

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

*3 Year Contract for
RFQ 2022-005
"Medical Professional Services"*

- Proposer Information

- A minimum of five (5) references

- Conflict of Interest form (Form CIQ)


- Certification regarding Debarment (Form H2048)

- Certification regarding Federal lobbying (Form 2049)

- Code of Ethics Affidavit

- Certificate of Liability Insurance

- Proof of No Delinquent Tax Owed to Webb County



Signature of person completing RFQ

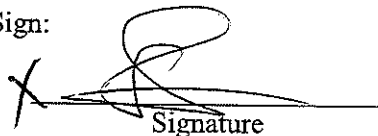
08/16/22
Date



Proposer Information

Name of Company: Arturo Garza-Gongora, M.D.
Address: 7210 McPherson Rd. Ste. 120
City and State: Laredo, TX 78041
Phone: (956) 718-6966
Email Address: alejandra@garza-gongora.com

Signature of Person Authorized to Sign:

X 
Signature

Arturo Garza-Gongora
Print Name

physician
Title

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

Sole Proprietor

8/12/2022
(Date)

Note:

All submissions relative to this RFQ 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 RFQ package.***

Arturo Garza-Gongora, M. D.
Family Practice
7210 McPherson Rd. Ste. 120
Laredo, TX 78041
956-718-6966 fax 956-795-4760

Services provided by Dr. Arturo Garza-Gongora

Dr. Arturo Garza-Gongora has provided medical services to the Webb County Jail since 2002.

Members of the medical provider team for Webb County Jail will be as follows:

Medical Director
Arturo Garza-Gongora, M.D.

Internal Medicine
Adonis Zuñiga-Goldwater, M.D.

Radiology
Patrick Valls, M.D.

Family Nurse Practitioner
Laura Garza-Gongora, FNP, DNP

Provider coverage for any health care issues, and or emergencies not limited to in-house (facility) and out-patient medical attention as well as in-patient hospital care will be available 24 hours a day, 7 days per week, and 365 days per year.

Bi-weekly radiology services for X-Ray's, includes X-Ray machine, certified technician, and X-Ray interpretation by radiologist.

Inmates will be seen three times per week by one of the providers. This will also include a weekly tuberculosis (TB) clinic by Dr. Adonis Zuñiga.

Essential Functions:

- Provide a variety of professional medical services to inmates/residents to include examination, diagnosis, and prescribing appropriate medications/treatments with appropriate follow-up care.
- Provide appropriate and timely referrals for specialist such as gynecology, psychiatry, orthopedics, neurology, gastroenterology, etc.
- Timely review of laboratory and imaging results by a healthcare provider
- Reviewing, verifying, and signing all telephone orders promptly
- Appropriate and timely review of progress reports for hospitalized inmates/residents

References:

Dr. Sebastian Padron
1023 Bob Bullock Loop
Laredo, TX 7804
210-241-5852
956-608-3000

Dr. Raul Mireles
350 Private Road 478
Castroville, TX 78009
956-763-5221

Dr. Ricardo Cigarroa
1700 E. Saunders
Laredo, TX 78041
956-725-1228

Dr. Fernando Sanchez
1700 E. Saunders
Laredo, TX 78041
956-722-1864

Dr. Adonis Zuniga-Goldwater
2412 Jacaman Rd. Ste. 103
956-726-0647

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.

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 
Signature of vendor doing business with the governmental entity

8/16/22
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

Dr. Adonis Zuniga - Goldwater and Dr. Patrick Valls

No

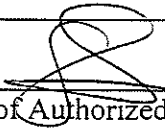
5. The potential contractor further agrees by submitting this certification that it will include this certification titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion for Covered Contracts" without modification, in all covered subcontracts and in solicitations 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.

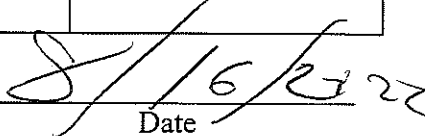
PART B. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION FOR COVERED CONTRACTS

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.

X 
Signature of Authorized Representative


Date

Arturo Genza-Gongora, M.D.
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.)

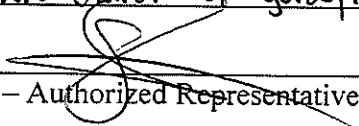
3. The undersigned shall require that the language of this certification be included in the award documents for all covered subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all covered subrecipients will certify and disclose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

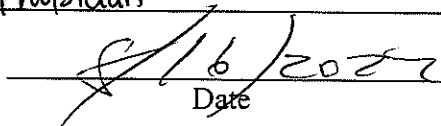
Do you have or do you anticipate having covered subawards under this transaction?

