




Bidder Information

Name of Company: Midas Contractors, LLC
Address: 2710 Zacateras St
City and State: Laredo, TX.
Phone: (956) 231-9142
Email Address: nelson@midascontractors.com

Signature of Person Authorized to Sign: 
Signature
Nelson Molina
Print Name
Managing Member
Title

Indicate status as to "Partnership", "Corporation", "Land Owner", etc.
S. Corporation
2/09/23
(Date)

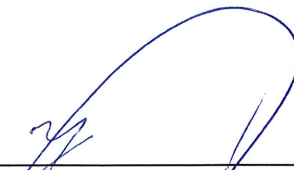
Note:
All submissions relative to this ITB shall become the property of Webb County and are nonreturnable.
If any further information is required, please call the Webb County Contract Administrator, Juan Guerrero, at (956)523-4125.

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

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

***ITB 2023-002
"Self Help Center – Housing Rehabilitation Program
TDHCA Contract No. 7220013"***

- Bid Form Signed & Dated
- Bidder Information Form
- SAMs Registration completed by Firm (See Section 13)
- TDHCA – Section 3 Business Certification Form
- Conflict of Interest form (Form CIQ)
- Certification regarding Debarment (Form H2048)
- Certification regarding Federal lobbying (Form 2049)
- Proof of No Delinquent Tax Owed to Webb County
- Purchasing Ethics Affidavit Form
- Workers' Compensation Insurance Requirements – TAC 110.110 (c) (7)



Signature of Bidder/Date

**TxCDBG Housing Rehabilitation
Work Write-up and Cost Estimate Worksheet**

Applicant/Homeowner:	Maria Guevara	County:	Webb
Property Address:	312 Milagro St Laredo, Texas 78043	CSHC Contract #:	7220013
Colonia:	Pueblo Nuevo	Date of Initial Inspection:	9/12/22
		Date of Work Write-Up:	1/12/23

General Specifications and Requirements for all Housing Rehabilitation Contracts:

1. All products and materials shall be new in unopened containers and/or packaging.
2. The contractor shall clean construction debris from the dwelling and site to a dumpster or legal landfill at least once each week, and leave the property in broom clean condition. In occupied dwellings, debris shall be removed from living quarters daily.
3. Installation of all products and materials shall be according to the manufacturer's instructions.
4. "Install" means to purchase, deliver, set up, test and warrant a new component.
5. "Replace" means to remove and dispose of original material, purchase new material, deliver, install, test and warrant.
6. "Repair" means to return a building component to like new condition through replacement of parts, adjustment and recoating of parts.
7. "Reinstall" means to remove, clean, store and install a component.
8. Items identified as required for locally adopted housing standards (Housing Quality Standards, code or other applicable standard as detailed in Program Guidelines) must be performed/installed prior to final payment.
9. A detailed list of work items identified by location (i.e. North, South, East, or West sides) or room shall be included.
10. Contractor shall remedy any defect due to faulty material or workmanship and pay for all damage to other work resulting therefrom, which appear within one year from final payment. Further, contractor shall furnish owner with all manufacturers' and suppliers' written warranties covering items furnished under this contract prior to release of the final payment.
11. New materials shall be matched with existing materials so that patching work is consistent with surrounding surfaces.
12. All Change Orders must be approved by TDHCA prior to changed or additional work is performed.
13. Any additional cost due to product or material upgrades is solely the contractor's expense unless authorized by the Contract Administrator and approved by TDHCA.
14. The contractor shall not enter into separate side agreements with the homeowner (or anyone else) to do additional work outside of the Work Write-up or in exchange for work on the Work Write-up.
15. Payment requests shall be based on satisfactory completion of individual or groups of spec items, verified by the Contract Administrator.
16. The contractor is responsible for, and shall verify all field dimensions, sizes, quantities, square footages, lineal footages, etc. before ordering materials, products or supplies. Quantities, square footages, linear footages, etc. listed on the Work Write-up are for the convenience of the contractor. THDCA and the Contract Administrator neither make nor imply any guarantee for the accuracy of these numbers.
17. All electrical work must meet the National Electrical Code adopted by the city or by the state for counties and be completed by a state licensed electrician.
18. All plumbing work must meet the International Plumbing Code adopted by the city or by the state for counties and be completed by a state licensed plumber.
19. On-site portable toilets and dumpsters (or other means of debris removal) shall be provided by the contractor.
20. If digging is required for building a ramp, the contractor is responsible for utilities located prior to breaking ground.
21. Contractor is responsible to comply with all applicable permitting requirements.
22. Contractor is responsible for ensuring that new work does not violate or encroach on property lines, setbacks or easements.

