


This form must be included with bid; please check off each item that applies

"Check List"

For Invitation for Bids (IFB)/ Request for Proposals (RFP)/ Request for Qualifications (RFQ)

- Invitation for Bid (IFB)/ Request for Proposal (RFP), Request for Qualifications (RFQ)
- Submitted within bid notice due date and time; name and address of bidder, date of bid opening; bid number and title on outside of sealed envelope**
- Specification
 - Bid form requires pricing for each item specified
 - Bid form requires separate pricing per item and extended price per quantity provided
 - Please verify GRAND Totals are provided & correct
- Bid price included in furnished forms *N/A*.
- Bidder Information Form must be filled in and signed
- Proof of no delinquent Business or Property Taxes owed to WEBB COUNTY
- Conflict of interest questionnaire included
- Certification Regarding Debarment (Form H2048)
- Certification Regarding Federal Lobbying (Form 2049)
- Workers compensation certificate (copy); include copy of insurance coverage in package; Liability insurance



Signature of persons
Completing this form

Formal Invitation for Bid (IFB)/Request for Proposals (RFP) /Request for Qualifications (RFQ)

| | | |
|----------------|--------------|-----------------|
| County of Webb | Date Issued: | RFP NO. 2015-44 |
|----------------|--------------|-----------------|

Sealed Bids/RFPs/RFQs are subject to the Terms and Conditions of this Invitation for Bids/RFPs/RFQs and the accompanying schedule, terms, conditions, provisions, specifications, and all other forms in this package are due before **2:00 p.m.** (central time), on **August 08, 2014**. Please note Bids/RFPs/RFQs received after 2:00 p.m. on the due date will not be opened or accepted. Sealed Bids/RFPs/RFQs will be publicly opened for furnishing the supplies or services described in the accompanying schedule, and must be hand delivered, or mailed to the following location:

**Webb County Clerk's Office
1110 Victoria St.
Suite 201,
Laredo, TX 78040**

RFP 2015-44 "Annual Contract for Concrete Repairs"

Conditions:

1. All bid quotations must be submitted with this specification form. Webb County will not accept Price Schedules that are submitted on forms other than those furnished in this Bid/RFP package.
2. The County reserves the right to hold all bids for a period of thirty (30) days from date of bid opening, without taking action thereon.
3. The County reserves the right to reject any and all bids to waive defects and formalities in such bids, and to award contract to the bidder which it considers has submitted the lowest and over best value.
4. The County reserves the right to select a primary & secondary vendor, and or to select multiple vendors.
5. It is the requirement of the bidder to acquaint fully with the conditions of the specifications. The failure or omission of any bidder to examine any form, instrument, or document shall in no way relieve him from any obligation of this bid invitation.
6. Bidder must fill out all portions of the bid unless otherwise stated in this contract.

Term of Contract:

Contract shall be for the period beginning **August 2014** and terminating **September 30, 2016**

The County of Webb is considering extending this contract for 2016-2017. Please indicate below if your company would be interested in an extension.

YES

NO

Price Schedule Form

"Annual Contract for Asphalt & Concrete Repairs

Webb County is soliciting vendors interested in providing their services for Asphalt & Concrete repairs. Each Job will have different specifications which will be provided by the County Engineer. Upon the issuance of the specifications vendor(s) may then submit their pricing for that particular project. Jobs may include but is not limited to: repair of sidewalks, parking lots, driveways, structural slabs, and footings in foundations

Vendors interested in doing business with Webb County for such repairs should respond to this RFP by submitting the following documentation, and filling out the forms attached.

Please submit the following:

- a. Please provide Mix Designs and lab test reports (must not be older than 6 months)**
- b. Please provide a reinforcement bar design**
- c. If applicable please provide licenses/cortication's as issued by the state**

Additional Terms, Conditions, & Provisions

Purchase Orders: Vendor must have a purchase order before making a delivery. Purchase Orders will be issued for each department authorized to place an order against the annual contract. The Purchase Order will list the individual items and or services along with the price.

Invoices: all Original invoices must include invoice number, invoice date, purchase order #, and corresponding department. All items must show a clear description of items purchased, and quantities ordered.

To ensure prompt payment all ORIGINAL invoices must be mailed or hand delivered by the vendor to the following address:

**Webb County Purchasing Dept.
c/o Accounts Payable
1110 Washington, Suite 101
Laredo, TX 78040**

Unit Price: Unit prices shall be shown and where there is an error in extended price, the unit price, shall govern.

Taxes: Vendor shall not include Federal Taxes or State of Texas Limited Sales Excise and use taxes in bid prices. The County of Webb is exempt from payment of such taxes. A signed exemption certificate will be available upon request.

Substitutes: Item substitutes must be authorized by ordering department, and must be billed at contracted price. Substitute items must be of equal or better grade and/or value than the item being substituted.

Capacity: Vendor must prove beyond any doubt to the County that they are duly qualified, and capable to fulfill and abide by the specifications herein listed.

Delivery:

Delivery to be made within 24 hours from request

Contract:

This contract will be awarded to the lowest, responsible bidders. The county reserves the right to award the contract to the bidders with the lowest price and/or overall Best Value. The county may award contracts to various bidders depending on geographic location within Webb County or other criteria. A signed award letter is required for a valid contract.

Award of Bid:

Bidder must bid on all items on each section, quantities listed are best estimates actual quantities to be purchased may exceed or may be lower than quantities specified. If bidder is unable to bid on a particular item, please provide a written explanation.

Availability of Funds for Next Fiscal Year:

Funds are not presently available for performance under this contract beyond September 30, 2015. The County's obligation for performance of this contract beyond this date is contingent upon the availability of appropriated funds from which payment for the contract purposes can be made. No legal liability on the part of the County for payment of any money for performance under this contract beyond September 30, 2015 shall arise unless and until funds are made available to the Purchasing Agent for such performance and notice of such availability, to be confirmed in writing by the Purchasing Agent, is given to the contractor.

Payment of Bills:

It is hereby requested by the Webb County Commissioner's Court that all vendors submit requests for payment within 90 days after the providing of goods and/ or services to the County. This practice will allow your payment request to be processed efficiently and will expedite payment to you.

Delinquent Taxes:

All vendors seeking to do business with Webb County must owe no delinquent taxes to the County. Attestation of owing no delinquent taxes will be required. If a vendor owes taxes to Webb County, those taxes should be paid before submitting a bid/proposal.

Legibility: Proposals must be legible and of a quality that can be reproduced.

FOB Destination:

All of the items listed are to be Free On Board to final destination (FOB Destination) with all transportation charges if applicable to be included in the price, the title and risk of loss of goods shall not pass to the County until receipt and acceptance takes place at the FOB point.

Estimated Quantities & Minimum Orders:

The estimated quantity to be purchased may be more or less. The County may purchase any reasonable amount greater than the estimate for the same unit price. The County is not obligated to purchase any minimum amount, and will require delivery regardless of the amounts ordered. The County will order on an as needed basis.

Statements:

No oral statement of any person shall modify or otherwise change, or affect the terms conditions, plans and/or specifications stated in the various proposal packages and/or proposal instructions/ requirements.

Pricing: Pricing provided in the bid by the vendor must remain constant for the duration of the contract, and all prices must be rounded to the nearest cent. All charges, surcharges, fees, and all costs associated with shipping must be reflected in the price. Webb County will not pay charges that are not stipulated in our contracts.

Other Fees, Charges, Surcharges: Webb County does not pay for, Overtime charges, Fuel Charges, Rental fee, Travel Fees and or surcharges for entities located out of town, or any other fees that are not stipulated in the contract.

Quote Fees: If a vendor is providing an estimate for work not under contract, the vendor must identify the estimate fee prior to diagnosing. A purchase order will be necessary if a fee will be applied to quotes and or estimates.

Termination: The County of Webb may terminate their participation in this contract upon thirty (30) Days written notice.

Ethics: The proposer shall not accept or offer gifts or anything of value nor enter into any business arrangement with any employee, of the Webb County Purchasing Department.

Proprietary Information:

All materials submitted to the County become public property and are subject to the Texas Open Records Act upon receipt. If a Proposer does not desire proprietary information in the proposal to be disclosed, each page must be identified and marked proprietary at time of submittal. The County will, to the extent allowed by law, endeavor to protect such information from disclosure. The final decision as to what information must be disclosed, however, lies with the Texas Attorney General. Failure to identify proprietary information will result in all unmarked sections being deemed non-proprietary and available upon public request.

Furnished Forms: All bids should be submitted on furnished forms. Bids submitted on forms other than those provided by Webb County will not be considered.

Open Market: If awarded vendor cannot provide the items under this contract, or abide by the terms & conditions of this contract, The County reserves the right to purchase items from the open market, and or terminate the contract upon a 30 day written notice to the vendor.

