



Proposer Information

Name of Company: Zenitram Communications Inc.
Address: 504 Corpus Christi St.
City and State: Laredo, TX.
Phone: 956-726-1400
Email Address: NOVAcomm@sbcglobal.net

Signature of Person Authorized to Sign:

A handwritten signature in black ink, appearing to read "Jose Martinez", is written over a horizontal line.

Signature

Jose Martinez

Print Name

Owner

Title

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

Corporation

08/30/2022

(Date)

Note:

All submissions relative to this 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.**

Thermal Security Camera Replacement Project Bid Form

Install Location: El Cenizo Water Tank (3519 Cecilia Lane, El Cenizo, TX 78046)

Qty.	Specifications	Unit Price	Total
1	Thermal & Optical Bi-spectrum Network Positioning System OPTICAL LENSES 4MM 4 MEGAPIXEL IP66 Behavior analysis function, based on deep learning algorithm line crossing, intrusion, region entrance-exit, fire detection. Image processing technology. Brand: Hikvision or comparable brand	22,900 =	22,900 =
1	Removal of Damaged Thermal camera for Water tank & re-install New Thermal camera at water tank (Labor only)	1,200 =	1,200 =

Install Location: Rio Bravo Water Tank (1017 Paseo de Tiber, Rio Bravo, TX 78046)

Qty.	Specifications	Unit Price	Total
1	Thermal & Optical Bi-spectrum Network Positioning System OPTICAL LENSES 4MM 4 MEGAPIXEL IP66 Behavior analysis function, based on deep learning algorithm line crossing, intrusion, region entrance-exit. Fire detection, Image processing technology. Brand: Hikvision or comparable brand	22,900 =	22,900 =
1	NVR 8 Megapixel (4K) 16ch IP all ports POE DS-7600 series	590 =	590 =
1	8TB Hard Drive for up to 30+ memory on Hand	350 =	350 =
1	Installation of New Thermal camera & NVR; Cable to Water Tank, run all Wire (No Electrical)	1,200 =	1,200.00
1	Equipment Console Metal Box for NVR Equipment	250 =	250 =

Install Location: Los Botines Tower

Qty.	Specifications	Unit Price	Total
1	Thermal & Optical Bi-spectrum Network Positioning System OPTICAL LENSES 4MM 4 MEGAPIXEL IP66 Behavior analysis function, based on deep learning algorithm line crossing, intrusion, region entrance-exit. fire detection, Image processing technology. Brand: Hikvision or comparable brand	22,900 =	22,900 =
1	NVR 8 Megapixel (4K) 16ch IP all ports POE DS-7600 series	590 =	590 =
1	8TB Hard Drive for up to 30+ memory on Hand	350 =	350 =
1	Installation of New Thermal camera & NVR; Cable to Water Tank, run all Wire (No Electrical)	1,200 =	1,200 =
1	Equipment Console Metal Box for NVR Equipment	250 =	250 =
1	5.8Ghz Link for Tower to Fire Dept. Complex TX-RX Unit	490 =	490 =

Install Location: Las Lomas

Qty.	Specifications	Unit Price	Total
1	Trylon-Knockdown 64ft Self-Support Tower M# T-200 Hot dip Galvanized steel Tower	9890 =	9890 =
3	Anchor Kit for Tower	155 =	465 =
1	Construction Hole 5ft x 4ft x 4ft rock Base	750 =	750 =
1	Cement Concrete 3000 psi	900 =	900.00
9	Re bar 90ft of # 4 Steel (Wrap around/Zig Zag-Un-down)	18.00	162.00
1	Wire for Cameras 50ft x 2	50.00	50.00
1	Electrical For Tower 110Vac/20 a	600.00	600.00
1	Installation of Tower 64ft. Run cable for cameras, Install cameras at tower. Dig Up Hole for Cement base	2500.00	2500.00

Grand Total 90,487.00

Warranty on Parts (Detailed Description Required)		Cost
3- YR MANUFACTURES (NB-POWER SOURCE)*	1	
<i>SEE BACK</i>		
Warranty on Labor (Detail Description Required)		Cost
2 YR UN CONDITIONAL	1	

- Notes:
- In the event of a discrepancy, unit pricing shall govern.
 - The Owner has the right to reject any or all bids, or otherwise award in its best interest

Contractor Name: JOSE G MARTINEZ Date: 8-30-2022

Name of Authorized Representative: JOSE G. MARTINEZ Title: OWNER

Signature for Authorized Representative: [Signature]

Address: 504 Corpus Christi ST.