- Yes
- No

Name of Contractor/Potential Contractor	Vendor ID No. or Social Security No.	Program No.
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Name of Authorized Representative Arturo Garza-Gonzalez, M.D.	Title Physician
--	--------------------


Signature – Authorized Representative


Date

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

STATE OF TEXAS *

KNOW ALL MEN BY THESE PRESENTS:

COUNTY OF WEBB *

BEFORE ME the undersigned Notary Public, appeared Arturo Garza-Gongora 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.webbcountytexas.gov/PurchasingAgent/PurchasingEthicsPolicy.pdf>

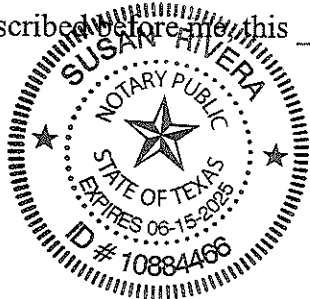
I personally, and/or in my respective authority/capacity on behalf of my company/entity do hereby further acknowledge, agree and understand that as a participating vendor with Webb County, Texas on any active solicitation/proposal/qualification that I and/or my company/entity failure to comply with the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

Executed and dated this 16th day of August, 2022

X [Signature]
Signature of Affiant

Arturo Garza-Gongora M.D.
Printed Name of Affiant/Company/Entity

SWORN to and subscribed before me, this 16th day August, 2022



[Signature]
NOTARY PUBLIC, STATE OF TEXAS



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/16/2022

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).

PRODUCER State Farm Kevin Romo: 7917 McPherson Rd Laredo, TX 78041	CONTACT NAME: Sylvia M Peregoy PHONE (A/C, No, Ext): 956-753-9337 FAX (A/C, No): 956-753-9339 E-MAIL ADDRESS: sylvia.m.peregoy.d54b@statefarm.com
	INSURER(S) AFFORDING COVERAGE
INSURED Garza, Gongora, Arturo 7219 McPherson Rd Ste 120 Laredo, TX 78041	INSURER A: State Farm Lloyds NAIC # 43419
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES **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	ADD / SUB / NSD / WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		90-L1-8256-5	08/16/2022	08/18/2023	EACH OCCURRENCE \$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER					DAMAGE TO RENTED PREMISES (Ea occurrence) \$	
						MED EXP (Any one person) \$ 10,000	
						PERSONAL & ADV INJURY \$	
						GENERAL AGGREGATE \$ 2,000,000	
						PRODUCTS - COMPROP AGE \$ 2,000,000	
						BUS PROP \$ 132,100	
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$	
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$	
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$	
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY				PROPERTY DAMAGE (Per accident) \$	
						\$	
	<input type="checkbox"/> UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$	
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$	
	DED	RETENTION \$				\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY:	<input type="checkbox"/> Y/N	N/A			PER STATUTE / OTHER \$	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) 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 (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



July 1, 2022

Policy/ID #1-122165
Arturo Gerardo Garza-Gongora, MD

**CLAIMS-MADE
CERTIFICATE OF INSURANCE
PROFESSIONAL LIABILITY COVERAGE**

Insured: Arturo Gerardo Garza-Gongora, MD

Policy Period: 09/01/2022 to 09/01/2023
(All dates are as of 12:01am standard time)

Retroactive Date: 09/01/2002

Initial Coverage Date: 09/01/2002

Policy Limits: \$200,000/\$600,000

Claim/Suit experience in the last 5 year(s): Please see attached

This Certificate of Insurance does not amend, extend or alter the coverage afforded under the above reference policy. Should coverage be amended, altered, or cancelled, the obligation to notify the certificate holder, if any, is solely that of the Insured and failure to provide such notice shall impose no obligation or liability of any kind upon TMLT, its agents or representatives.

This document is supplied for information purposes only, and does not confer any rights or obligations other than those described in the policy. The terms of the policy control over the terms of this document.

A handwritten signature in cursive script that reads "Carol Mello".

Carol Mello
Underwriter



CLAIM & LAWSUIT HISTORY

Insured: Arturo Gerardo Garza-Gongora, MD
Policy #: 1-122165
License #:

The Texas Medical Liability Trust (TMLT) attempts to verify the accuracy of the information provided herein, but neither TMLT nor its employees makes any guarantee or warranty, express or implied, including without limitation any warranty of fitness for a particular purpose, or assumes any legal liability or responsibility for the accuracy, completeness or usefulness of any such information.

TMLT does not agree to any continuing obligation to provide information beyond the date of this report, including updated responses to this inquiry or notice of policy termination.

Type: Suit	Claim#: 816589-1
Incident date: 08/16/2015	Claimant: Edwin Bryan
Reported date: 09/20/2017	Suit Filed: Yes
Status: Closed	Date Filed: 08/15/2017
Close date: 01/12/2018	Cause Number: 2017-CVB-001721-D2
Indemnity Payment: \$0	District Court: 111th


Type: Suit	Claim#: 816956-1
Incident date: 11/20/2015	Claimant: Mario Andrade, Jr.
Reported date: 11/21/2017	Suit Filed: Yes
Status: Closed	Date Filed: 11/17/2017
Close date: 10/15/2019	Cause Number: 5:17-cv-00237
Indemnity Payment: \$0	District Court: Civil

PROOF OF NO DELINQUENT TAXES OWED TO WEBB COUNTY

Name Arturo Garza-Gonzalez owes no delinquent property taxes to Webb County.

