

ADDENDUM NUMBER Two (2)

February 21, 2024

TO THE PLANS AND SPECIFICATIONS FOR:

CISD High School Plumbing Repairs and Upgrades - 2024
Calallen ISD
Corpus Christi, Texas

STRIDDE, CALLINS & ASSOCIATES, INC.
342 S. Navigation Boulevard
Corpus Christi, Texas 78405
(361) 883-9199



F6328

NOTICE TO RESPONDENTS:

This Addendum shall be considered as a part of the Drawings, General Documents, and Specifications for the above named project as though the items had been issued at the same time and incorporated integrally with the originally issued Drawings, General Documents, and Specifications dated February 8, 2024. Wherein provisions of the following amendments contained in this Addendum differ from the provisions of the original Drawings, General Documents, and Specifications the provisions of this Addendum shall govern and take precedence.

Respondents are hereby notified that they are to make any adjustments in their proposal which they may deem necessary on account of this Addendum. It will be considered that each Respondent's Proposal is submitted with full knowledge of all modifications and changes specified herein. This Addendum shall become a component of the Contract Documents.

This Addendum shall be inserted inside the front cover of the Project Manual by Each prospective respondent.

This addendum is being issued to all prospective Respondents who have registered with the Engineers office and is uploaded to the district's website for public view.

Care has been taken to make reference to all items being revised, added, deducted, or a clarification of a question. However, any item called for in the Addendum, but not cross referenced to every possible item shall in no way relieve the Respondent of their responsibility to comply with all items in the Addendum.

SPECIFICATION ITEMS:

Item S-1 ATTACHMENT "A" PROCUMENT PROPOSAL RESPONSE PACKET: Delete the original 37-page Attachment "A" and Addendum No. 1 Attachment "A" in their entirety and replace with this new Attachment "A" identified with Addendum No. 2. Modifications are associated with pages 8 through 11, RESPONDENT'S GENERAL QUESTIONNAIRE, clarification and simplification of selection criteria and methodology of weights.

END OF ADDENDUM NO. 2



VENDOR APPLICATION - REQUIRED FORM

Instructions:

1. The application form should be completed and signed by an authorized representative of the vendor.
2. The application must be submitted with all supporting documents and completed certifications.

Notice to Prospective Vendors:

1. Vendors are not placed on the district's approved vendor list until a purchase order is approved by the purchasing department.
2. Vendors must accept purchase orders for all purchases. The district will not be responsible for payment for goods or services that are provided to Calallen ISD staff without an approved purchase order issued.
3. All invoices must reflect the purchase order number and must be emailed or mailed to the Calallen ISD Accounts Payable Department (email address and mailing address are noted below).
4. All payments are net thirty (30) days after receipt of the goods and/or services.

VENDOR IDENTIFICATION:	
Vendor Full Legal Name	
Vendor DBA (if applicable)	
Texas Taxpayer ID #	
VENDOR CONTACT INFORMATION:	
Vendor Mailing Address:	
Vendor Remit Address: (if different from mailing)	
Vendor Phone Number:	
Vendor Fax Number:	
Vendor Website URL:	
Vendor Email Address: (for point of contact on procurement)	

I hereby certify that the above information is true and correct. I further certify that I am an authorized representative of this vendor.

Authorized Representative (Print Name)

Title

Authorized Representative (Signature)

Date



PROPOSAL RESPONSE CERTIFICATION - REQUIRED FORM

The undersigned authorized representative of the responding company indicated below hereby acknowledges:

1. That the respondent is authorized to enter into contractual relationship on behalf of the responding company indicated below.
2. That respondent has carefully examined this document in its entirety.
3. The respondent proposes to supply any products or services submitted under this solicitation in strict compliance with all terms, policies and procedures, unless any exceptions are noted.
4. That any and all exceptions have been noted in writing in the response and that no other exception will be claimed.
5. The accuracy of all certifications required which accompany this proposal.
6. The stated organization is an equal opportunity employer.
7. That any prices in this offer have been determined independently, without consultation, communication, or agreement for the purpose of restricting competition, as to any matter related to such prices, with any other Respondent or with any competitor.
8. That notice of award and/or any communication regarding an award will be submitted via GISD and not by any consultant, Respondent or other party involved in this solicitation.
9. That the organization has not been a party to any collusion among Respondent in restraint of freedom of competition by agreement to offer at a fixed price or to refrain from offering; or with any CISD employee, Board Trustee, or consultant as to quantity, quality, or price in the prospective contract, or in any terms of the prospective contract except in any authorized discussion(s) with CISD’s Purchasing personnel; or in any discussions or actions between Respondent and any CISD employee, Board Trustee, or consultant concerning exchange of money or other things of value for special consideration in the award of this contract.
10. That neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
11. By submitting a Proposal, Respondent agrees to waive any claim it has or may have against the District, its trustees, agents and employees, and any reference sources, arising out of or in connection with the administration, evaluation, or recommendation of any Proposal; waiver of any requirements under the Proposal documents; acceptance or rejection of any Proposal; and award of the Proposal. The District shall have no contractual obligation to any Respondent, nor will any Respondent have any property interest or other right in the Proposal or contract being proposed unless and until the contract is unconditionally executed and delivered by all parties, and all conditions to be fulfilled by the Respondent have been fulfilled by the Respondent.

