

Sonora Independent School District

807 S CONCHO

SONORA, TX 76950

REQUEST FOR SEALED PROPOSAL NO. 2023-1

JOB ORDER CONTRACTS

Sonora ISD will accept proposals for job order contracts based on time and material rates for minor construction, plumbing, repair, painting, electrical, rehabilitation or alteration of a facility for a contract period of January 10, 2023 through December 31, 2024. Sealed proposals may be submitted in person or mailed to 807 S. Concho Avenue, Sonora. Proposals may also be emailed to bids@sonoraisd.net, following the directions below:

1. Bids or proposals sent to any other email address will not be considered.
2. Bids or proposals must be sent as an attachment to the email.
3. The subject of the email must read "Sealed Proposal No. 2023-1".

The email message must contain the respondent's full name, address, and phone number. The body of the email message should not contain contents of the attachment or include any information that will reveal substance of the content.

4. All emailed bids or proposals will be date- and time-stamped as determined by the designated District recipient's email account.
5. Attachments to emails will remain unopened by the District until the scheduled date and time for opening all bids, to occur at the appropriate location when required by law.
6. If multiple emails are sent by a respondent, a copy of each email must be included in the procurement file.

Proposal Opening Date and Time: January 6, 2023 at 2:00 PM

Location: Sonora Independent School District
807 S. Concho
Sonora, TX 76950

Contract Time Period: January 10, 2023 through December 31, 2024

It is the intent of the Sonora Independent School District to hire temporary, experienced companies and workers for maintenance and repair of our facilities, including minor construction, repair, painting, plumbing, electrical and rehabilitation or alteration of facilities. Proposals will be presented to the Board of Trustees at the next regular meeting of the Board at the Vocational Building, 805 Prospect, Sonora Texas. The District reserves the right to reject any or all proposals.

Should you have any questions concerning this proposal, please contact Greta Ramsdell, Business Manager at 325-387-6940 ext. 1002 or at greta.ramsdell@sonoraisd.net.

Proposal for Job Order Contract

The undersigned agrees to provide materials and temporary labor at the rates provided below for a contract period January 10, 2023 through December 31, 2024. The undersigned agrees to be on site to begin service within twenty-four (24) hours from time of notification.

Cost Materials Mark-up _____% increase

Job Supervisor _____/hour

Worker/Laborer _____/hour

Other _____/hour

(add additional pages as needed)

Felony Conviction Notice

State of Texas Legislative Senate Bill No.1, Section 44.034, Notification of Criminal History, Subsection (a) states “a person or business entity that enters into a contract with a school district must give advance notice to the district if the person or an owner or operator of the business entity has been convicted of a felony. The notice must include a general description of the conduct resulting in the conviction of a felony.”

Subsection (b) states “a school district may terminate a contract with a person or business entity if the district determines that the person or business entity failed to give notice as required by Subsection (a) or misrepresented the conduct resulting in the conviction. The district must compensate the person or business entity for services performed before the termination of the contract.” This notice is not required of a publicly-held Corporation. I, the undersigned agent for the firm named below, certify that the information concerning notification of felony convictions has been reviewed by me and the following information furnished is true to the best of my knowledge.

Vendor’s Name: _____

Authorized Company Official’s Name (Printed): _____

a. My firm is a publicly held corporation; therefore, this reporting requirement is not applicable.

Signature of Company Official: _____

b. My firm is not owned or operated by anyone who has been convicted of a felony.

Signature of Company Official: _____

c. My firm is owned or operated by the following individual(s) who has/have been convicted of a felony:

Name of Felon(s): _____

Details of
Conviction(s): _____

Signature of Company
Official: _____

Affidavit of Non-Discriminatory Employment

STATE OF TEXAS
COUNTY OF _____
AFFIDAVIT

Respondent agrees to refrain from discrimination in terms and conditions of employment or any other reason based on race, color, religion, sex or national origin and agrees to take affirmative action as required by Federal Statutes and rules and regulations issued pursuant thereto in order to maintain and ensure non-discriminatory employment practices.

I, _____ do swear or affirm that the statements made are complete and correct to the best of my knowledge and belief.

Print name: _____

Attested: Sworn/affirmed and subscribed before me this _____ day of _____, 20_____

Notary Public: _____ ID# _____

Date of commission expiration: _____

Signature: _____

Printed Name: _____

Title: _____

Certificate of Residency

The State of Texas has passed a law concerning non-resident contractors. This law can be found in Texas Government Code under Chapter 2252, Subchapter A. This law makes it necessary for the Sonora Independent School District to determine the residency of its offerors. In part, this law reads as follows:

Section: 2252.001

(3) 'Non-resident proposer' refers to a person who is not a resident.

(4) 'Resident proposer' refers to a person whose principal place of business is in the state, including a contractor whose ultimate parent company or majority owner has its principal place of business in this state.

Section: 2252.002

A governmental entity may not award a governmental contract to a nonresident proposer unless the non-resident underbids the lowest proposal submitted by a responsible resident proposer by an amount that is not less than the amount by which a resident proposer would be required to underbid the nonresident proposer to obtain a comparable contract in the state in which the non-resident's principal place of business is located."

