED EDUCATION	325.00	0.0
CONTRACT LABOR	16,559.16	2.1
DEPRECIATION	85.01	0.0
DUES & SUBSCRIPTIONS	750.00	0.1
ENTERTAINMENT & MEALS	2,921.75	0.4
GAS & OIL	35,915.22	4.6
INSURANCE	18,003.64	2.3
OFFICE SUPPLIES	2,848.02	0.4
PENALTIES	334.15	0.0
POSTAGE	182.15	0.0
RENT	10,608.00	1.4
REPAIRS & MAINTENANCE	8,846.81	1.1
SALARIES-EMPLOYEES	508,169.00	65.0
SUPPLIES	7,462.56	1.0
TAXES & LICENSES	3,385.74	0.4
TAXES-PAYROLL	41,353.61	5.3
TELEPHONE	12,140.12	1.6
TRAVEL	4,678.21	0.6
UNIFORMS	119.00	0.0
UTILITIES	8,670.91	1.1
Total Operating Expenses	696,251.66	89.0
Other Income		
Other Expenses		
INTEREST EXPENSE	481.37	0.1
Total Other Expenses	481.37	0.1
Net Income (loss)	$ 85,583.06	10.9

ANGEL CARE AMBULANCE SVCS
Income Statement
01/01/21 to 12/31/21

		%
Income		
REVENUES	$ 745,072.06	100.0
Total Income	745,072.06	100.0
Cost of Sales		
Gross Margin	745,072.06	100.0
Operating Expenses		
ACCOUNTING FEES	8,000.00	1.1
ADVERTISING	1,510.00	0.2
BANK CHARGES	417.76	0.1
CONTRACT LABOR	2,108.00	0.3
DEPRECIATION	85.01	0.0
ENTERTAINMENT & MEALS	25,248.03	3.4
GAS & OIL	31,223.02	4.2
INSURANCE	11,207.85	1.5
LEGAL & PROFESSIONALS	59,615.55	8.0
MISCELLANEOUS	3,354.06	0.5
OFFICE SUPPLIES	2,485.20	0.3
PENALTIES	5,645.38	0.8
POSTAGE	230.84	0.0
RENT	9,000.00	1.2
REPAIRS & MAINTENANCE	6,282.26	0.8
SALARIES-EMPLOYEES	526,855.51	70.7
STORAGE	312.43	0.0
SUPPLIES	17,012.78	2.3
TAXES & LICENSES	4,025.66	0.5
TAXES-PAYROLL	42,786.54	5.7
TELEPHONE	10,961.86	1.5
TRAVEL	1,921.37	0.3
UNIFORMS	422.87	0.1
UTILITIES	4,724.44	0.6
Total Operating Expenses	775,436.42	104.1
Other Income		
GAIN/LOSS ON SALE OF ASSET	31,125.00	4.2
Total Other Income	31,125.00	4.2
Other Expenses		
Net Income (loss)	$ 760.64	0.1

PROOF OF NO DELINQUENT TAXES OWED TO WEBB COUNTY

Name Angel Garcia owes no delinquent property taxes to Webb County.

Angel Care Ambulance svc owes no property taxes as a business in Webb County.
(Business Name)

Angel Garcia . owes no property taxes as a resident of Webb County.
(Business Owner)

Person who can attest to the above information

*** SIGNED NOTORIZED DOCUMENT AND PROOF OF NO DELINQUENT TAXES TO WEBB COUNTY.**

The State of Texas
County of Webb
Before me, a Notary Public, on this day personally appeared Angel Garcia, know to me (or proved to me on the oath of _____ to be the person whose name is subscribed to the forgoing instrument and acknowledged to me that he executed the same for the purpose and consideration therein expressed.

Given under my hand and seal of office this 8th day of JULY 20 24

Notary Public, State of Texas

Karina Martinez
My Commission Expires
7/21/2027
Notary ID129655425

KARINA MARTINEZ
(Print name of Notary Public here)

My commission expires the 7th day of July 2024

References Form

Please list at minimum five (5) local governmental entities where similar scope of services were provided.

THIS FORM MUST BE RETURNED WITH YOUR OFFER.

REFERENCE ONE

Government/Company Name: City Of Laredo

Address: 616 E. Delmar

Contact Person and Title: Guillermo Heard / Fire Chief

Phone: 956-718-6000 Fax:

Email Address: laredometrofire@ci.laredo.tx.us Contract Period: May 2011 to present

Description of Goods / Services Provided: Angel Care Ambulance has provided mutual aid for medical emergencies to the city of Laredo since the inception of our contract with Webb county 13 years ago.