**TxCDBG Housing Rehabilitation
Work Write-up and Cost Estimate Worksheet**

Inspection Item	Description and <u>exact</u> location of Item Type and action required and/or needed (expand fields if necessary)	Square feet, linear feet, or # of items	Estimated cost per sf, lf, or per item (including labor)	Total Hard Costs	Required for TMCS- Yes/No
Site Work					
Dumpster		1	\$1,500.00	\$1,500.00	
Site Toilet		1	\$700.00	\$700.00	
Other				\$0.00	
Site Cost:				\$2,200.00	
I. Structural Systems					
Foundation				\$0.00	
Grading/drainage				\$0.00	
Roof	Replace Shingles install #15 underlayment, Ridgcap Venting and 3 Tab Shingles with 25 yr warranty, Home owner choice of color. Add Gutters and Downspouts and Splash Blocks	1500	\$6.50	\$9,750.00	
Insulation	Blow in Insulation for Attic Min R38 Value	1260	\$3.00	\$3,780.00	
Interior walls	Prime and Paint all Interior Walls. Home Owner approved color	1260	\$4.00	\$5,040.00	
Exterior Walls	Prime and Paint all Exterior Walls. Home Owner approved color	1260	\$3.00	\$3,780.00	
Ceilings	Repair Protions of the Ceiling where damage in the House	1	\$900.00	\$900.00	
Floors				\$0.00	
Interior doors	Primer and Paint and replace knobs to all Bed room Doors	5	\$150.00	\$750.00	
Exterior doors	Install 1 Pre Hung For Front of House	1	\$1,000.00	\$1,000.00	
Windows and screens	Replace 6 (3X5) Windows 1 (34"X36") Window	7	\$900.00	\$6,300.00	
Windows and screens	Replace 1(1X2) Window in the restroom	1	\$650.00	\$650.00	
Porch/deck/carport	Prime and Paint all sofit and ceiling of Porch, Owner approved color	300	\$4.00	\$1,200.00	
Other	Repair and or replace closet doors	4	\$250.00	\$1,000.00	
Structural Systems Cost:				\$34,150.00	

**TxCDBG Housing Rehabilitation
Work Write-up and Cost Estimate Worksheet**

II. Electrical Systems

Service entrance/panel	Bring Front Service Panel up to code and add an emergency Cut off Switch as well as breaker box in laundry room needs to be upgraded to handel all electrical in the house	1	\$7,900.00	\$7,900.00
Branch circuits				\$0.00
Light fixtures				\$0.00
Ceiling fans				\$0.00
Receptacles/cover plates	Install GFCI Recepticles in the restroom and kitchen	4	\$100.00	\$400.00
Other	Repair and Bring complete electrical up to code in all rooms of the home to insure that all light switches and Ceiling Fans and light fixtures operate	1	\$6,800.00	\$6,800.00
Electrical Systems Cost:				\$15,100.00

III. Heating, Ventilation, and Air Conditioning Systems

Heating system				\$0.00
Cooling system	Repair and Balance HVAC	1	\$1,900.00	\$1,900.00
Ducts/chases/vents				\$0.00
HVAC Cost:				\$1,900.00