Telephone Number: 956-226-1600
956-206-8192 cell

Supplier Information

Company Name: Zenitram Communications Inc.

Contact Name: Jose ~~M~~ Martinez

Address: 504 corpus christi st.
Laredo, TX. 78040

Phone: 956-726-1600

Fax: N/A

Email: novacomm@sbcglobal.net

Supplier Notes

By submitting your response, you certify that you are authorized to represent and bind your company.

Print Name

Jose G. MARTINEZ

Signature

CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor doing business with local governmental entity

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.

A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

OFFICE USE ONLY

Date Received

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

None

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.

N/A

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.

None

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 N/A
Signature of vendor doing business with the governmental entity

N/A
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	Vendor ID No. or Social Security No.	Program No.
N/A	N/A	N/A

N/A
Signature of Authorized Representative

N/A
Date

N/A
Printed/Typed Name and Title of Authorized Representative

PROOF OF NO DELINQUENT TAXES OWED TO WEBB COUNTY

Name Jose Martinez owes no delinquent property taxes to Webb County.

Zenitram Communications Inc owes no property taxes as a business in Webb County.
(Business Name)

Jose Martinez owes no property taxes as a resident of Webb County.
(Business Owner)

Jose Martinez
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

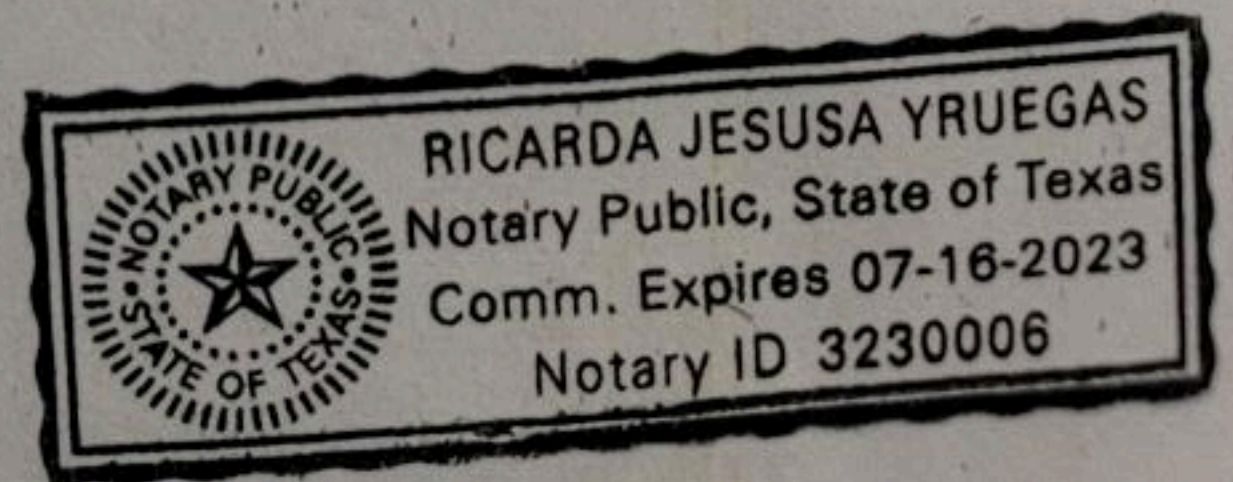
Before me, a Notary Public, on this day personally appeared Jose G. Martinez, know to me (or proved to me on the oath of NOUASTAR COMMUNICATIONS) to be the person whose name is subscribed to the forgoing instrument and acknowledged to me that he executed the same for the purpose and consideration therein expressed.