Arturo Garza-Gonzalez, M.D. owes no property taxes as a business in Webb County.
(Business Name)

Arturo Garza-Gonzalez owes no property taxes as a resident of Webb County.
(Business Owner)


X _____
Person who can attest to the above information

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

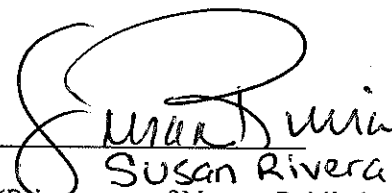
The State of Texas
County of Webb

Before me, a Notary Public, on this day personally appeared Arturo Garza-Gonzalez know to me (or proved to me on the oath of Arturo Garza-Gonzalez 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.

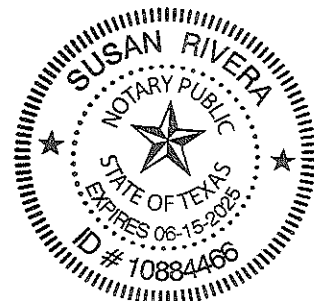
Given under my hand and seal of office this 16th day of August 2022

Notary Public, State of Texas

My commission expires the 16th day of August 2022



Susan Rivera
(Print name of Notary Public here)



ADDENDUM NUMBER 1 TO THE RFQ DOCUMENTS

Addendum Date: August 3, 2022

RFQ DOCUMENT NUMBER RFQ 2022-005

“3 Year Contract for Medical Doctor”

A. This Addendum shall be considered part of the RFQ documents for the above-mentioned project as though it had been issued at the same time and shall be incorporated integrally therewith. Where provisions of the following supplementary data differ from those of the original bid documents, this Addendum shall govern and take precedence. **RESPONDENTS MUST SIGN THE ADDENDUM AND SUBMIT IT WITH THEIR BIDS/PROPOSALS.**

B. Respondent are hereby notified that they shall make any necessary adjustments in their estimates as a result of this Addendum. It will be construed that each bidder's proposal is submitted with full knowledge of all modifications and supplemental data specified herein.

Except as described below, the original bid document remains unchanged. The RFQ documents are modified and/or clarified, as follows:

Modification to Section 9. Insurance Requirements:

General Liability - \$1,000,000 combined single limit for bodily injury and property damage, \$2,000,000 annual general aggregate and \$2,000,000 products/completed operations annual aggregate; Primary and non-contributory additional insured in favor of the County; waiver of subrogation in favor of the County.

Automobile Liability - \$1,000,000 combined single limit for bodily injury and property damage; primary and non-contributory additional insured in favor of the County; waiver of subrogation in favor of the County.

Workers Compensation - Statutory workers compensation with \$1,000,000/\$1,000,000/\$1,000,000 employers' liability; waiver of subrogation in favor of the County.

Professional Liability - \$1,000,000 per occurrence or per claim/\$2,000,000 annual aggregate. Since the professional is written on a claims made basis, the retroactive date should be on or before the date the contract is executed.

RESPONDENT MUST ACKNOWLEDGE THIS ADDENDUM BY SIGNING BELOW AND ATTACHING THE SIGNED ADDENDUM TO THE PROPOSAL FORM(S):

Company Name

Arturo Garza-Gonzalez, M.D.

Contact Person

Alexandra Alcaraz

Signature

X 

Date

8/16/2022

THIS CONCLUDES ADDENDUM NO. 1 IN ITS ENTIRETY.

This Addendum is being transmitted electronically via our E-Bid site @ <https://webbcountyebid.ionwave.net/Login.aspx> . If you have any questions, please direct them to; Juan Guerrero Jr. (956) 523-4149 or email at juguerrero@webbcountytx.gov .

TEXAS MEDICAL BOARD

ARTURO GERARDO GARZA-GONGORA, MD



LICENSE NUMBER
G1404

EXPIRATION DATE
02/28/2024

AUTHORIZED FOR
OFFICE BASED ANESTHESIA
No

PHYSICIAN LICENSE

PLEASE VISIT WWW.TMB.STATE.TX.US TO VIEW THE CURRENT STATUS OF THIS LICENSEE

This certifies that the licensee/permit holder named and numbered hereon has provided this board the information required and has paid the fee for registration for the period indicated above. Please keep this board notified of change of address.

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FG1704988	09-30-2024	\$888
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	PRACTITIONER	08-04-2021
GARZA-GONGORA, ARTURO 1001 WASHINGTON ST LAREDO, TX 780404404		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

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