

**TxCDBG Housing Rehabilitation
Work Write-up and Cost Estimate Worksheet**

Applicant/Homeowner:	Carlos Chavez	County:	Webb
Property Address:	3509 Reyes	CSHC Contract #:	CSH 23-0520
		Date of Initial Inspection:	8/20/25
Colonia:	El Cenizo Tx 78046	Date of Work Write-Up:	

General Specifications and Requirements for all Housing Rehabilitation Contracts:

1. All products and materials shall be new in unopened containers and/or packaging.
2. The contractor shall clean construction debris from the dwelling and site to a dumpster or legal landfill at least once each week, and leave the property in broom clean condition. In occupied dwellings, debris shall be removed from living quarters daily.
3. Installation of all products and materials shall be according to the manufacturer's instructions.
4. "Install" means to purchase, deliver, set up, test and warrant a new component.
5. "Replace" means to remove and dispose of original material, purchase new material, deliver, install, test and warrant.
6. "Repair" means to return a building component to like new condition through replacement of parts, adjustment and recoating of parts.
7. "Reinstall" means to remove, clean, store and install a component.
8. Items identified as required for locally adopted housing standards (Housing Quality Standards, code or other applicable standard as detailed in Program Guidelines) must be performed/installed prior to final payment.
9. A detailed list of work items identified by location (i.e. North, South, East, or West sides) or room shall be included.
10. Contractor shall remedy any defect due to faulty material or workmanship and pay for all damage to other work resulting therefrom, which appear within one year from final payment. Further, contractor shall furnish owner with all manufacturers' and suppliers' written warranties covering items furnished under this contract prior to release of the final payment.
11. New materials shall be matched with existing materials so that patching work is consistent with surrounding surfaces.
12. All Change Orders must be approved by TDHCA prior to changed or additional work is performed.
13. Any additional cost due to product or material upgrades is solely the contractor's expense unless authorized by the Contract Administrator and approved by TDHCA.
14. The contractor shall not enter into separate side agreements with the homeowner (or anyone else) to do additional work outside of the Work Write-up or in exchange for work on the Work Write-up.
15. Payment requests shall be based on satisfactory completion of individual or groups of spec items, verified by the Contract Administrator.
16. The contractor is responsible for, and shall verify all field dimensions, sizes, quantities, square footages, lineal footages, etc. before ordering materials, products or supplies. Quantities, square footages, linear footages, etc. listed on the Work Write-up are for the convenience of the contractor. THDCA and the Contract Administrator neither make nor imply any guarantee for the accuracy of these numbers.
17. All electrical work must meet the National Electrical Code adopted by the city or by the state for counties and be completed by a state licensed electrician.
18. All plumbing work must meet the International Plumbing Code adopted by the city or by the state for counties and be completed by a state licensed plumber.
19. On-site portable toilets and dumpsters (or other means of debris removal) shall be provided by the contractor.
20. If digging is required for building a ramp, the contractor is responsible for utilities located prior to breaking ground.
21. Contractor is responsible to comply with all applicable permitting requirements.
22. Contractor is responsible for ensuring that new work does not violate or encroach on property lines, setbacks or easements.
23. Contractor is responsible for complying with EPA and / or HUD lead-based paint rules.
24. Each Specification must be bid separately. Lump sum bids are not accepted.

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BID ITEM	SPEC DESCRIPTION	UNIT	PRICE
Site Work			
Demo and removal of existing MHU	Contractor shall, following legal options open to licensed MHU Vendors, Dispose of the existing, dilapidated mobile home by removing it from the lot or demolish on-site, recycling components where possible, and properly dispose of existing deficient MH in a dumpster or legal landfill	1	\$8,000.00
Building Permits	Contractor is responsible for obtaining all required state permanent installation permits from the Manufactured Housing Division of TDHCA and local permits for connections to water, wastewater and electricity.	1	\$600.00
Hazard Insurance	Contractor will provide a Proof of Insurance for 1 Year of Hazard Insurance for no less than 100% of the current insurable value of improvements. TDHCA must be included as a loss payee and mortgagee on the policy.	1	\$1,400.00