Specification Clarification: If any person contemplating submitting a proposal for this contract is in doubt as to the true meaning of the specifications, or other proposal documents or any part thereof, they may submit to the Purchasing Agent on or before 5 days prior to the closing date of the BID/RFP/RFQ a request for clarification. Changes and or clarifications to the specifications will be done in the form of an addendum. The addendum will be posted on the Webb County website (www.webbcountytx.gov), and emailed to the vendors that are on the Webb County vendor list. Questions may also be submitted 5 days prior to the closing date of the BID/RFP/RFQ, and will be answered, and posted on the Webb County website.

✓ **Liability Insurance:** A copy of your liability insurance must be included with your package.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/02/2014

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 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).

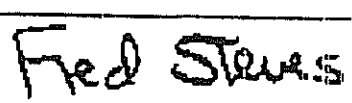
| | | |
|--|------------------------------------|-----------------------------|
| PRODUCER Myron F. Steves and Co. 6800 Park Ten Blvd, Suite 160-S San Antonio, TX 78213 | CONTACT NAME: _____ | |
| | PHONE (A/C, No, Ext): _____ | FAX (A/C, No): _____ |
| E-MAIL ADDRESS: _____ | | |
| INSURER(S) AFFORDING COVERAGE | | NAIC # |
| INSURER A: Markel Essex Insurance Company | | 39020 |
| INSURER B: _____ | | |
| INSURER C: _____ | | |
| INSURER D: _____ | | |
| INSURER E: _____ | | |
| INSURER F: _____ | | |

| | | |
|----------------|----------------------------|-------------------------|
| INSURED | CERTIFICATE NUMBER: | REVISION NUMBER: |
|----------------|----------------------------|-------------------------|

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADOL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|-----------|----------|---------------|-------------------------|-------------------------|---|
| A | GENERAL LIABILITY | Y | Y | 3DS2174 | 07/02/2014 | 07/02/2015 | EACH OCCURRENCE \$ 1,000,000.00 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | MED EXP (Any one person) \$ 5,000.00 |
| | | | | | | | PERSONAL & ADV INJURY \$ 1,000,000.00 |
| | | | | | | | GENERAL AGGREGATE \$ 2,000,000.00 |
| | | | | | | | PRODUCTS - COMP/OP AGG \$ 1,000,000.00 |
| | GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | | |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ |
| | <input type="checkbox"/> ANY AUTO | | | | | | BODILY INJURY (Per person) \$ |
| | <input type="checkbox"/> ALL OWNED AUTOS | | | | | | BODILY INJURY (Per accident) \$ |
| | <input type="checkbox"/> HIRED AUTOS | | | | | | PROPERTY DAMAGE (Per accident) \$ |
| | <input type="checkbox"/> SCHEDULED AUTOS | | | | | | \$ |
| | <input type="checkbox"/> NON-OWNED AUTOS | | | | | | \$ |
| | UMBRELLA LIAB | | | | | | EACH OCCURRENCE \$ |
| | <input type="checkbox"/> OCCUR | | | | | | AGGREGATE \$ |
| | EXCESS LIAB | | | | | | \$ |
| | <input type="checkbox"/> CLAIMS-MADE | | | | | | \$ |
| | DEC | | | | | | \$ |
| | RETENTION \$ | | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | WC STATU-TORY LIMITS |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | Y/N | N/A | | | | OTH-ER |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E L EACH ACCIDENT \$ |
| | | | | | | | E L DISEASE - EA EMPLOYEE \$ |
| | | | | | | | E L DISEASE - POLICY LIMIT \$ |

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

| | |
|---------------------------|--|
| CERTIFICATE HOLDER | 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  |



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/01/2014

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| | |
|--|--|
| PRODUCER IBC INSURANCE AGENCY LTD (LAREDO) 5800 SAN DARIO AVE #2 LAREDO, TX 78041-308 | CONTACT NAME SPECIALTY INSURANCE MANAGERS, INC. |
| | PHONE (A/C No Ex) 5122638999 FAC (A/C No) |
| E-MAIL ADDRESS | |
| INSURER(S) AFFORDING COVERAGE | |
| INSURER A HALLMARK COUNTY MUTUAL INSURANCE COMPANY | NAIC # 25408 |
| INSURER B | |
| INSURER C | |
| INSURER D | |
| INSURER E | |
| INSURER F | |

INSURED
ROMO CONTRACTORS, L.L.C.
203 VALLADOLID
LAREDO, TX 78046

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|--|
| | GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | | EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ |
| A | AUTOMOBILE AUTHORITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | X | X | TXA516871-01 | 07/02/2014 | 07/02/2015 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per Person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | <input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E. L. EACH ACCIDENT \$ E. L. DISEASE - EA EMPLOYEE \$ E. L. DISEASE - POLICY LIMIT \$ |

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

CERTIFICATE HOLDER

Blank space for Certificate Holder information.

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

Michael H. Benz



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/1/2014

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| | | |
|---|---|--------------------------------|
| PRODUCER IBC Insurance Agency, LTD 5800 San Dario Avenue 2nd Floor Laredo, TX 78041 | CONTACT NAME: PHONE (A/C, No., Ext): (956) 722-6500 | FAX (A/C, No.): (956) 728-7570 |
| | ADDRESS: | |
| INSURED Romo Contractors, L.L.C. 203 Valladolid Laredo, TX 78046 | INSURER(S) AFFORDING COVERAGE | |
| | INSURER A: Texas Mutual Insurance Company | |
| | INSURER B: | |
| | INSURER C: | |
| | INSURER D: | |
| | INSURER E: | |

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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| INSR LTR | TYPE OF INSURANCE | ADDL SUBR INSD WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|--------------------|---------------|-------------------------|-------------------------|--|
| | COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | | | EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | | | EACH OCCURRENCE \$ AGGREGATE \$ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | TSF0001239613 | 7/3/14 | 7/3/15 | PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |

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

| | |
|---------------------------|---|
| CERTIFICATE HOLDER | CANCELLATION 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 IBC Insurance Agency By: <i>[Signature]</i> |

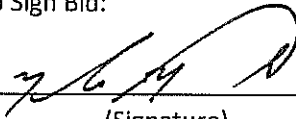
References

| Name of Firm | Address | Phone | Name of Contact |
|----------------|----------------|----------------|-----------------|
| City of Laredo | 5816 Dargherly | (956) 721-2000 | Mario Perez |
| City of Laredo | 5816 Dargherly | (956) 721-2000 | Angel Leon |
| LCC South | South Campus | (956) 794-4246 | Deem Wayne |

Bidder Information:

Name of Company: ROMO CONTRACTORS, LLC
Address: 2710 ZAPATECAS
LAREDO, TX 78046
Phone: 956-231-9142
Email: neldo@romocontractors.com

Signature of Person Authorized to Sign Bid:


(Signature)

NELSO MOLINA
(Printed Name)

PRESIDENT
(Title)

Bidder to indicate status as to: "Partnership", "Corporation", "Land Owner", etc.

LLC.

8/5/2014
(Date)

IMPORTANT

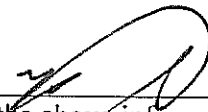
Bidder must complete this bid document in its entirety in order for it to be valid

PROOF OF NO DELINQUENT TAXES OWED TO WEBB COUNTY

This is to certify that NELSO MULSNA owes no delinquent property taxes to Webb County.

RUMO CONTRACTOR LLC owes no property taxes as a business in Webb County.(Business Name)

NELSO MULSNA owes no property taxes as a resident of Webb County.(Business Owner)

Nelso Mulsna 
Person who can attest to the above information

*** SIGN DOCUMENT AND PROVIDE PROOF OF NO DELINQUENT TAXES TO WEBB COUNTY.**

Webb County Tax Assessor-Collector
 Patricia A. Barrera, RTA
 1110 Victoria St. Ste 107
 Laredo, Texas 78040
 (956) 523-4200

AUGUST 04, 2014

TAX STATEMENT FOR TAXES DUE

ACCOUNT NUMBER: 556-01611-100

PROPERTY DESCRIPTION
 LOT 10 BLK 1611 ED

MOLINA NELSO
 203 VALLADOLID
 LAREDO, TX 78046

ACRES : .1466

| YEAR | SQ | ENTITY | DESC. | BASE TAX | P&I/DISC. | COLL FEE | TOTAL |
|------|----|-------------|----------------------|----------|-----------|----------|------------|
| 2013 | 0 | WEBB COUNTY | LAREDO COMMUNITY COL | | | | *NONE DUE* |
| 2013 | | | TAX DUE | | | | *NONE DUE* |

| YEAR | SQ | ENTITY | DESC. | LAND VAL | IMP VAL | AG VAL | EXMCD | AMOUNT | NTV |
|------|----|----------------------|-------|----------|---------|--------|-------|--------|--------|
| 2013 | 0 | WEBB COUNTY | | 22280 | 78420 | | | | 100700 |
| 2013 | 0 | LAREDO COMMUNITY COL | | 22280 | 78420 | | | | 100700 |

GR TAX DUE *NONE DUE*
 GR TOTAL DUE *NONE DUE*

Webb County

Conflict of Interest Disclosure

Effective January 1, 2006, Chapter 176 of the Texas Local Government Code requires that any vendor or person considering doing business with a local government entity disclose in the Questionnaire Form CIQ, the vendor or person's affiliation or business relationship that might cause a conflict of interest with a local government entity. By law, this questionnaire must be filled with the records administrator of Webb County no later than the 7th business day after the date the person becomes aware of facts that require the statement to be filed. See Section 176.006, Local Government Code. A person commits an offense if the person violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor. The questionnaire may be viewed and printed by following the link before:

By submitting a response to this request, the vendor represents that it is in compliance with the requirements of Chapter 176 of the Texas Local Government Code.