I certify that _____

(Name of Company)

is, under Section: 2252.001 (3) and (4), a

_____ Resident Proposer

_____ Non-resident Proposer

My or Our principal place of business under Section: 2252.001 (3) and (4), is in the city of

_____ in the state of _____.

Signature of Authorized Company Representative

Print Name

Title

Date

Statement of Non-Collusion

The undersigned Proposer, by signing and executing this proposal, certifies and represents to the Sonora Independent School District that Proposer has not offered, conferred or agreed to confer any pecuniary benefit, as defined by Section 1.07 (a)(6) of the Texas Penal Code, or any other thing of value, as consideration for the receipt of information of any special treatment or advantage relating to this proposal;

The Proposer also certifies and represents that Proposer has not offered, conferred or agreed to confer any pecuniary benefit or other things of value as consideration for the recipient's decision, opinion, recommendation, vote or other exercise of discretion concerning this proposal;

The Proposer certifies and represents that Proposer has neither coerced nor attempted to influence the exercise of discretion by any officer, trustee, agent or employee of the Sonora Independent School District concerning this proposal on the basis of any consideration not authorized by law;

The Proposer also certifies and represents that Proposer has not received any information not available to other proposers so as to give the undersigned an advantage with respect to this proposal;

The Proposer further certifies and represents that Proposer has not violated any state, federal, or local law, regulation or ordinance relating to bribery, improper influence, collusion or the like and that Proposer will not in the future, offer, confer, or agree to confer any pecuniary benefit or other thing of value of any officer, trustee, agent or employee of the Sonora Independent School District in return for the person having exercised the person's official discretion, power or duty with respect to this proposal;

The Proposer certifies and represents that it has not now or will not in the future offer, confer, or agree to confer a pecuniary benefit or other thing of value to any office, trustee, agent or employee of the Sonora Independent School District in connection with information regarding this proposal, the submission of this proposal, the award of this proposal or the performance, delivery or sale pursuant to this proposal;

The Proposer certifies that the Proposer has not prepared this proposal and will not prepare any future proposals arising from this Request for Proposal (RFP) in collusion with any other respondent, and that the content of any future proposals arising out of this RFP will not be communicated by the undersigned nor by any employee or agent to any other person engaged in this type of business prior to the District's selection of a contractor for this RFP.

FIRM NAME _____

ADDRESS _____

TYPED NAME OF REPRESENTATIVE(S) _____

SIGNATURE OF REPRESENTATIVE(S) _____

DATE _____

Disclosure of Interested Parties

Any vendor that is to be awarded a contract with SISD that either (1) requires an action or vote by the school district before the contract may be signed, or (2) has a value of a least \$1 million, must first file FORM 1295 with the Texas Ethics Commission as per Section 2295.908 Texas Government Code. Sonora Independent School District will not issue a contract with the awarded vendor until this process has been completed and formally acknowledged by the SISD Purchasing Department.

The vendor to be awarded the contract with SISD, upon notice from the District, will need to access the Texas Ethics Commission website, <https://www.ethics.state.tx.us>. Instructions for accessing the required document from the Texas Ethics Commission website are as follows:

- Select “File Reports Electronically” from the far-left hand column.
- From the “File Reports Electronically” list, select “Form 1295 Certificate of Interested Parties Filing”.
- Next, you will need to “Log In” to create/complete your certificate¹. If you require assistance, there are links to instructional videos and a list of Frequently Asked Questions (FAQ).
- The first time you sign in to file, you will be required to set up a User ID and Password.
- When filling out the information to create the “Certificate of Interested Parties”, enter the RFP number, followed by the vendor name, in the “Contract ID Number” field.

Upon completion of the certificate, scan a copy, and email to greta.ramsdell@sonoraisd.net. Once the completed certificate has been received and verified, a purchase order will be issued.

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.

Mungia Southwest LLC

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.

Brenda Mungia

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.

Brenda Mungia is a member of the Mungia Southwest LLC and her husband, Anthony Mungia is the owner.

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?

X 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.

Brenda Mungia is the wife of owner, Anthony Mungia, and is employed by Mungia Southwest LLC.

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

Date

Request for Taxpayer Identification Number and Certification

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p>2 Business name/disregarded entity name, if different from above</p> <hr/> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p style="text-align: center;"> <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate </p> <p>Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p><input type="checkbox"/> Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p>Other (see instructions) ▶ _____</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): _____</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p style="text-align: right;"><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p>6 City, state, and ZIP code</p> <hr/>	<p>Requester's name and address (optional)</p> <hr/>

7 List account number(s) here (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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number	-	-
or		
Employer identification number		

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶ _____	Date ▶ _____
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General Instructions

• Form 1099-INT (interest earned or paid)

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

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.

Insurance Agent Affidavit

To be completed by appropriate Insurance Agent(s) and submitted by Proposer as a Proposal attachment.

(Name of Proposer)

I, the undersigned agent, certify that the insurance requirements contained in the Request for Proposal and as listed below, have been reviewed by me with the above identified Proposer. If the named Proposer is awarded a contract by Sonora ISD, I affirm that I will be able, within ten (10) days after Proposer is notified of such award, to furnish a valid Certificate of Insurance with the DISTRICT as the additional insured and /or applicable bonds to the District meeting all of the requirements contained in the Request for Proposals for the coverage listed below: (Check all that apply):

- A. Commercial General Liability
 - i. Bodily Injury \$3,000
 - ii. Property Damage \$1,000,000
- B. Business Vehicle Liability
 - i. Bodily Injury \$100,000
 - ii. Property Damage \$100,000
- C. Workers' Compensation
- D. Payment Bond
- E. Performance Bond

Name of Insurance Agency _____

Address _____

Telephone Number _____

Agent Signature _____ Date _____

The undersigned agrees that this proposal will be valid for the period beginning January 10, 2023 through December 31, 2024.

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

Vendor Name: _____

Vendor Address: _____

Phone Number: _____ Fax Number: _____

Email _____

Address: _____

Printed Name and Title of Authorized Representative: _____

Signature of Authorized Representative: _____

Date: _____