MHU

Mobile Home Unit 2 Bed 2 Bath Single wide	Install HUD approved 2 bedroom, 2 bath, Manufactured Housing such as a Tru Home or approved equivalent, ENERGY STAR certified; or equivalent; it shall deliver at least 10% energy savings in comparison to products meeting the minimum code. MHU shall have smart siding exterior siding and asphalt shingle roof; with appliances. MHU installation to include HVAC, install steps with handrail at front and rear entrance. Grade lot and add fill, as necessary, for adequate pad; set and secure new MHU according to TDHCA-MHU requirements; ensure home is plumb and level. Install vented skirting. Ensure main panel box and service lines meet 2020 NEC. Re-Connect MHU to water, sewer and electricity in compliance with applicable ordinances.	1	\$85,000.00
TOTAL			\$95,500.00

I (We) being legally, herewith submit these bids, and if awarded this work, fully agree to enter into Contract with the OWNER and to complete all work in accordance with the terms, conditions and requirements of the Contract Documents.

Respectfully Submitted,

**TxCDBG Housing Rehabilitation
Work Write-up and Cost Estimate Worksheet**

DBA ALAMO HOMES
Legal (print or typed) Name of Bidder

Inis Haese General 11/25/2025
Signature and Title Manager Date

**TxCDBG Housing Rehabilitation
Work Write-up and Cost Estimate Worksheet**

Applicant/Homeowner:	Jocelyn Ventura	County:	Webb
Property Address:	616 Morales	CSHC Contract #:	CSH 23-0520
		Date of Initial Inspection:	8/28/25
Colonia:	El Cenizo Tx 78046	Date of Work Write-Up:	

General Specifications and Requirements for all Housing Rehabilitation Contracts:

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Mobile Home Unit 3 Bed 2 Bath Single wide	Install HUD approved 3 bedroom, 2 bath, Manufactured Housing such as a Tru Home or approved equivalent, ENERGY STAR certified; or equivalent; it shall deliver at least 10% energy savings in comparison to products meeting the minimum code. MHU shall have smart siding exterior siding and asphalt shingle roof; with appliances. MHU installation to include HVAC, install steps with handrail at front and rear entrance. Grade lot and add fill, as necessary, for adequate pad; set and secure new MHU according to TDHCA-MHU requirements; ensure home is plumb and level. Install vented skirting. Ensure main panel box and service lines meet 2020 NEC. Re-Connect MHU to water, sewer and electricity in compliance with applicable ordinances	1	\$87,500.00
TOTAL			\$97,500.00

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DBA ALAMO HOMES
Legal (print or typed) Name of Bidder

Iris Haese General 11/25/2025
Signature and Title Date
manager

**TxCDBG Housing Rehabilitation
Work Write-up and Cost Estimate Worksheet**

Applicant/Homeowner:	Ignacio Guerra	County:	Webb
Property Address:	512 Rio Hudson	CSHC Contract #:	CSH 23-0520
		Date of Initial Inspection:	9/3/25
Colonia:	Rio Bravo Tx 78046	Date of Work Write-Up:	

General Specifications and Requirements for all Housing Rehabilitation Contracts:

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Building Permits	Contractor is responsible for obtaining all required state permanent installation permits from the Manufactured Housing Division of TDHCA and local permits for connections to water, wastewater and electricity.	1	\$600.00
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TOTAL			\$96,500.00

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DBA ALAMO HOMES

Legal (print or typed) Name of Bidder

Mrs. Haese General
Signature and Title Manager

11/25/2025
Date

**TxCDBG Housing Rehabilitation
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Applicant/Homeowner:	Yuliana Ruiz	County:	Webb
Property Address:	1207 Paseo de Tiber	CSHC Contract #:	CSH 23-0520
		Date of Initial Inspection:	9/30/25
Colonia:	Rio Bravo Tx 78046	Date of Work Write-Up:	