Given under my hand and seal of office this 30 day of Aug 2022

Notary Public, State of Texas

Ricarda Yruegas

My commission expires the 16 day of July 2023 (Print name of Notary Public here)



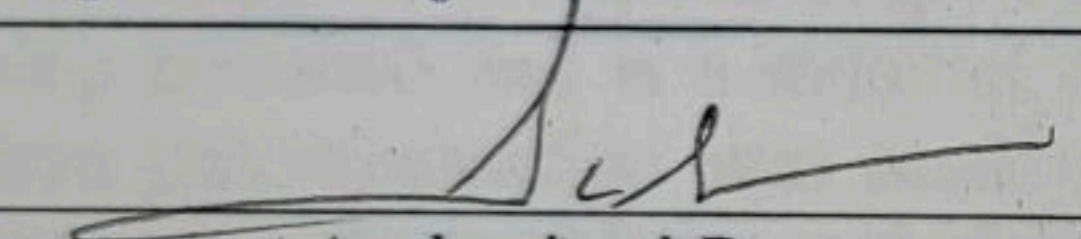
3. The undersigned shall require that the language of this certification be included in the award documents for all covered subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all covered subrecipients will certify and disclose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

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

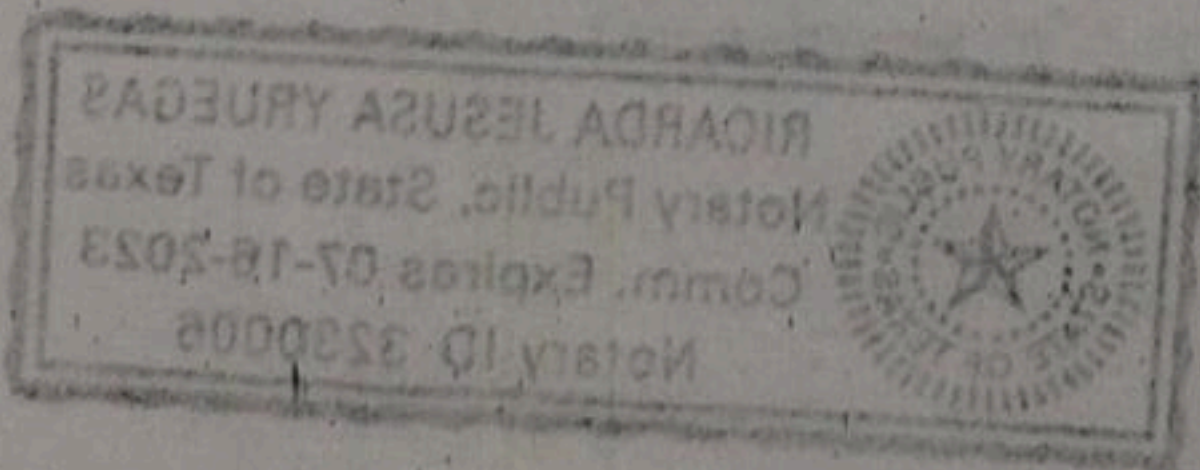
- Yes
 No

Name of Contractor/Potential Contractor	Vendor ID No. or Social Security No.	Program No.
None	None	None

Name of Authorized Representative	Title
Jose G. Martinez	owner


Signature - Authorized Representative

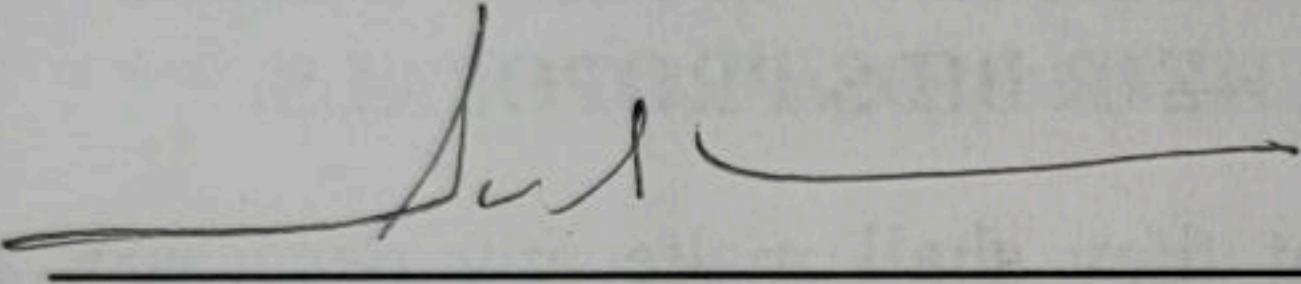
08-30-2022
Date



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

Company Name Zenitram Communications Inc.