The Webb County Officials who come within Chapter 176 of the Local Government Code relating to filing of Conflict of Interest Questionnaire (Form CIQ) include:

1. Webb County Judge Danny Valdez
2. Commissioner Linda R. Ramirez
3. Commissioner Rosaura Tijerina
4. Commissioner John Galo
5. Commissioner Jaime Canales
6. Judge Joe Lopez, Chairman, 49th Judicial District
7. Judge Becky Palomo, 341st Judicial District
8. Judge Monica Notzon, 111th Judicial District

Please send completed forms to the Webb County Clerk's Office located at 1110 Victoria, Suite 201, Laredo, Texas 78040.

CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor or other person doing business with local governmental entity

This questionnaire reflects changes made to the law by H.B. 1491, 80th Leg., Regular Session.
This questionnaire is being filed in accordance with Chapter 176, Local Government Code by a person who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the person 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 person becomes aware of facts that require the statement to be filed. See Section 176.006, Local Government Code.
A person commits an offense if the person knowingly violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor.

OFFICE USE ONLY
Date Received

1 Name of person who has a business relationship with local governmental entity.
na

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 the originally filed questionnaire becomes incomplete or inaccurate.)
na

3 Name of local government officer with whom filer has employment or business relationship.
na
Name of Officer

This section (item 3 including subparts A, B, C & D) must be completed for each officer with whom the filer has an employment or other business relationship as defined by Section 176.001(1-a), Local Government Code. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer named in this section receiving or likely to receive taxable income, other than investment income, from the filer of the questionnaire?
 Yes No na

B. Is the filer of the questionnaire receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer named in this section AND the taxable income is not received from the local governmental entity?
 Yes No na

C. Is the filer of this questionnaire employed by a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?
 Yes No na

D. Describe each employment or business relationship with the local government officer named in this section.

4 na
Signature of person doing business with the governmental entity

8/8/14
Date

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

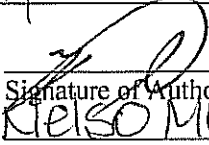
5. The potential contractor further agrees by submitting this certification that it will include this certification titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion for Covered Contracts" without modification, in all covered subcontracts and in solicitations 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 POMO Contractors LLC. | Vendor ID No. or Social Security No. | Program No. |
|--|--------------------------------------|-------------|

Signature of Authorized Representative

Nelson Molina, PRESIDENT
Printed/Typed Name and Title of
Authorized Representative

Date
8/5/2014

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.)

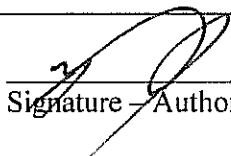
3. The undersigned shall require that the language of this certification be included in the award documents for all covered subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all covered subrecipients will certify and disclose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

Do you have or do you anticipate having covered subawards under this transaction?

- Yes
 No

| | | |
|--|--------------------------------------|-------------|
| Name of Contractor/Potential Contractor ROMO CONTRACTORS, LLC. | Vendor ID No. or Social Security No. | Program No. |
|--|--------------------------------------|-------------|

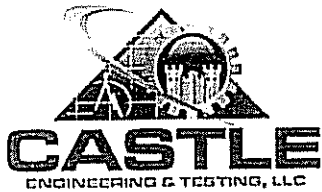
| | |
|---|--------------------|
| Name of Authorized Representative NELSO MOLINA | Title PRESIDENT |
|---|--------------------|



Signature - Authorized Representative

8 | 4 | 2019

Date



Castle Engineering & Testing, LLC
 1216 Santa Maria Avenue
 Laredo, Texas 78040
 Phone (956) 727 3530
 Fax (956) 727 3384
 TBPE Registration No. F-10341

HYDRAULIC CEMENT CONCRETE MIX DESIGN & CONTROL

Mr. Benito Hurtado, II
 Plant Manager
 City Ready Mix, Inc.
 P.O. Box 2631
 Laredo, Texas 78044

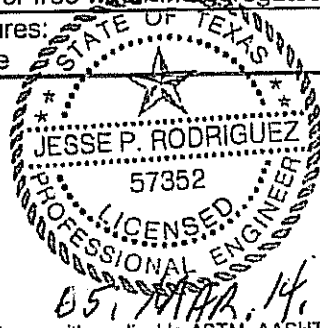
Project: General Plant Production
 2014 Concrete Mix Designs
 Mix ID: 3,000 psi (1 1/2" Coarse Aggregate)
 Project No.: 14M010 Report No.: 003
 Date of Service: 02/17/2014

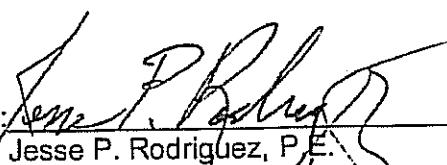
| Material Properties | | | | |
|---------------------|---|------------------------|-------------------|---------------|
| % | Material | Specific Gravity (SSD) | Rod Unit Wt., pcf | Absorption, % |
| 100 | Ben-Hur Pit, Gravel, ASTM C-33, Size No. 467 | 2.61 | 108.9 | 1.0 |
| 100 | Ben-Hur Pit, Sand, ASTM C-33 | 2.68 | 97.4 | 1.2 |
| 100 | Alamo Cement, Type I, ASTM C-150 | 3.15 | --- | --- |
| --- | Water Source: City of Laredo | 1.00 | --- | --- |

| Ratios | |
|---------------------------------------|-----------|
| Recommended Design Slump, in. : | 4.5 ± 1.0 |
| Cement Factor : | 5.00 |
| Water, gal/sack : | 5.08 |
| Water, gal/yd ³ : | 25.42 |
| W/C Ratio : | 0.45 |
| Air Factor, % : | 1.00 |

| Absolute Volumes, ft ³ | |
|-----------------------------------|-------|
| Cement: | 2.39 |
| Water: | 3.40 |
| Entrapped Air: | 0.27 |
| Volume of Paste: | 6.06 |
| Gravel: | 10.83 |
| Sand : | 10.11 |
| Volume of Aggregates: | 20.94 |

| Weight of Materials, lbs | |
|---|------------------------------|
| Alamo Cement, Type I, ASTM C-150 | 470 |
| Water* | 212 |
| Ben-Hur Pit, Gravel (Dry), ASTM C-33, Size No. 467 | 1764 |
| Ben-Hur Pit, Sand (Dry), ASTM C-33 | 1691 |
| * May require field adjustment for free water in aggregates | Unit Weight (SSD): 153.2 pcf |
| Admixtures: None | --- |



Reviewed By: 
 Jesse P. Rodriguez, P.E.

Report Distribution:
 City Ready Mix, Inc.

The test(s) were performed in general accordance with applicable ASTM, AASHTO, or DOT test methods. This report is for the exclusive use of the client indicated above and shall not be reproduced except in full without the written consent of our company. Test results transmitted herein are only applicable to the actual samples tested at the location(s) referenced and are not necessarily indicative of the properties of other apparently similar or identical materials.



Castle Engineering & Testing, LLC
 1216 Santa Maria Avenue
 Laredo, Texas 78040
 Phone (956) 727-3530 Fax (956) 727-3384
 TBPE Registration No. F-10341

CONCRETE COMPRESSION TEST REPORT

Report To: Mr. Benito Hurtado, II
 Plant Manager
 City Ready Mix, Inc.
 P. O. Box 2631
 Laredo, Texas 78044

Project Number: 14M010-003
 Project: General Plant Production
 Location: 2014 Concrete Mix Designs
 Laredo, Texas

Mix Data

| | | | |
|----------------|----------------------|--------------------------|---------------------|
| Material Type: | Concrete | Aggregate Size: | 1 1/2" |
| Supplier: | City Ready Mix, Inc. | Admixture: | None |
| Mix Number: | 3000PSI | Specified Strength: | 3000 psi at 28 days |
| Cement Factor: | 5 | Slump Requirement: | 3.5-5.5 in. |
| | | Air Content Requirement: | 1 % |

Sample Data

Sample Date: 2/17/14 Notes: Sunny and cool during sampling.

