



**Proposer Information**

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Name of Company: Temprite Mechanical, Inc  
Address: 2806 Cortez St.  
City and State Laredo, Texas  
Phone: (956) 726-3826  
Email Address: renes@tempritelaredo.com

Signature of Person Authorized to Sign:

Rene Salinas  
Signature  
Rene Salinas  
Print Name  
President  
Title

Indicate status as to "Partnership", "Corporation", "Land Owner", etc.

Corporation  
03/21/2022  
(Date)

Note:

All submissions relative to these RFP shall become the property of Webb County and are nonreturnable.

If any further information is required, please call the Webb County Contract Administrator, Juan Guerrero, at (956)523-4125.

***\*Please place this form as your cover page for this RFP package.***

**PROPOSAL FORM "A"**

**Contractor:** TEMPRITE MECHANICAL, INC.

**TO OWNER:** Webb County Purchasing  
1110 Washington Suite 101  
Laredo, Texas

**PROJECT:** **HVAC Improvements for:  
Justice of the Peace Precinct 2 Place 2  
901 S. Milmo  
Laredo, Texas 78040**

**Ladies and Gentlemen:**

The bidder in compliance with Notice to Bidders for the construction of this project, having examined the plans and specifications with related documents and having examined the site and all conditions affecting the work, hereby proposes to furnish and to construct the project in accordance with Contract Documents for the sum set below.

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All labor, materials, services, and equipment necessary for completion of work shown on the drawings and in the specifications, except the work indicated by the Alternatives.

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**ALLOWANCES:**

1. CONTINGENCY **\$ 5,000**  
(Contingency shall be included in base bid amount and returned to owner if not used)
- 
- 

**BASE BID**

ONE HUNDRED TWENTY-SEVEN THOUSAND ONE HUNDRED DOLLARS Dollars

\$ 127,100.00

**Time of completion:** Depend on lead time from units factory consecutive calendar days.

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**ALTERNATE (no alternates)**

\_\_\_\_\_ Dollars

\$ \_\_\_\_\_

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OWNER RESERVES THE RIGHT TO SELECT ALL OR ANY COMBINATION OF ITEMS TO KEEP THE PROJECT WITHIN BUDGET.

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The Undersigned, if awarded the contract agrees to commence work within eight consecutive calendar days from date of Notice to Proceed.

It is understood that if accepted by Owner, this bid becomes a part of the contract documents upon signing this bid form.

It is also understood that the Owner reserves the right to reject any or all bids and waive irregularities and formalities in the best interest for Webb County.

The Undersigned agrees to waive any claim against Webb County, the architect or engineer on the project, or any of their employees, arising out of or in connection with the administration, evaluation, or recommendation of any bid.

The undersigned agrees that he will not withdraw this bid for a period of thirty days from the date thereof.

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I hereby acknowledge the receipt of Addendum No. \_\_\_\_\_ Dated: \_\_\_\_\_  
Addendum No. \_\_\_\_\_ Dated: \_\_\_\_\_ Addendum

Date: 03/21/2022 Signed *Rene Salinas*  
By Rene Salinas  
Address 2806 Cortez St.  
\_\_\_\_\_

**(Seal if Bid is by corporation)**

**PROPOSAL FORM "B"**

**Contractor:** \_\_\_\_\_

**TO OWNER:** Webb County Purchasing  
1110 Washington Suite 101  
Laredo, Texas

**PROJECT:** HVAC Improvements for:  
**Casa Ortiz**  
**915 Zaragoza St**  
**Laredo, Texas 78040**

**Ladies and Gentlemen:**

The bidder in compliance with Notice to Bidders for the construction of this project, having examined the plans and specifications with related documents and having examined the site and all conditions affecting the work, hereby proposes to furnish and to construct the project in accordance with Contract Documents for the sum set below.

\_\_\_\_\_  
All labor, materials, services, and equipment necessary for completion of work shown on the drawings and in the specifications, except the work indicated by the Alternatives.

**ALLOWANCES:**

1. CONTINGENCY **\$ 5,000**  
(Contingency shall be include in base bid amount and returned to owner if not used)

**BASE BID**

SIXTY-NINE THOUSAND FIVE HUNDRED TWENTY DOLLARS \_\_\_\_\_ Dollars

\$ 69,520.00

**Time of completion:** Depend on lead time from units factory consecutive calendar days.

**ALTERNATE (no alternates)**

\_\_\_\_\_ Dollars

\$ \_\_\_\_\_

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OWNER RESERVES THE RIGHT TO SELECT ALL OR ANY COMBINATION OF ITEMS TO KEEP THE PROJECT WITHIN BUDGET.

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The Undersigned, if awarded the contract agrees to commence work within eight consecutive calendar days from date of Notice to Proceed.

It is understood that if accepted by Owner, this bid becomes a part of the contract documents upon signing of on this bid form.