Contact Person Jose Martinez

Signature 

Date 08-30-2022

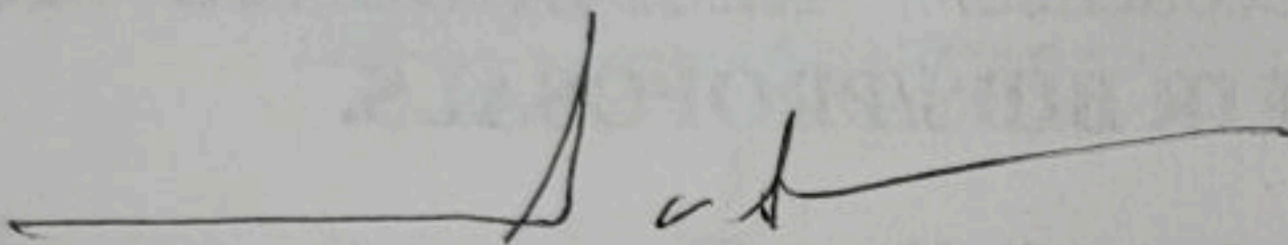
THIS CONCLUDES ADDENDUM NO. 1 IN ITS ENTIRETY.

This Addendum is being transmitted electronically via our E-Bid site @ <https://webbcountybid.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.

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

Company Name Zenitram Communications Inc.

Contact Person Jose Martinez

Signature 

Date 08-30-2022

THIS CONCLUDES ADDENDUM NO. 2 IN ITS ENTIRETY.

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

**REFERENCES FROM BIDDERS/PROPOSERS
MUST BE FULLY COMPLETED AND SUBMITTED WITH BID PROPOSAL**

PROJECT: "RFP 2022-008 Thermal Security Camera Project"

1. Name of Project: Webb Co. Water Utility Date Completed: 08/01/2019
Location: Rio Bravo, Tx. Owner Name: Javier Gonzalez (contact)
Phone: 956-523-4125 Value of Contract: \$ 11,924⁰⁰

2. Name of Project: Joffray Solar Cams Date Completed: 07/08/2022
Location: 10218 Crossroads Owner Name: Victor Zamora (contact)
Phone: 867-235-0200 Value of Contract: \$ 16,358.20

3. Name of Project: Webb Co. JP2 Quintana Date Completed: 08/01/2020
Location: Laredo, Tx. Owner Name: Mary Serna (contact)
Phone: 523-5359 Value of Contract: \$ 5,629⁰⁰

Proposers shall verify all References listed above are current Names and direct Phone No.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/30/2022

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	Independent Insurance Center, Inc. 1739 Citadel Plaza San Antonio TX 78209-1013	CONTACT NAME: Angie Perez	FAX (A/C, No): (210)805-1290
		PHONE (A/C, No, Ext): (210) 998-5880	
		E-MAIL ADDRESS: aperez@iicsa.com	
		INSURER(S) AFFORDING COVERAGE	
INSURED	Zenitram Communications, Inc. Novastar Communications 504 Corpus Christi St. Laredo TX 78040-	INSURER A: Western World Insurance Company	NAIC # 13196
		INSURER B: Progressive County Mutual Ins Company	29203
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER: 001

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			NPP8807444	12/12/2021	12/12/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			06427965	05/26/2022	05/26/2023	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 30,000 BODILY INJURY (Per accident) \$ 60,000 PROPERTY DAMAGE (Per accident) \$ 25,000 \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER	CANCELLATION	AI 608964
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	
FOR INFORMATION PURPOSES ONLY	AUTHORIZED REPRESENTATIVE	
	<i>David Kay</i>	