Set Data (ASTM C31)

Page 1 of 1

| | | | |
|----------------------|----------------------------|----------------------------------|-----------|
| Laboratory Number: | 140217 | Slump (ASTM C143): | 5.5 in. |
| Set Number: | 1 of 1 | Ambient Temperature: | 80 °F |
| Time Cast: | 2:23pm | Sample Temperature (ASTM C1064): | 75 °F |
| Field Technician: | Oscar Martel, E.I.T. | Air Content (ASTM C173/C231): | 0.9 % |
| Truck/Ticket Number: | --- / --- | Unit Weight-Fresh (ASTM C138): | 149.9 pcf |
| Testing Technician: | Jesus "Papo" Pompa | Unit Weight-Dry (ASTM C567): | --- pcf |
| Placement Location: | CET Laboratory Trial Batch | | |

Test Data (ASTM C39)

| Sample Number | Date Tested | Age | Dimensions (in) | Area (in ²) | Load (lbf) | Corr. Factor | Cure Type | Fract. Type | Comp. Str. (psi) |
|---------------|-------------|-----|-----------------|-------------------------|------------|--------------|-----------|-------------|------------------|
| 2A | 2/20/14 | 3 | 4 X 8 | 12.57 | 20280 | 1.00 | L | A | 1610 |
| 2B | 2/20/14 | 3 | 4 X 8 | 12.57 | 18310 | 1.00 | L | A | 1460 |
| 2C | 2/24/14 | 7 | 4 X 8 | 12.57 | 24210 | 1.00 | L | A | 1930 |
| 2D | 2/24/14 | 7 | 4 X 8 | 12.57 | 25890 | 1.00 | L | A | 2060 |
| 2E | 3/3/14 | 14 | 4 X 8 | 12.57 | 32110 | 1.00 | L | A | 2560 |
| 2F | 3/3/14 | 14 | 4 X 8 | 12.57 | 30470 | 1.00 | L | A | 2420 |
| 2G | 3/17/14 | 28 | 4 X 8 | 12.57 | 51020 | 1.00 | L | A | 4060 |
| 2H | 3/17/14 | 28 | 4 X 8 | 12.57 | 54050 | 1.00 | L | A | 4300 |
| 2I | 3/17/14 | 28 | 4 X 8 | 12.57 | 53240 | 1.00 | L | A | 4240 |

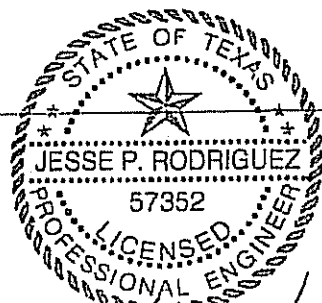
Average 28-day Compressive Strength = 4200 psi

Cure Type: L-Laboratory, F-Field
 Fracture Type: A-Cone, B-Cone/Split, C-Cone/Shear, D-Shear, E-Columnar

- Defects not apparent unless otherwise noted.
- Sampled materials MEET the specified 28-day strength requirement as noted.

Comments: Field testing of fresh concrete and laboratory curing and testing of hardened concrete cylinders were performed in general accordance with the following applicable ASTM standards; C31, C39, C138, C143, C172, C173, C231 and C1064.

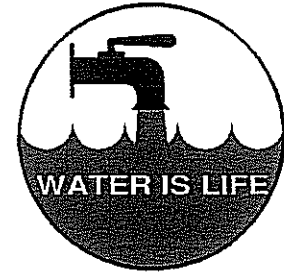
Cc: City Ready Mix, Inc.



Submitted by,
 Castle Engineering & Testing, LLC

Jesse P. Rodriguez
 Jesse P. Rodriguez, P. E.
 (3/17/14)

CONCRETE TEST - CASTLE.GDT - 3/17/14 09:25 - H:\GEO\TECHNICAL\GINT FILE\GINT\PROJECTS\14M010-003.GPJ



CITY OF LAREDO
WATER UTILITIES DEPARTMENT
5816 Daugherty
LAREDO, TEXAS 78044
Tel: (956) 721-2000

DATE: Aug 5th, 2014

To Whom It May Concern:

I'm writing this letter to inform you that ROMO Contractor LLC., has been contracted by the City of Laredo – Utilities Department on an annual basis for concrete repairs services since April 2013. We have renewed this same contract with ROMO Contractor LLC for an additional year, contract expires on 05/21/2015.

ROMO Contractor LLC has performed all the work orders with effectiveness and in a timely manner. Also, due to their attention to specifics of the construction as well as proper scheduling has resulted in a job well done. They have proven to be valuable vendor and provider to our needs. We recommend ROMO Contractor LLC for any concrete and paving job.

If you have any questions, you may contact me at (956) 721-2013.

Sincerely,

Mauro Pérez

Assets Management Coordinator
Utilities Department
Phone: (956) 721-2013 Ext. 3021
Email: mperez0@ci.laredo.tx.us



PURCHASE ORDER

PAGE: 1

PO: 235354

DATE: 05/28/14

CITY OF LAREDO

5512 Thomas Ave
Laredo, TX 78041-3809
Phone: (956) 790-1800 Fax: (956) 790-1805

TO: ROMO CONTRACTOR, LLC.
203 VALLADOLID
LAREDO, TX 78046

SHIP TO: CITY OF LAREDO
WATER SERVICE CENTER
5816 DAUGHERTY
ATTN: JUAN ARRIAGA
LAREDO, TX 78046

TEL# (956) 220-3908
FAX# (956) 724-4174

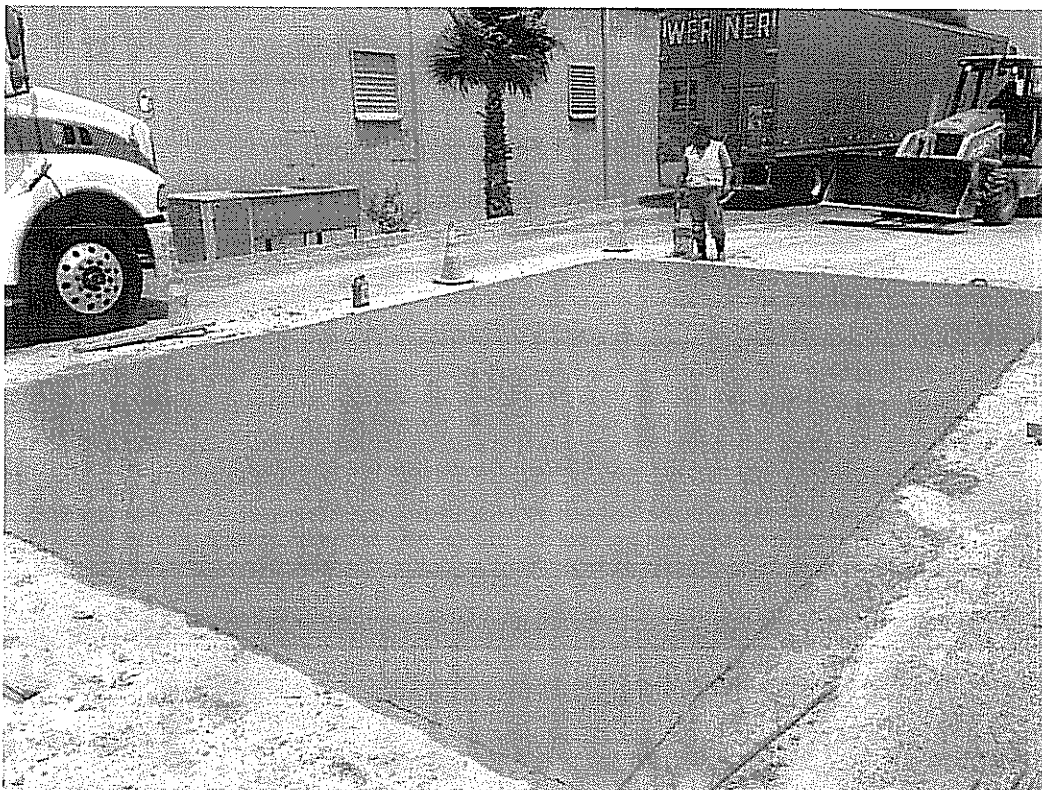
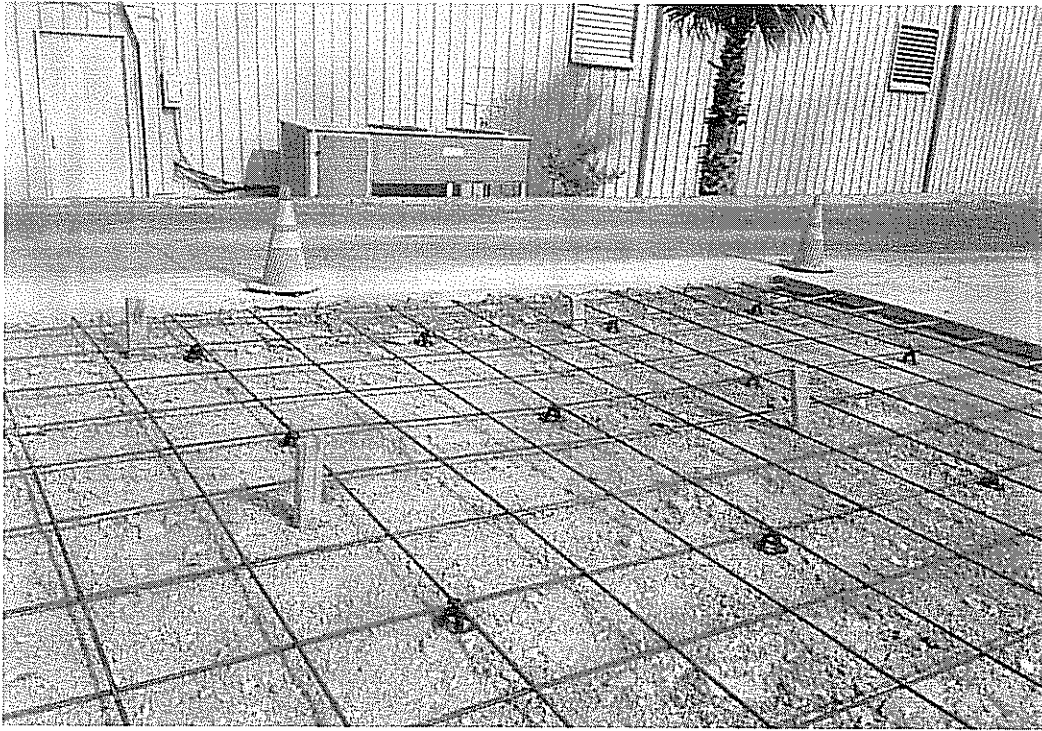
INVOICE TO: CITY OF LAREDO
ACCOUNTS PAYABLE
P.O. BOX 210
LAREDO, TX 78042-0210