IV. Plumbing System

Kitchen sink	Replace kitchen Sink and install Single Lever Faucet, repair all water lines and plumbing. Faucet must be Water Sence Qualified	1	\$450.00	\$450.00
Bathroom sink/vanity	Sink must be replaced with Vanity Cabinet and counter, install Single Lever Faucet, repair all water lines and plumbing. Faucet must be Water Sence Qualified	1	\$750.00	\$750.00
Toilets	Toilet need to be repaired and resealed and sealed to the floor	1	\$300.00	\$300.00
Tub/shower	Shower need grout work on the floor to ensure there is no leaking through the base	1	\$200.00	\$200.00
Hose bib	The House bibs around the outside of the house must be repaired and installed by the exterior of the house as well as backflow preventer must be installed	1	\$2,950.00	\$2,950.00
Water heater	Install New boiler and reconstructed exterior Closet. All plumbed and installed as per code	1	\$3,500.00	\$3,500.00
Septic System				\$0.00
Other	Ensure entire house is plumbed to code and Test that there are no leaks in system	1	\$1,800.00	\$1,800.00
Plumbing System Cost:				\$9,950.00

**TxCDBG Housing Rehabilitation
Work Write-up and Cost Estimate Worksheet**

V. Appliances

Range/oven/cook top	Replace Range Hood/ Oven and cook Top to Electric Stove and Oven Combo	1	\$1,200.00	\$1,200.00	
Exhaust vents					
Bathroom heaters					
Refrigerator				\$0.00	
Other	Convert 120 receptacles to 240, remove and dispose of old Gas Stove, cap off and remove gas lines and propane tank from site.	1	\$600.00	\$600.00	
Appliances Cost:				\$1,800.00	

Cabinets

Base cabinets	Repair, stain and replace hardware 15 foot	1	\$850.00	\$850.00	
Wall cabinets	Repair, stain and replace hardware 11 Foot	1	\$850.00	\$850.00	
Counter top				\$0.00	
Other				\$0.00	
Cabinets Cost:				\$1,700.00	

Miscellaneous

Smoke Alarms	Install in each bedroom, in the hallway immediately adjacent to Bedrooms, Photoelectric, interconnected, Hardwired with battery backup smoke alarms	4	\$100.00	\$400.00	
Other	Close up attic access in the restroom and install new Attic Door in the Hallway. With combo ladder	1	\$2,000.00	\$2,000.00	
Other				\$0.00	
Miscellaneous Cost:				\$2,400.00	

Work Write-Up and Cost Estimate: Summary

Estimated Costs: _____ \$69,200.00

Nelson Molina
Name of Person that prepared this estimate

[Signature] _____ 2/09/23
Signature of Estimate Preparer Date

AIA[®] Document A310[™] – 2010

Bid Bond

CONTRACTOR:

(Name, legal status and address)

Midas Contractors, LLC
2710 Zacatecas St
Laredo, TX 78046

SURETY:

(Name, legal status and principal place of business)

American Alternative Insurance Corporation
555 College Road East
Princeton, NJ 08543

OWNER:

(Name, legal status and address)

Webb County, TX
1110 Washington Street, Suite 101
Laredo, TX 78040

This document has important legal consequences. Consultation with an attorney is encouraged with respect to its completion or modification.

Any singular reference to Contractor, Surety, Owner or other party shall be considered plural where applicable.

BOND AMOUNT: Five Percent of the Greatest Amount Bid (\$ 5% G.A.B.)

PROJECT:

(Name, location or address, and Project number, if any)

ITB 2023-002 Selg Help Center Housing Rehab TDHCA
Contract No. 7220013

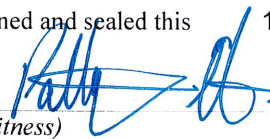
Project Number, if any:

The Contractor and Surety are bound to the Owner in the amount set forth above, for the payment of which the Contractor and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, as provided herein. The conditions of this Bond are such that if the Owner accepts the bid of the Contractor within the time specified in the bid documents, or within such time period as may be agreed to by the Owner and Contractor, and the Contractor either (1) enters into a contract with the Owner in accordance with the terms of such bid, and gives such bond or bonds as may be specified in the bidding or Contract Documents, with a surety admitted in the jurisdiction of the Project and otherwise acceptable to the Owner, for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof; or (2) pays to the Owner the difference, not to exceed the amount of this Bond, between the amount specified in said bid and such larger amount for which the Owner may in good faith contract with another party to perform the work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect. The Surety hereby waives any notice of an agreement between the Owner and Contractor to extend the time in which the Owner may accept the bid. Waiver of notice by the Surety shall not apply to any extension exceeding sixty (60) days in the aggregate beyond the time for acceptance of bids specified in the bid documents, and the Owner and Contractor shall obtain the Surety's consent for an extension beyond sixty (60) days.