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Legal (print or typed) Name of Bidder

Mrs Haese General
Signature and Title manager

11/25/2025

Date

**TxCDBG Housing Rehabilitation
Work Write-up and Cost Estimate Worksheet**

Applicant/Homeowner:	Juan & Claudia Picasso	County:	Webb
Property Address:	1531 Margarita	CSHC Contract #:	CSH 23-0520
		Date of Initial Inspection:	9/29/25
Colonia:	Rio Bravo Tx 78046	Date of Work Write-Up:	

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DBA ALAMO HOMES

Legal (print or typed) Name of Bidder

Mrs. Haase General
Signature and Title manager

11/25/2025

Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/21/2025

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 Mobile Insurance Agency of Texas, Inc. 25775 Oak Ridge Drive Ste. 110 The Woodlands TX 77380	CONTACT NAME: Barbara Billingslea PHONE (A/C, No, Ext): (800) 458-4320 E-MAIL ADDRESS: barbara.billingslea@mobileagency.com FAX (A/C, No): INSURER(S) AFFORDING COVERAGE INSURER A: Lexington Insurance Co INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	NAIC # 19437
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COVERAGES **CERTIFICATE NUMBER:** CL25112104297 **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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC OTHER:			AIGDN017159540-03	10/17/2025	10/17/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
A	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY			AIGDN017159540-03	10/17/2025	10/17/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED ☐ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	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 ☐ N/A						PER STATUTE ☐ OTH-ER ☐ 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)

13838 Southton Rd., San Antonio, TX 78223
520 Sparta Rd., Belton, TX 76513

CERTIFICATE HOLDER

PROOF OF COVERAGE ONLY
WEBB COUNTY

CANCELLATION

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

© 1988-2015 ACORD CORPORATION. All rights reserved.

**Cashier's Check Customer Copy**

Date: 11/25/2025

Check #: 40258

Branch: SA Branch

If this check is lost destroyed or stolen the bank will not accept a replacement request until 90 days after the issue date and then only with the issuance of a "Declaration of Loss" certification.

Pay to the order of

WEBB COUNTY ITB 2026-001

EXACTLY **2,000 AND 00/100 DOLLARS

\$2,000.00

Purchaser:

JOHN SYTSMA

RE:

Non-Negotiable

THIS CHECK IS VOID WITHOUT A COLORED BORDER AND BACKGROUND PLUS KNIGHT & FINGERPRINT WATERMARK ON THE BACK - HOLD AT ANGLE TO VIEW

Cashier's Check

If this check is lost destroyed or stolen the bank will not accept a replacement request until 90 days after the issue date and then only with the issuance of a "Declaration of Loss" certification.

Date: 11/25/2025

Check #: 40258

Branch: SA Branch

Pay to the order of

WEBB COUNTY ITB 2026-001

EXACTLY **2,000 AND 00/100 DOLLARS

\$2,000.00

Purchaser:

JOHN SYTSMA

RE:

Authorized Signature

⑈40258⑈ ⑆114917908⑆ 122234⑈

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: Val Verde County Self Help Program.

Address: 237 Fir St. Del Rio, Tx 78840

Contact Person and Title: Flor Jazmine Cruz

Phone: 830-344-2718 Fax: _____

Email Address: robb@equitycdc.org Contract Period: _____

Description of Professional Services Provided: Alamo Homes schedule demolition of the non-livable home.
a develop land and prep for the delivery of a new Mobile Home, electrical re-connection of the Mobile Home
water & sewer reconection was also done.

REFERENCE TWO

Government/Company Name: Val Verde County Self Help Program.

Address: 283 Guayacan St Del Rio, Tx 78840

Contact Person and Title: Celia Rangel

Phone: 830-765-687 Fax: _____

Email Address: robb@equitycdc.org Contract Period: _____

Description of Professional Services Provided: Alamo Homes schedule demolition of the non-livable home.
a develop land and prep for the delivery of a new Mobile Home, electrical re-connection of the Mobile Home
water & sewer reconection was also done.