By submitting this proposal, the Respondent warrants that the Respondent has had the opportunity to carefully examine the site of the proposed work and all of the requirements of the RFCSP. The Respondent further warrants that the Respondent is satisfied that there are no conflicts in the bidding documents and that the site proposed for the project is suitable for the work. By submission of a proposal in response to this RFCSP, the Respondent confirms Respondent’s understanding of the entire document and all of its contents. The Respondent also represents that its firm possesses the personnel, processes, and technology necessary to safely and efficiently perform the work outlined in this RFCSP.

Your signature below is the Proposal Response Certification acknowledgement.

Authorized Representative (Print Name)

Title

Authorized Representative (Signature)

Date



RESPONDENT’S MONETARY PROPOSAL - REQUIRED FORM

This Proposal is submitted by

(hereafter called "Proposer"), for the construction of "CISD HIGH SCHOOL PLUMBING REPAIRS AND UPGRADES - 2024" Calallen I.S.D., Corpus Christi, Texas, (hereafter called "Project").

BASE PROPOSAL: Proposer agrees to furnish for the total sum of

_____ Dollars (\$_____), all labor, services, materials, tools, equipment and supervision necessary to the full and final completion of the project, and everything incidental thereto, as shown on the Drawings, stated in the Specifications, or properly inferable therefrom, all in accordance with the Contract Documents governing the construction of such project prepared by Stridde, Callins and Associates, Inc., (hereafter called the "Engineer or Architect").

Contractor’s Base Proposal includes a \$180,000.00 Contingency Allowance as required by Specification Section 01 20 00.

BASE PROPOSAL COST BREAKDOWN:

Plumbing Waste Systems:	\$ _____
Plumbing Water Supply Systems:	\$ _____
Plumbing Fixtures:	\$ _____
Electrical Systems:	\$ _____
General Construction:	\$ _____
General Conditions:	\$ _____
Contingency Allowance	\$ <u>180,000.00</u>

Total Base Proposal Cost \$ _____

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Note: All pages must be completed by Proposers and Submitted with Final Proposal.

BASE PROPOSAL CONTRACTOR/SUB-CONTRACTOR LIST:

(Company Name)

Plumbing Systems: _____

Electrical Systems: _____

General Construction: _____

ALTERNATE NO. 1 (Additive) – Site Water Service Supply Piping: Proposer agrees that if this additive Alternate No. 1 is accepted by the Owner, then they will provide new underground main domestic water service supply piping at the front of the building as specified and shown on drawings. If this Alternate No 1. item is not accepted by the Owner, then the Proposer shall provide limited valve replacements as indicated on the base proposal drawings. The amount to be Added to the Base Proposal amount for Alternate No. 1 is

_____ Dollars

(\$_____).

ALTERNATE NO. 2 (Additive) – "A" GYM Water Heaters: Proposer agrees that if this additive Alternate No. 1 is accepted by the Owner, then they will provide new domestic water heaters for the "A" GYM as specified and shown on drawings. The amount to be Added to the Base Proposal amount for Alternate No. 2 is

_____ Dollars

(\$_____).

ALTERNATE NO. 3 (Additive) – Additional Floor Drains and Floor Cleanouts: Proposer agrees that if this additive Alternate No. 3 is accepted by the Owner, then they will provide new floor drain and floor cleanout fixtures with new tail pipes through the foundation for selective areas outside of the kitchen as specified and shown on drawings. If this Alternate No 3. item is not accepted by the Owner, then the Proposer shall provide new floor drain and floor cleanout fixture with tail pipe replacements in the kitchen area only as part of the base proposal and shall reuse and connect to existing floor drains and floor cleanouts at all other areas as shown on the drawings and specified. The amount to be Added to the Base Proposal amount for Alternate No. 3 is

_____ Dollars (\$_____).



Note: All pages must be completed by Proposers and Submitted with Final Proposal.

ALTERNATE NO. 4 (Additive) – Kitchen Site Waste Piping: Proposer agrees that if this additive Alternate No. 1 is accepted by the Owner, then they will provide new underground waste water piping from the grease trap to the connection at the main waste pipe at the front of the facility as specified and shown on drawings. The amount to be Added to the Base Proposal amount for Alternate No. 4 is

_____ Dollars

(\$_____).