If this Bond is issued in connection with a subcontractor's bid to a Contractor, the term Contractor in this Bond shall be deemed to be Subcontractor and the term Owner shall be deemed to be Contractor.

When this Bond has been furnished to comply with a statutory or other legal requirement in the location of the Project, any provision in this Bond conflicting with said statutory or legal requirement shall be deemed deleted herefrom and provisions conforming to such statutory or other legal requirement shall be deemed incorporated herein. When so furnished, the intent is that this Bond shall be construed as a statutory bond and not as a common law bond.

Signed and sealed this 10th day of February, 2023


(Witness)


(Witness) Veronica Ramos

Midas Contractors, LLC


(Principal)

(Title)

American Alternative Insurance Corporation

(Surety)

(Title)


Nelson Molina
Managing Member

Russ Frenzel, Attorney-in-Fact

(Seal)

(Seal)

Attorney-in-Fact

Init.



Bond Verification

Should you wish to verify the authenticity of this bond, please send your request, including a copy of the bond, via email to:

essuretyuwsupport@munichre.com

Bond Claims or Notices

Should you wish to file any notices to the Surety for this American Alternative Insurance Corporation bond(s) they should be sent via email, including all pertinent correspondence or information to:

essuretyuwsupport@munichre.com

or

Mail to: Munich Re Specialty Insurance
437 Madison Avenue, 26th Floor
New York, NY 10022
Attn: Surety Bond Claims

CERTIFIED COPY

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the AMERICAN ALTERNATIVE INSURANCE CORPORATION, a corporation organized and existing by virtue of the laws of the State of Delaware ("Corporation") with offices at 555 College Road East, Princeton, N.J. 08543, has made, constituted and appointed, and by these presents, does make, constitute and appoint:

Russ Frenzel; Blaine Allen; Brady K. Cox; William D. Baldwin; Brent Baldwin; Michael B. Hill; Keith Rogers; Drew Green; Sam Freireich; Brock Anglin; Cindy Alford; and Yamillec Ramos

its true and lawful Attorneys-in-Fact, at Princeton, in the State of New Jersey, each of them alone to have full power to act without the other or others, to make, execute and deliver on its behalf, as Surety or Co-surety, bonds and undertakings given for any and all purposes, also to execute and deliver on its behalf as aforesaid renewals, extensions, agreements, waivers, consents or stipulations relating to such bonds or undertakings provided, however, that no single bond or undertaking so made, executed and delivered shall obligate said Company for any portion of the penal sum thereof in excess of the sum of One Hundred Million Dollars (\$100,000,000). Such bonds and undertakings for said purposes, when duly executed by said Attorney(s)-in-Fact, shall be binding upon said Company as fully and to the same extent as if signed by the President of said Company under its corporate seal attested by its Secretary. This appointment is made under and by authority of a certain Resolution adopted at a meeting of the Board of Directors of said Company duly held on the 27th day of August, 1975, a copy of which appears below.

IN WITNESS WHEREOF, the AMERICAN ALTERNATIVE INSURANCE CORPORATION has caused its corporate seal to be hereunto affixed, and these presents to be signed by its duly authorized officers this 24th day of September, 2021.



By: [Signature] Michael G. Kerner President
Attest: [Signature] Ignacio Rivera Deputy General Counsel & Secretary

STATE OF NEW JERSEY, COUNTY OF SOMERSET

The foregoing instrument was acknowledged before me by means of online notarization this 24th day of September, 2021, by Michael G. Kerner and Ignacio Rivera, who are personally known to me.