REFERENCE Five

Government/Company Name: Maverick County Self Help Program.

Address: 127 Los Saucedos St. Eagle Pass, Tx 78852

Contact Person and Title: Leticia De Leon Rivera

Phone: 830 - 325 - 3627

Fax: _____

Email Address: robb@equitycdc.org

Contract Period: _____

Description of Professional Services Provided: Alamo Homes schedule demolition of the non-livable home.
a develop land and prep for the delivery of a new Mobile Home, electrical re-connection of the Mobile Home
water & sewer reconection was also done.

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

Space intentionally left Blank

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.

DBA ALAMO HOMES

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

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 Ines Haese
Signature of vendor doing business with the governmental entity

11/24/2025

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.

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 from 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.
DBA ALAMO HOMES	26 1651764	CSH-23-0520

Wes Haese General Manager 11/24/2025
Signature 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 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 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.
DBA ALAMO HOMES	26 1651764	CSH-23-0520

Name of Authorized Representative	Title
IRIS HAESE	Genera Manager

Iris Haese
Signature – Authorized Representative

11/24/2025
Date

PROOF OF NO DELINQUENT TAXES OWED TO WEBB COUNTY

Name IRIS HAESE owes no delinquent property taxes to Webb County.

DBA ALAMO HOMES owes no property taxes as a business in Webb County.
(Business Name)

John Sytsma owes no property taxes as a resident of Webb County.
(Business Owner)

Iris Haese
Person who can attest to the above information

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

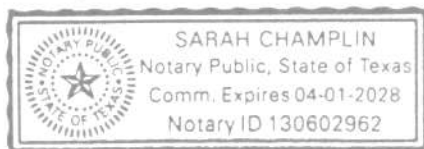
The State of Texas

County of Webb

Before me, a Notary Public, on this day personally appeared IRIS HAESE, 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 24 day of November 2025.

Notary Public, State of Texas



Sarah Champlin

(Print name of Notary Public here)

My commission expires the 1st day of April 2028

SC

Offeror: Complete & Return this Form with Response Submission.

House Bill 89 Verification

I, IRIS HAESE, the undersigned representative of (company or business name) DBA ALAMO HOMES (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.

Iris Haese
Signature of Company Representative

11-24-25
Date

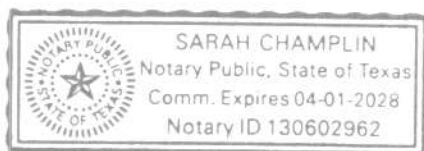
On this 24 day of November, 2025, personally appeared

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

Notary Seal

SC
Notary Signature

11-24-25
Date



Offeror: Complete & Return this Form with Response Submission.
Senate Bill 252 Certification

SB 252 CHAPTER 2252 CERTIFICATION I, IRIS HAESE, the undersigned representative of DBA ALAMO HOMES (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

IRIS HAESE Name of Company Representative (Print)

Iris Haese Signature of Company Representative

11/24/2025 Date

**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 IRIS HAESE,
the herein-named "Affiant", who is a resident of Bexar 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>*

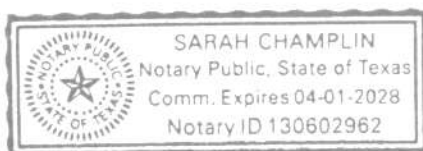
*I personally, and/or in my respective authority/capacity on behalf of my company/entity do hereby
further acknowledge, agree and understand that as a participating vendor with Webb County,
Texas on any active solicitation/proposal/qualification that I and/or my company/entity failure to
comply with 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 24 day of November, 2025.

Iris Haese
Signature of Affiant

IRIS HAESE, DBA Alamo Homes
Printed Name of Affiant/Company/Entity

SWORN to and subscribed before me, this 24 day November, 2025



SC
NOTARY PUBLIC, STATE OF TEXAS