It is also understood that the Owner reserves the right to reject any or all bids and waive irregularities and formalities in the best interest for Webb County.

The Undersigned agrees to waive any claim against Webb County, the architect or engineer on the project, or any of their employees, arising out of or in connection with the administration, evaluation, or recommendation of any bid.

The undersigned agrees that he/she will not withdraw this bid for a period of thirty days from the date thereof.

---

---

I hereby acknowledge the receipt of Addendum No. \_\_\_\_\_ Dated: \_\_\_\_\_  
Addendum No. \_\_\_\_\_ Dated: \_\_\_\_\_ Addendum

Date: 03/21/2022 Signed *Rene Salinas*  
By Rene Salinas  
Address 2806 Cortez St.  
\_\_\_\_\_

**(Seal if Bid is by corporation)**

**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 Temprite Mechanical, Inc, the herein-named "Affiant", who is a resident of WEBB County, State of Texas, and upon his/her respective oath, either individually and/or behalf of their respective company/entity, do hereby state that I have personal knowledge of the following facts, statements, matters, and/or other matters set forth herein are true and correct to the best of my knowledge.

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

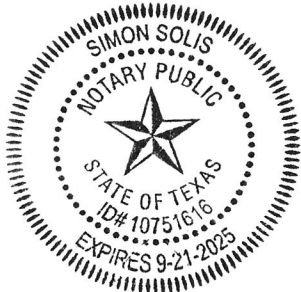
*I personally, and/or in my respective authority/capacity on behalf of my company/entity do hereby further acknowledge, agree and understand that as a participating vendor with Webb County, Texas on any active solicitation/proposal/qualification that I and/or my company/entity failure to comply with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

Executed and dated this 21 day of March, 2022

Rene Salinas  
Signature of Affiant

Rene Salinas  
Printed Name of Affiant/Company/Entity

SWORN to and subscribed before me, this 21 day March, 2022



[Signature]  
NOTARY PUBLIC, STATE OF TEXAS

**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 Rene Salinas, the herein-named "Affiant", who is a resident of WEBB County, State of Texas, and upon his/her respective oath, either individually and/or behalf of their respective company/entity, do hereby state that I have personal knowledge of the following facts, statements, matters, and/or other matters set forth herein are true and correct to the best of my knowledge.


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

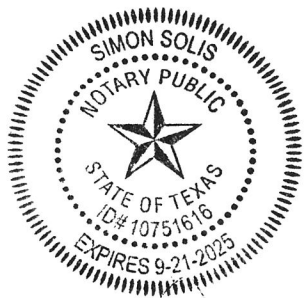
*I personally, and/or in my respective authority/capacity on behalf of my company/entity do hereby further acknowledge, agree and understand that as a participating vendor with Webb County, Texas on any active solicitation/proposal/qualification that I and/or my company/entity failure to comply with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

Executed and dated this 21 day of March, 2022

Rene Salinas  
Signature of Affiant

Rene Salinas  
Printed Name of Affiant/Company/Entity

SWORN to and subscribed before me, this 21 day March, 2022  
  
NOTARY PUBLIC, STATE OF TEXAS



# Webb County Tax Office

Patricia A. Barrera - Tax Assessor/Collector

P. O. Box 420128, Laredo, TX 78042, (956) 523-4200

[New Property Search](#) [Change Search Criteria](#) [Display Help](#) [View Mobile Site](#)

Search by Account #, Billing #, Name, and Situs Address.

**Your Cart is Empty**

Use the Cart to pay multiple accounts with just a single payment!

Click on an account number to view additional property information, print a tax bill or receipt, or apply for a qualifying payment plan.

## Search Results

Displaying records 1 through 10 of 13.

Page 1 of 2

Select to Pay <input type="checkbox"/>	View Details	Account Number	Owner Name	Location Address	Total Tax Due
N/A		<a href="#">55801708090</a>	SALINAS RENE	2806 E CORTEZ ST	\$0.00
N/A		<a href="#">55801709040</a>	SALINAS RENE	2805 CORTEZ ST	\$0.00
N/A		<a href="#">55801709050</a>	SALINAS RENE	2817 CORTEZ ST	\$0.00
N/A		<a href="#">55801709080</a>	SALINAS RENE	2818 GUATEMOZIN ST	\$0.00
N/A		<a href="#">55801709090</a>	SALINAS RENE	ARKANSAS & GUATEMOZIN	\$0.00
N/A		<a href="#">98845001060</a>	SALINAS RENE	2614 BURGUNDY LOOP	\$0.00
N/A		<a href="#">99150001080</a>	SALINAS RENE	114 SUN RAY LOOP	\$0.00

0 Accounts Selected to Pay

Search Results Navigation

Jump to Page:  ▼

Your Cart has 0 item(s)

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1.1.13



# Webb County Tax Office

Patricia A. Barrera - Tax Assessor/Collector

P. O. Box 420128, Laredo, TX 78042, (956) 523-4200

[New Property Search](#) [Change Search Criteria](#) [Display Help](#) [View Mobile Site](#)

Search...