[Signature] Jillian Sanfilippo, Notary Public, State of New Jersey, My Commission Expires February 8, 2026

SECRETARY'S CERTIFICATE

The undersigned, Ignacio Rivera, hereby certifies:

- 1. That the undersigned is Secretary of American Alternative Insurance Corporation, a corporation of the State of Delaware;
2. That the original power of attorney of which the foregoing is a copy was duly executed on behalf of said Corporation on the day of its date, and has not since been revoked, amended or modified;
3. That the original resolution of which the following is a copy was duly adopted at, and recorded in the minutes of, a regular meeting of the Board of Directors of said Corporation duly held on August 4, 1998, and has not since been revoked, amended or modified.

RESOLVED, that each of the following officers of this Corporation, namely, the President, the Executive Vice President, the Senior Vice Presidents, and the Vice Presidents, be, and they hereby are, authorized, from time to time in their discretion, to appoint such agent or agents or attorney or attorneys-in-fact as deemed by them necessary or desirable for the purpose of carrying on this Corporation's business, and to empower such agent or agents or attorney or attorneys-in-fact to execute and deliver, in this Corporation's name and on its behalf, and under its seal or otherwise, surety bonds, surety undertakings or surety contracts made by this Corporation as surety thereon.

RESOLVED, that the signature of any authorized officer of the Corporation and the Corporation's seal may be affixed by facsimile to any power of attorney and revocation of any power of attorney or certificate of either given for the execution of any surety bond, surety undertaking, or surety contract, such signature and seal, when so used being hereby adopted by the Corporation as the original signature of such officer and the original seal of the Corporation, to be valid and binding upon the Corporation with the same force and effect as though manually affixed.

FURTHER RESOLVED, that any prior appointments by the Corporation of MGAs are, in all respects, hereby ratified, confirmed and approved.

FURTHER RESOLVED, that the Secretary or any Assistant Secretary of this Corporation is hereby authorized to certify and deliver to any person to whom such certification and delivery may be deemed necessary and desirable in the opinion of such Secretary or Assistant Secretary, a true copy of the foregoing resolution.

- 4. The undersigned has compared the foregoing copies of said original resolutions as so recorded, and they are the same true and correct copies of said original resolutions as so recorded and of the whole thereof.

Witness the hand of the undersigned and the seal of said Corporation this 10th day of February, 2023



AMERICAN ALTERNATIVE INSURANCE CORPORATION

[Signature] Ignacio Rivera (Sep 24, 2021 16:05 EDT)

Ignacio Rivera Deputy General Counsel & Secretary

References Form

Please list at minimum five (5) local governmental entities where similar scope of services were provided.

THIS FORM MUST BE RETURNED WITH YOUR OFFER.

REFERENCE ONE

Government/Company Name: City of Laredo, Engineering Dept

Address: _____

Contact Person and Title: Juan J. Coutino, Project Engineer

Phone: (956) 791-7344 Fax: _____

Email Address: jcoutino@ci.laredo.tx.us Contract Period: 2018-current

Description of Professional Services Provided: Construction services,
site work, remodeling

REFERENCE TWO

Government/Company Name: Laredo College

Address: _____

Contact Person and Title: Aurora Zapata, Purchasing Director

Phone: (956) 721-5153 Fax: _____

Email Address: azapata@laredo.edu Contract Period: 2019-current

Description of Professional Services Provided: Construction + remodeling

REFERENCE THREE

Government/Company Name: Laredo Housing Authority

Address: _____

Contact Person and Title: Bulmaro Cruz, Project Manager

Phone: (954) 236-6883 Fax: _____

Email Address: bulmar@larha.org Contract Period: 2018-current

Description of Professional Services Provided: _____

Construction and asphalt services

REFERENCE FOUR

Government/Company Name: NeighborWorks Laredo

Address: _____

Contact Person and Title: Elizabeth Alonzo, Program Director

Phone: (954) 712-9100 Fax: _____

Email Address: ealonzo@nwlaredo.org Contract Period: 2020-current

Description of Professional Services Provided: _____

Construction services

REFERENCE FIVE

Government/Company Name: United Indep. School District

Address: _____

Contact Person and Title: Raul Gamez, Facilities Supervisor

Phone: (954) 645-6826 Fax: _____

Email Address: raul.gamez@visd.net Contract Period: 2021-current

Description of Professional Services Provided: _____

Construction, remodeling & asphalt

- **Additional pages are permitted if more space is required**

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An official website of the United States government
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You have 2 new alerts
[Show / Hide Alerts](#)