| VENDOR NO. | | 70122 | | | |
|-----------------------|--------------|--------------------|--|-----------|---------------|
| DELIVER BY | SHIP VIA | FOB | TERMS | | |
| 05/21/14 | | | NET/30 | | |
| CONFIRM BY | | CONFIRM TO | | | |
| JUAN CARLOS RODRIGUEZ | | ENRIQUE ALDAPE III | | | |
| | | WS/JGALVAN | | | |
| FREIGHT | CONTRACT NO. | ACCOUNT NO. | PROJECT | | |
| | 13-039ROMO | | | | |
| | | | REQ. NO | | |
| | | | 289580 | | |
| | | | REQ. DATE | | |
| | | | 05/21/14 | | |
| LINE NO. | QUANTITY | UOM | ITEM NO. AND DESCRIPTION | UNIT COST | EXTENDED COST |
| | | | ***** * CONFIRMATION COPY * * DO NOT DUPLICATE * ***** | | |
| | | | BLANKET PURCHASE ORDER FOR CONCRETE REPAIRS | | |
| | | | EFFECTIVE DATE: 05/21/14 | | |
| | | | EXPIRATION DATE: 05/21/15 | | |
| | | | NOT TO EXCEED: 150000.00 | | |
| | | | REMARKS: CONCRETE REPAIRS FOR UTILITIES FY13-039 Ext I approved by Council 5/19/14 | | |

This purchase shall be governed, construed, and interpreted by the laws of the state of Texas and the general terms and conditions of the City of Laredo.

302 International Blvd.

Driveway 31' x 18'

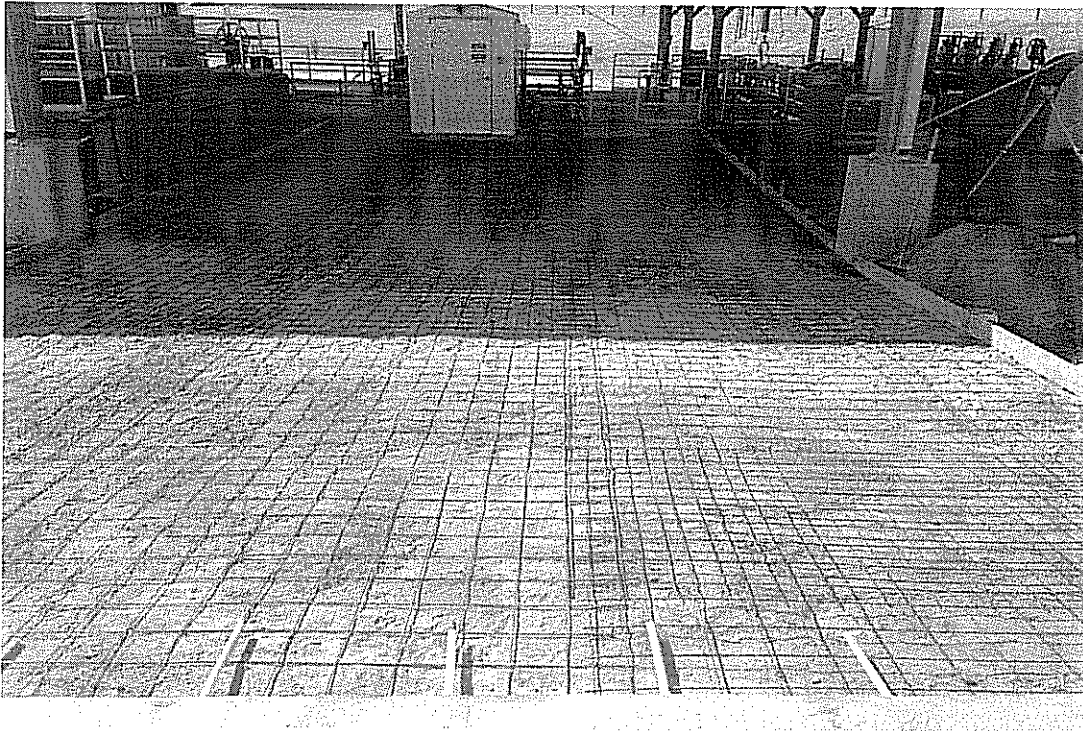


Quadrangle Project

Curb & Gutter 45' x 2'



2815 Shiloh Sewer Plant
Driveway 60' x 23'



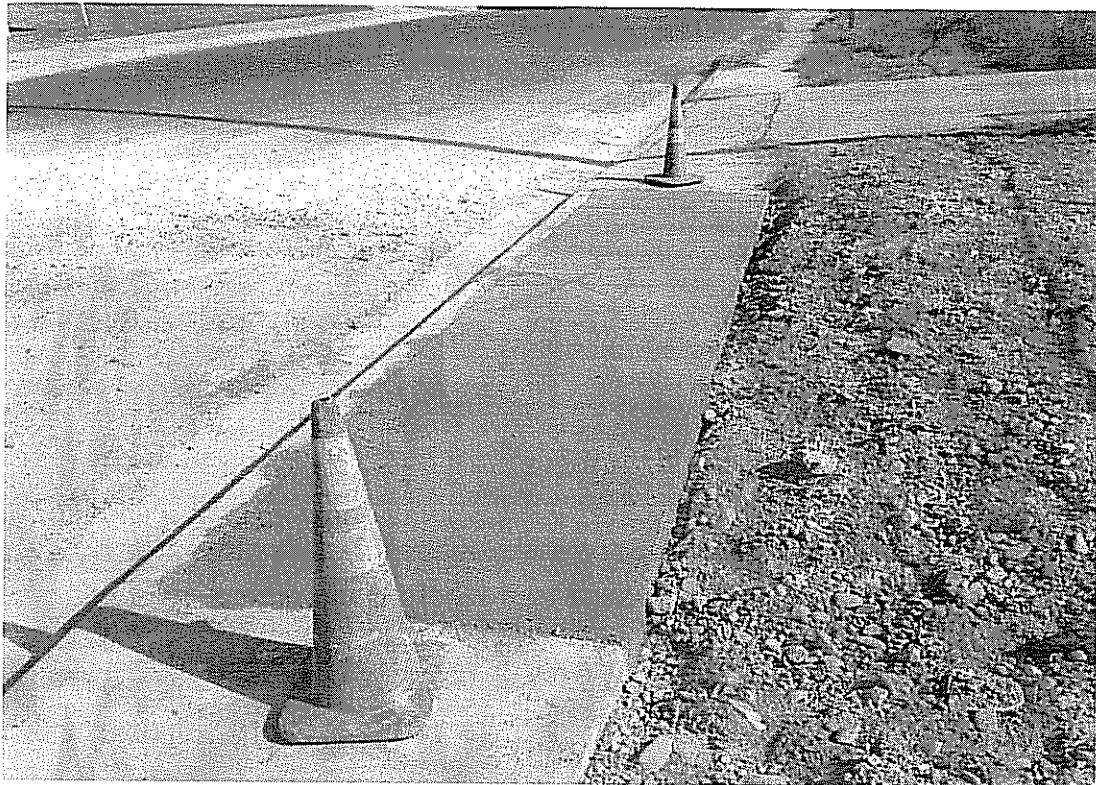
3915 San Eduardo Ave.