REFERENCE TWO

Government/Company Name: City of El Cenizo

Address: 507 Cadena st., El Cenizo, TX 78046

Contact Person and Title: Carina Hernandez / Mayor

Phone: 956-724-5916 Fax:

Email Address: administrator@cityofelcenizotexas.com Contract Period: May 2011 to present

Description of Goods / Services Provided: Angel Care Ambulance has provided mutual aid for medical emergencies to the city of El Cenizo since the inception of our contract with Webb county 13 years ago.

REFERENCE THREE

Government/Company Name: City of Rio Bravo

Address: 1701 Centeno Ln, Rio Bravo, TX 78046

Contact Person and Title: Amanda Perez Aguero / Mayor

Phone: 956-790-9500 Fax:

Email Address: Contract Period: May 2011 to present

Description of Goods / Services Provided: Angel Care Ambulance has provided mutual aid for medical emergencies to the city of Rio Bravo since the inception of our contract with Webb county 13 years ago.

REFERENCE Four

Government/Company Name: Jim Hogg County

Address: 102 E. Tilley, Hebronville, TX 78361

Contact Person and Title: Juan Carlos Guerra / County Judge

Phone: 361-527-3015 Fax:

Email Address: jcguerra@co.jim-hogg.tx.us Contract Period: May 2011 to present

Description of Goods / Services Provided: Angel Care Ambulance has provided mutual aid for medical emergencies to Jim Hogg county since the inception of our contract with Webb county 13 years ago as well as being ems provider for Jim Hogg in 2015.

REFERENCE Five

Government/Company Name: Zapata County

Address: 1207 FM 496 East, Zapata, TX 78076

Contact Person and Title: Juan J. Meza / Fire Chief

Phone: 956-765-9942 Fax:

Email Address: Contract Period: May 2011 to present

Description of Goods / Services Provided: Angel Care Ambulance has provided mutual aid for medical emergencies to Zapata county since the inception of our contract with Webb county 13 years ago.

- **Additional pages are permitted if more space is required**

Space intentionally left Blank

References Form

Please list at minimum five (5) local governmental entities where similar scope of services were provided.

THIS FORM MUST BE RETURNED WITH YOUR OFFER.

REFERENCE Six

Government/Company Name: La Salle County

Address: 247 Mars Dr., Cotulla, TX 78014

Contact Person and Title: Daniel Mendez / Fire Chief

Phone: 830-483-5166 Fax:

Email Address: daniel.mendez@co.la-salle.tx.us Contract Period: May 2011 to present

Description of Goods / Services Provided: Angel Care Ambulance has provided mutual aid for medical emergencies to La Salle county for the past 13 years since the inception of our contract with Webb county.

REFERENCE Seven

Government/Company Name: Dimmit County

Address: 1602 N. 1st St, Carrizo Springs, TX 78834

Contact Person and Title: Alonso Carmona/ Fire Chief

Phone: 830-876-8400 Fax:

Email Address: dcfire@dimmitcounty.org Contract Period: May 2011 to present

Description of Goods / Services Provided: Angel Care Ambulance has provide mutual aid for medical emergencies to Dimmit county for the past 13 years since the inception of our contract Webb county.

Offeror: Complete & Return this Form with Response Submission.

Senate Bill 252 Certification

SB 252 CHAPTER 2252 CERTIFICATION I, Angel Garcia, the undersigned representative of Angel Care Ambulance svc. (Company or business name) being an adult over the age of eighteen (18) years of age, pursuant to Texas Government Code, Chapter 2252, Section 2252.152 and Section 2252.153, certify that the company named above is not listed on the website of the Comptroller of the State of Texas concerning the listing of companies that are identified under Section 806.051, Section 807.051 or Section 2253.153. I further certify that should the above-named company enter into a contract that is on said listing of companies on the website of the Comptroller of the State of Texas which do business with Iran, Sudan or any Foreign Terrorist Organization, I will immediately notify Mr. Jose Angel Lopez III, Webb County Purchasing Agent at (956) 523-4125 or via email at joel@webbcountytx.gov

Angel Garcia Name of Company Representative (Print)

Signature of Company Representative

07/05/2024 Date