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Entity Documentation Submitted

Reference Number

INC-GSAFSD7907424

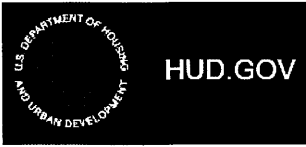
SAM.gov will review your documentation and contact you if we have any questions. [Read this article](#) to learn more about what happens next.

Please do not submit any documentation for your entity at FSD.gov. All documents must be submitted here at SAM.gov.

[Go to Workspace](#)



[Feedback](#)



OMB Approval Pending

3/15/2022
10:00 AM
10:00 AM

Section 3 Opportunity Portal

Section 3 Business Self-Certification

Disclaimer

HUD has not verified the information submitted by businesses listed in this registry and does not endorse the services that they provide. Users of this database are strongly encouraged to perform due diligence by verifying Section 3 eligibility before providing preference or awarding contracts to firms that have self-certified their Section 3 status with the Department.

Midas Contractors, LLC

Contact Information

Point of Contact

Nelso Molina
<nelso@midascontractors.com>
(956) 231-9142

Telephone

(956) 231-9142

Address

203 Valladolid
Laredo, TX 78046

Business Details

Employer Identification Number

83-2491550

County

Webb

Year Business Established

2018

Number of Employees

5

Registration Date

12/12/2022

Business Services

- Painting Dry Wall
- Roofing
- Brick Masonry
- Landscaping
- General Contractor
- Accounting
- HVAC
- Plumbing
- Asphalt/Paving
- Demolition
- Insulation
- Carpentry
- Electrical
- Steel Fabrication
- Maintenance

General Contractor

Business Designations

- Hiring
- Small Business

Section 3 Business Criteria

- Fifty-one percent or more of the business is owned by low- or very low-income persons; or
- Seventy-five percent of the labor hours performed for the business over the prior three-month period were performed by Section 3 workers; or

- ⊗ Fifty-one percent or more of the business is owned by current public housing residents or residents who currently live in Section 8-assisted housing.

How Do I Notify HUD if I Suspect that a Business in this Registry Does Not Meet Section 3 Eligibility Criteria?

If you believe that a firm has misrepresented itself as a Section 3 Business, please [email the U.S. Department of Housing and Urban Development at Sec3Biz@hud.gov](mailto:Sec3Biz@hud.gov) .

Your email should contain the following information:

- Your name, telephone number, and email address (this information will not be shared outside of HUD)
- Name, city, and state of firm that has allegedly misrepresented their status as a Section 3 business.
- Any narrative explanations describing why you believe that this firm does not meet the Section 3 Business eligibility criteria.

U.S. Department of Housing and Urban Development
451 7th Street S.W., Washington, DC 20410
Telephone: (202) 708-1112 TTY: (202) 708-1455



MIDACON-01

STEPHANIERUBIO

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/14/2022

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 IBC Insurance Agency, LTD 5800 San Dario Avenue 2nd Floor Laredo, TX 78041	CONTACT NAME: Stephanie Rubio PHONE (A/C, No, Ext): (956) 722-6500 28757 FAX (A/C, No): (956) 728-7570 E-MAIL ADDRESS: stephanierubio02@ibc.com																				
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A :</td> <td>Evanston Insurance Company</td> <td>35378</td> </tr> <tr> <td>INSURER B :</td> <td>Texas Mutual Insurance Company</td> <td>22945</td> </tr> <tr> <td>INSURER C :</td> <td></td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A :	Evanston Insurance Company	35378	INSURER B :	Texas Mutual Insurance Company	22945	INSURER C :			INSURER D :			INSURER E :			INSURER F :	
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INSURER C :																					
INSURER D :																					
INSURER E :																					
INSURER F :																					
INSURED Midas Contractors, L.L.C. 203 Valladolid Ave Laredo, TX 78046																					