Sidewalk 24' 4" x 4' / Curb & Gutter 25' x 2'

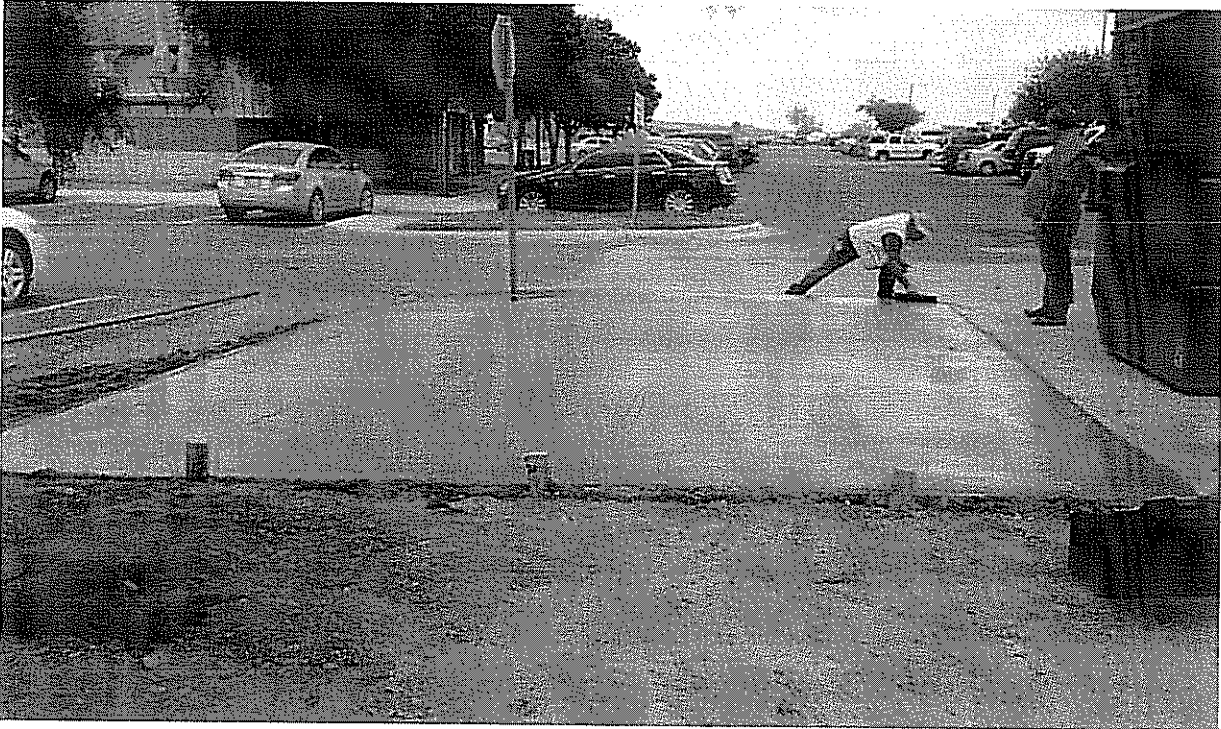


2514 San Francisco

Sidewalk 18' x 4'



5816 Daugherty Ave



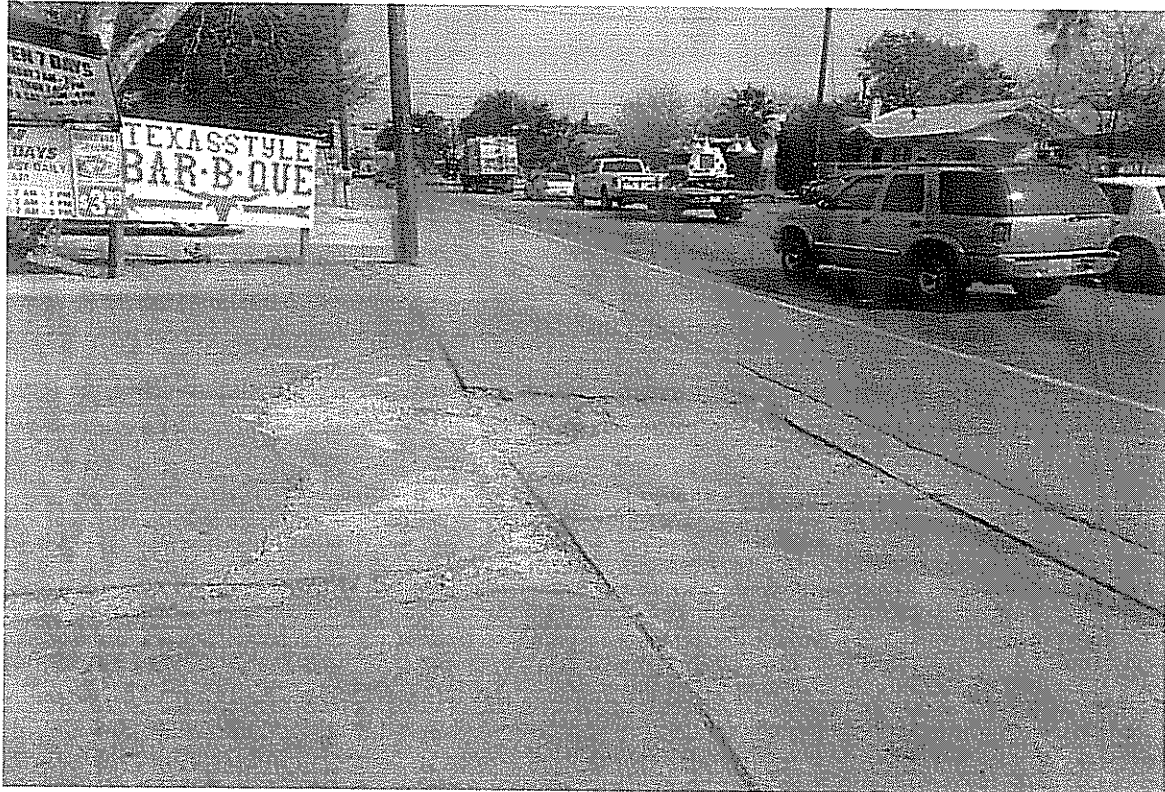
2502 Reynolds St.

Driveway 25' x 13'

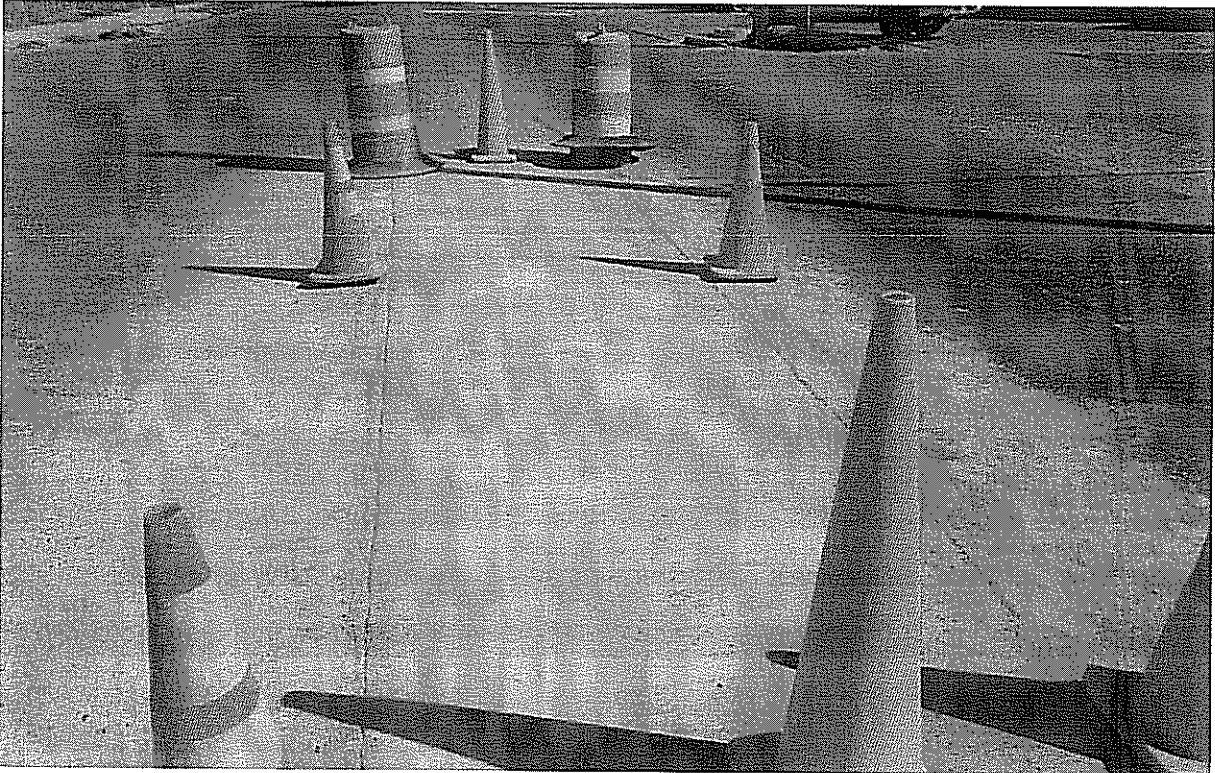
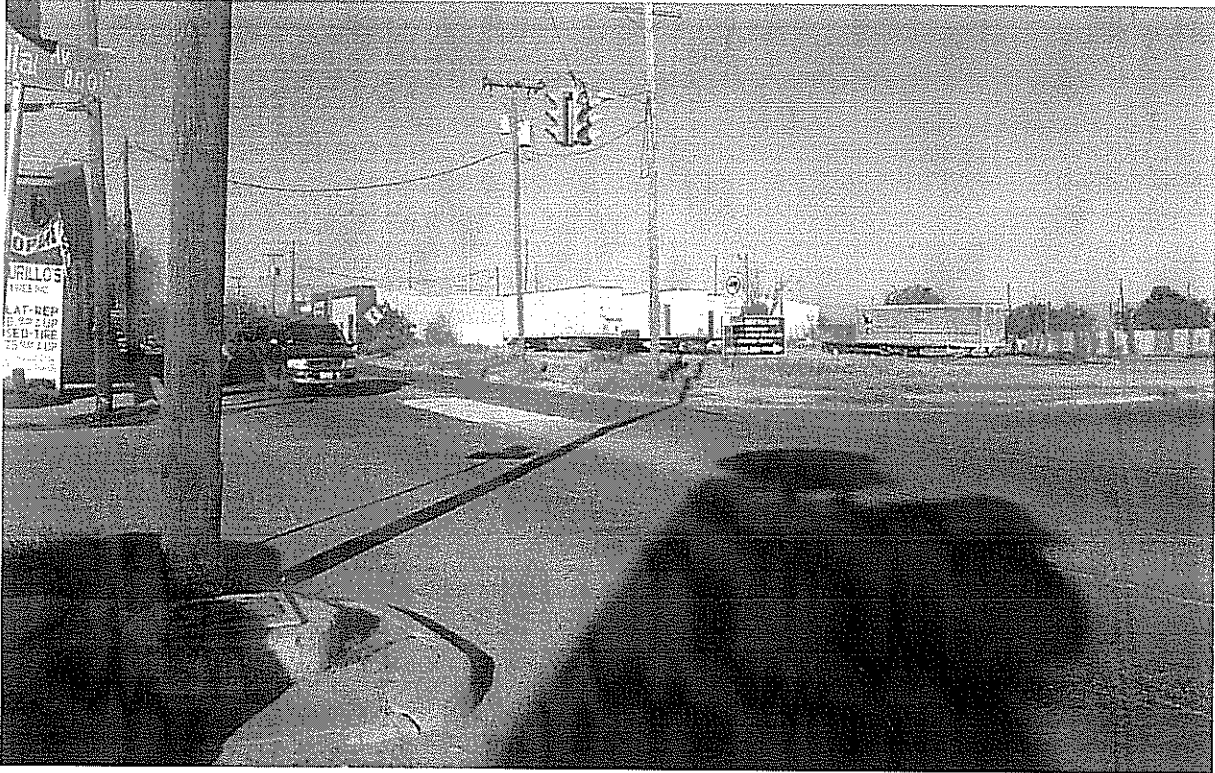