Search by Account #, Billing #, Name, and Situs Address.

**Your Cart is Empty**

Use the Cart to pay multiple accounts with just a single payment!

Click on an account number to view additional property information, print a tax bill or receipt, or apply for a qualifying payment plan.

## Search Results

Displaying records 1 through 1 of 1.

Select to Pay	View Details	Account Number	Owner Name	Location Address	Total Tax Due
<input type="checkbox"/>		<a href="#">80020099101</a>	TEMPRITE MECHANICAL INC	2806 E CORTEZ ST	\$0.00

0 Accounts Selected to Pay

Search Results Navigation

Jump to Page:

Your Cart has 0 item(s)

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1.1.13



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/15/2022

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).

<b>PRODUCER</b> FEDERATED MUTUAL INSURANCE COMPANY HOME OFFICE: P.O. BOX 328 OWATONNA, MN 55060	<b>CONTACT NAME:</b> CLIENT CONTACT CENTER	
	<b>PHONE (A/C, No, Ext):</b> 888-333-4949	<b>FAX (A/C, No):</b> 507-446-4664
	<b>E-MAIL ADDRESS:</b> CLIENTCONTACTCENTER@FEDINS.COM	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> FEDERATED MUTUAL INSURANCE COMPANY	<b>NAIC #</b> 13935
	<b>INSURER B:</b> FEDERATED RESERVE INSURANCE COMPANY	<b>NAIC #</b> 16024
<b>INSURED</b> TEMPRITE MECHANICAL, INC. 2806 CORTEZ ST LAREDO, TX 78043-4101	241-539-6	<b>INSURER C:</b>
		<b>INSURER D:</b>
		<b>INSURER E:</b>
		<b>INSURER F:</b>

**COVERAGES**

CERTIFICATE NUMBER: 102

REVISION NUMBER: 0

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY	N	N	6135082	08/23/2021	08/23/2022	EACH OCCURRENCE	\$1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
	<input checked="" type="checkbox"/> BUSINESS OWNER'S LIABILITY						MED EXP (Any one person)	
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$2,000,000
	OTHER:						PRODUCTS - COMPIOP AGG	\$2,000,000
A	AUTOMOBILE LIABILITY	N	N	6135083	08/23/2021	08/23/2022	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident)	
	<input type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR	N	N	6135084	08/23/2021	08/23/2022	EACH OCCURRENCE	\$1,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$1,000,000
	DED <input type="checkbox"/> RETENTION							
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A	N	1807185	08/23/2021	08/23/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						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**
 241-539-6  
 WEBB COUNTY JAIL  
 1110 WASHINGTON ST STE 101  
 LAREDO, TX 78040-4466

102 0

**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 G Kern*

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

**FORM CIQ**

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.**

Temprite Mechanical, Inc

**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**  
*Rene Salinas*  
\_\_\_\_\_  
Signature of vendor doing business with the governmental entity

03/21/2022  
\_\_\_\_\_  
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.
Temprite Mechanical, Inc	74-28928729	

*Rene Salinas*

03/21/2022

Signature of Authorized Representative

Date

Rene Salinas

Printed/Typed Name and Title of  
Authorized Representative

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

**PART A. PREAMBLE**

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

**PART B. CERTIFICATION**

This certification applies only to the instant federal action for which the certification is being obtained and is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$100,000 for each such failure.

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

1. No federally appropriated funds have 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.
Temprite Mechanical, Inc	74-28928729	

Name of Authorized Representative	Title
Rene Salinas	Owner

Rene Salinas  
Signature – Authorized Representative

03/21/2022  
Date



PROOF OF NO DELINQUENT TAXES OWED TO WEBB COUNTY

Name Rene Salinas owes no delinquent property taxes to Webb County.

Temprite Mechanical, Inc owes no property taxes as a business in Webb County.  
(Business Name)

Rene Salinas owes no property taxes as a resident of Webb County.  
(Business Owner)

*Rene Salinas*

Person who can attest to the above information

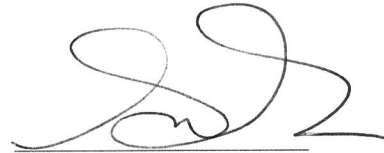
**\* SIGNED NOTORIZED DOCUMENT AND PROOF OF NO DELINQUENT TAXES TO WEBB COUNTY.**

The State of Texas  
County of Webb

Before me, a Notary Public, on this day personally appeared Rene Salinas, 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 21 day of March 2022

Notary Public, State of Texas



(Print name of Notary Public here)

My commission expires the 21 day of March 2022