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	ADDL INSD	SUBR 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	X	X	3AA625785	12/11/2022	12/11/2023	EACH OCCURRENCE \$ 1,000,000	
	<input type="checkbox"/> GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						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	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE	
B	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 Y	N/A	X	0002028200	3/2/2022	3/2/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
	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 is named as Additional Insured per form MEGL 0009-01 (09/18) with a Waiver of Subrogation per form MEGL 0241-01(05/16).

Waiver of Subrogation applies to Worker's Compensation

Certificate Holder is named as Additional Insured per form MEGL 0009-01 (09/18) with a Waiver of Subrogation per form MEGL 0241-01 (05/16).

CERTIFICATE HOLDER

CANCELLATION

City of Laredo
 1102 Bob Bullock Loop
 Laredo, TX 78043

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

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.

Midas Contractors, LLC

2 Check this box if you are filing an update to a previously filed questionnaire. (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 Name of local government officer about whom the information is being disclosed.

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.

N/A

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).

N/A

7 [Signature]
Signature of vendor doing business with the governmental entity

2/09/23
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

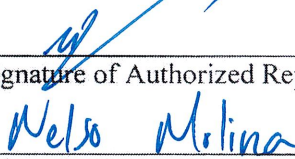
5. The potential contractor further agrees by submitting this certification that it will include this certification titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion for Covered Contracts" without modification, in all covered subcontracts and in solicitations 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.
Midas Contractors	83-2491550	


Signature of Authorized Representative

2/09/23
Date

Nelson Molina
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.
Midas Contractors, LLC	83-2491550	

Name of Authorized Representative	Title
Welson Molina	Managing Member



Signature – Authorized Representative

2/09/23

Date

PROOF OF NO DELINQUENT TAXES OWED TO WEBB COUNTY

Name Nelso Molina owes no delinquent property taxes to Webb County.

Midas Contractors owes no property taxes as a business in Webb County.
(Business Name)

Nelso Molina owes no property taxes as a resident of Webb County.
(Business Owner)

Ana Cadenas
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 Nelso Molina, 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.

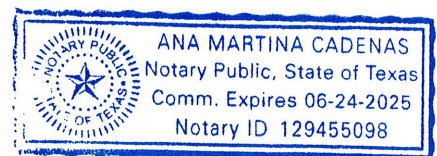
Given under my hand and seal of office this 9th day of Feb 2023.

Notary Public, State of Texas

Ana Cadenas

(Print name of Notary Public here)

My commission expires the 9th day of February 2023



Offeror: Complete & Return this Form with Response Submission.

House Bill 89 Verification

I, Nelso Molina, the undersigned representative of (company or business name) Midas Contractors, LLC. (heretofore referred to as company) being an adult over the age of eighteen (18) years of age, after being duly sworn by the undersigned notary, do hereby depose and verify under oath that the company named above, under the provisions of Subtitle F, Title 10, Government Code Chapter 2270:

1. Does not boycott Israel currently; and
2. Will not boycott Israel during the term of the contract.

Pursuant to Section 2270.001, Texas Government Code:

1. "Boycott Israel" means refusing to deal with, terminating business activities with, or otherwise taking any action that is intended to penalize, inflict economic harm on, or limit commercial relations specifically with Israel, or with a person or entity doing business in Israel or in an Israeli-controlled territory, but does not include an action made ordinary business purposes; and
2. "Company" means a for-profit sole proprietorship, organization, association, corporation, partnership, joint venture, limited partnership, limited liability partnership, or an limited liability company, including a wholly owned subsidiary, majority-owned subsidiary, parent company or affiliate of those entities or business association that exist to make a profit.