2002 Chihuahua Street

Driveway 20' x 15'

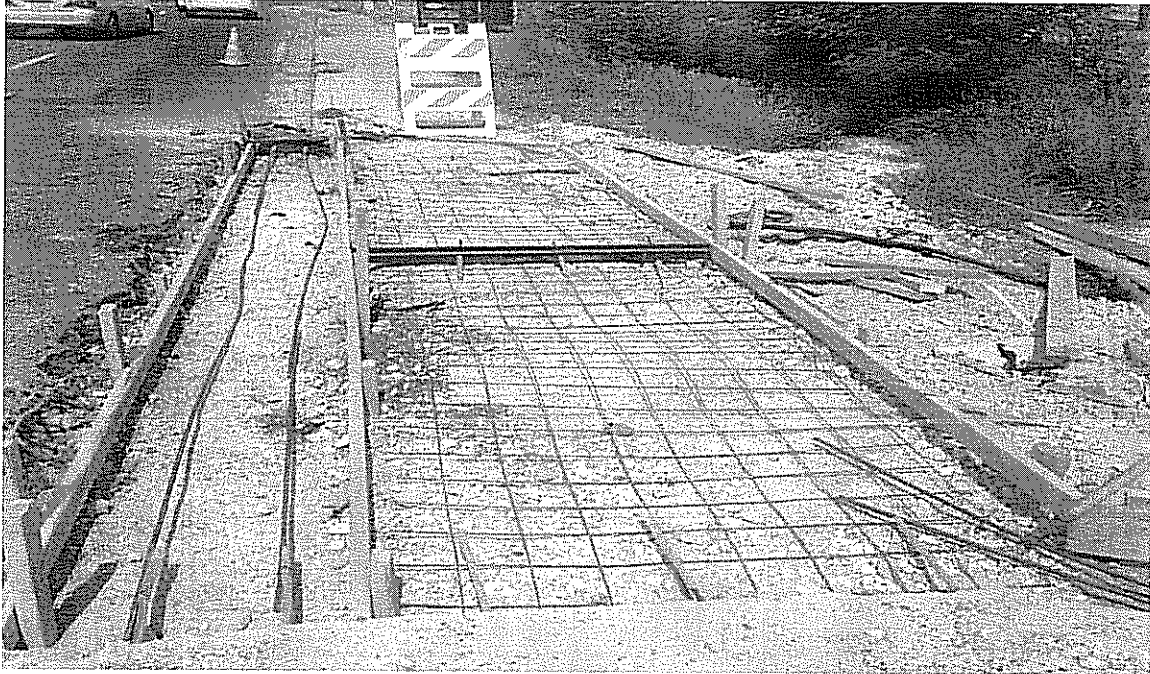


Market St. & Marcella St.



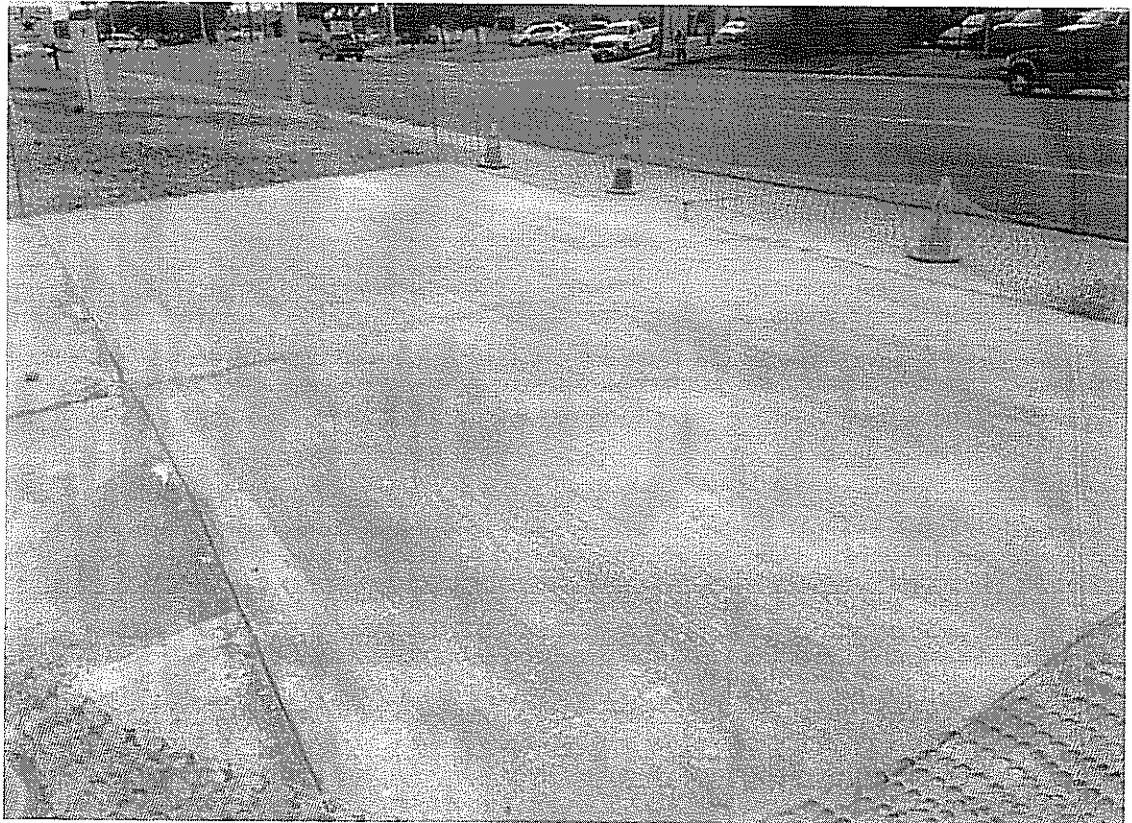
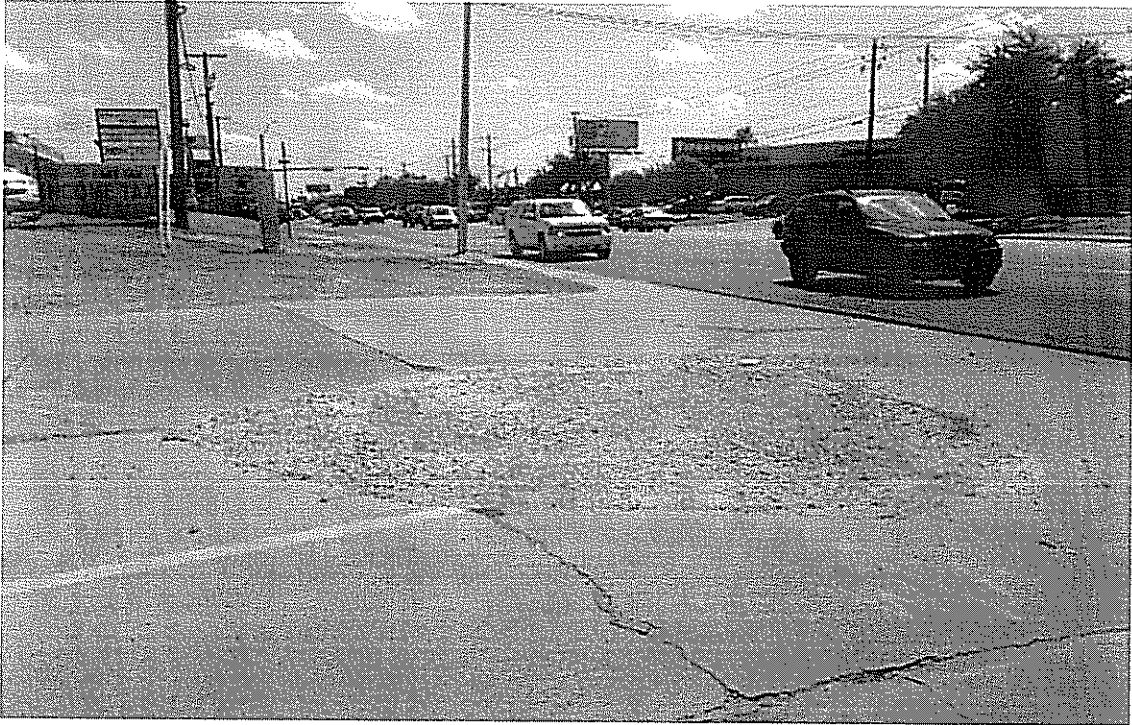
120 W del Mar Blvd.