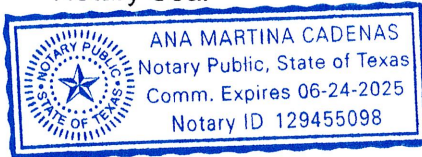
Signature of Company Representative

2/09/23
Date

On this 9th day of Feb., 20 23, personally appeared

Nelso Molina, the above named person, who after by me being duly sworn, did swear and confirm that the above is true and correct.

Notary Seal



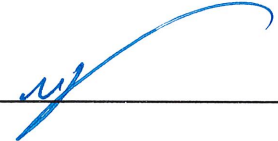
Ana Cadenas
Notary Signature

2-9-2023
Date

Offeror: Complete & Return this Form with Response Submission.
Senate Bill 252 Certification

SB 252 CHAPTER 2252 CERTIFICATION I, Nelso Molina, the undersigned representative of Midas Contractors, LLC (Company or business name) being an adult over the age of eighteen (18) years of age, pursuant to Texas Government Code, Chapter 2252, Section 2252.152 and Section 2252.153, certify that the company named above is not listed on the website of the Comptroller of the State of Texas concerning the listing of companies that are identified under Section 806.051, Section 807.051 or Section 2253.153. I further certify that should the above-named company enter into a contract that is on said listing of companies on the website of the Comptroller of the State of Texas which do business with Iran, Sudan or any Foreign Terrorist Organization, I will immediately notify Mr. Jose Angel Lopez III, Webb County Purchasing Agent at (956) 523-4125 or via email at joel@webbcountytx.gov

Nelso Molina Name of Company Representative (Print)

 Signature of Company Representative

2/09/23 Date

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

STATE OF TEXAS *

KNOW ALL MEN BY THESE PRESENTS:

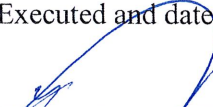
COUNTY OF WEBB *

BEFORE ME the undersigned Notary Public, appeared Nelso Molina, the herein-named "Affiant", who is a resident of Webb County, State of TX 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.

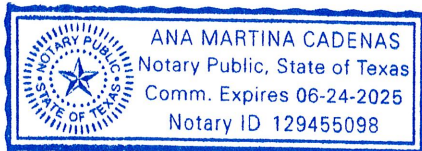
Executed and dated this 9th day of Feb, 2023


Signature of Affiant

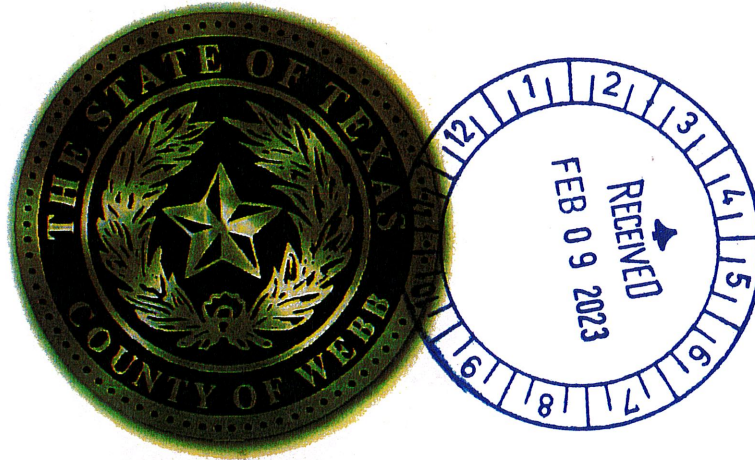
Nelso Molina
Printed Name of Affiant/Company/Entity

SWORN to and subscribed before me, this 9th day February, 2023


NOTARY PUBLIC, STATE OF TEXAS



To:



Webb County Purchasing Department
1110 Washington Street, STE. 101
Laredo, Texas, 78040

SEALED BID FOR:
ITB 2023-002 Self Help Center housing Rehab TDHCA
Contract No. 7220013
312 Milagro

BID DUE: FEBRUARY 10, 2023 @10:00AM



MIDAS CONTRACTORS, LLC

203 VALLADOLID

LAREDO, TX 78046

P 956-231-9142

P 956-753-8689

nalso@romocontractors.com