Sidewalk 24' x 5' / Curb & Gutter 28' x 2'



5916 Mcpherson Rd.

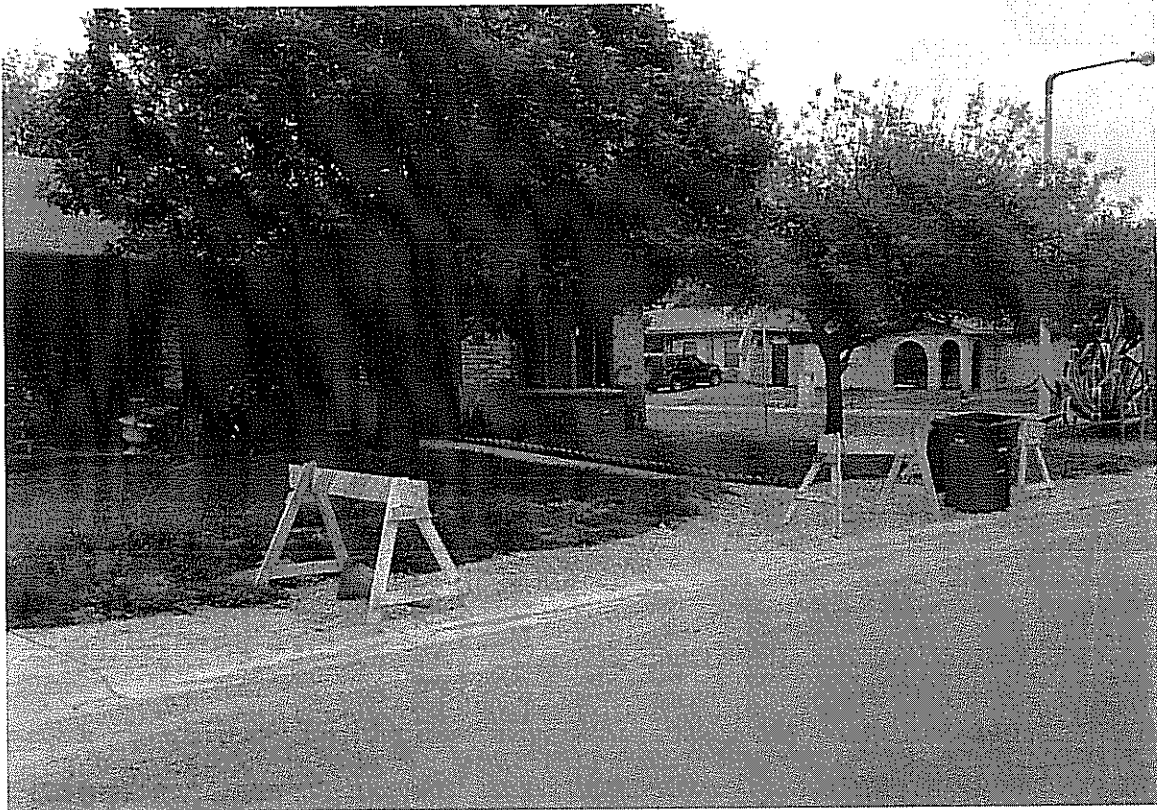
Driveway 20' x 33'



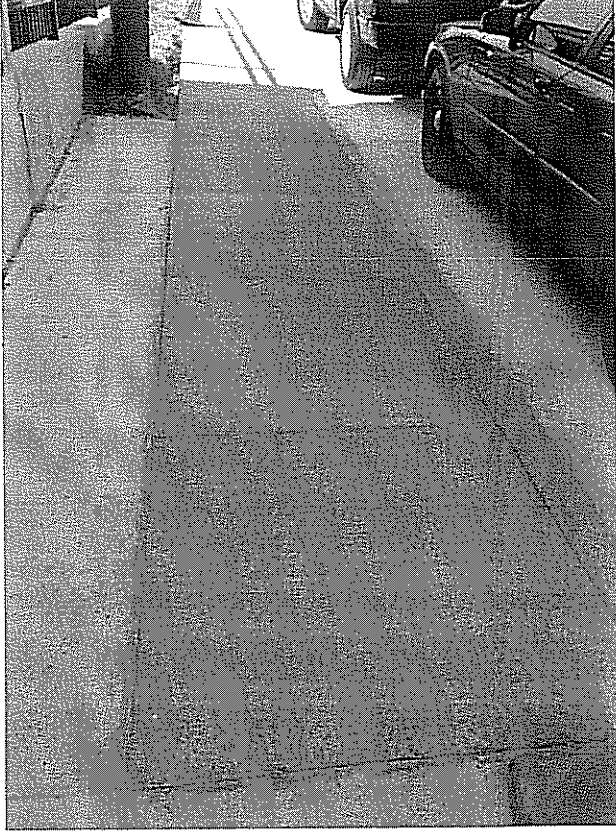
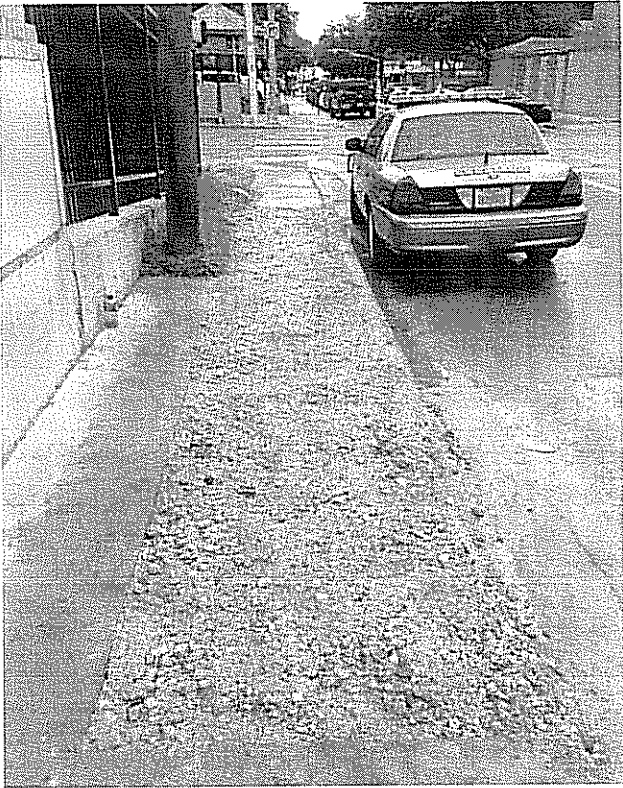
408 Merlin



116 W Mayberry Street



1000 Flores Ave.



107 Hickory Lane