ALTERNATE NO. 5 (Additive) – Kitchen Grease Trap: Proposer agrees that if this additive Alternate No. 5 is accepted by the Owner, then they will provide new grease trap assembly for the kitchen waste piping outdoors as specified and shown on drawings. The amount to be Added to the Base Proposal amount for Alternate No. 5 is

_____ Dollars

(\$_____).

ALTERNATE NO. 6 (Additive) – Crawl Space Alternate Pipe Supports: Proposer agrees that if this additive Alternate No. 6 is accepted by the Owner, then they will provide new crawl space pipe supports with 316 stainless-steel drop-in anchors, 316 stainless steel or FRP threaded rods and PVC, RFP, or 316 stainless steel hangers for all support systems within the crawl space as specified and shown on drawings. If this Alternate No 6. item is not accepted by the Owner, then the Proposer will provide new crawl space pipe hangers with 316 stainless-steel drop-in anchors, 316 stainless steel threaded rods, and hot dipped galvanized hangers for all support systems within the crawl space as specified and shown on drawings as part of the base proposal. The amount to be Added to the Base Proposal amount for Alternate No. 6 is

_____ Dollars

(\$_____).

Alternate NO. 6 Proposed Materials (Circle as Applicable)

Support Rods – (STAINLESS STEEL) or (FRP)

Pipe Support – (PVC) or (FRP) or (316 STAINLESS STEEL)

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OVERHEAD AND PROFIT FOR CHANGES IN WORK:

For work performed by Contractors own forces:

Overhead: 10%
Profit: 5%

For work performed by a subcontractor and supervised by Contractor:

Overhead: 10%
Profit: 5%

Overhead and Profit shall include (but not limited to) the following: Supervision, Insurance, Bonds, Workman's Comp, Mark-up, Job-site and Office Overhead, Coordination, Submittals and any other related expenses.

Proposer represents that, prior to preparing this Proposal, they have carefully read the Contract Documents, examined the site of the Project, and had made an investigation such that they are fully informed of the conditions, facilities, difficulties, restrictions and requirements which they will, or may encounter in the completion of the Project in accordance with the terms of the Contract Documents.

Accompanying this Proposal is a certified or cashier's check or proposal/bid bond payable to the order of the Calallen Independent School District, Corpus Christi, Texas (hereafter called "Owner"), for not less than five percent (5%) of the largest amount for which a contract can be awarded under this proposal.

Proposer agrees that if they are awarded the contract they will execute and deliver to Owner, within ten (10) days after they are notified of the acceptance of his proposal, a Contract Agreement for the construction of such Project, plus required project insurance and bonds, in the forms acceptable to the Owner.

Should Proposer fail to execute such contract or furnish such Bonds within the prescribed time, Proposer agrees that the accompanying proposal security shall become the property of the Owner as liquidated Damages for the additional delay and the expense which will be incurred by Owner as a result thereof.

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Proposer agrees that if their Proposal is accepted by the Owner, Proposer will partially Substantially Complete all major work on or before July 31, 2024 and fully Substantially Complete with all remaining minor work on or before December 31, 2024 for all work, and if the work is not completed by such time, Proposer agrees to pay to Owner, as liquidated damages, the sum of Seven Hundred and Fifty Dollars (\$750.00) for each calendar day after such time that the work remains incomplete, calculated in accordance with the provisions of the Contract Documents.

Authorized Representative (Print Name)

Title

Authorized Representative (Signature)

Date

**RESPONDENT'S GENERAL QUESTIONNAIRE - REQUIRED FORM***(With Criteria, Weights, and Methodology)*

Instructions: Respondents are required to attach an ATTACHMENT "A1" to their PROCUREMENT PROPOSAL RESPONSE PACKET which addresses all of the following general questionnaire requests.

GENERAL FIRM INFORMATION (CRITERIA 1.1 THRU 1.3) – 5 POINTS TOTAL**General Firm Information: General (Criteria 1.1)**

1. Name of Firm, address of principal office, phone, and fax numbers, contact person (with telephone and email address)
2. Type of Business Organization (Corporation, Partnership, etc.)
 - a) If your organization is a corporation, state the date of incorporation, the state of incorporation, president's name, vice president's name, secretary's name, and treasurer's name.
 - b) If your organization is a partnership, state the date of organization, type of partnership, and names of general partners.
 - c) If your organization is individually owned, state the date of organization and the name of the owner.
 - d) If your organization is a form other than those listed above, please describe it and name your principals.
 - e) Year Founded; state how many years your organization has been in business in its current capacity; list any former names under which your organization has operated.
3. List jurisdictions and trade categories in which your organization is legally qualified to do business and indicate registration or license numbers, if applicable.
4. List jurisdictions in which your organization's partnership or trade name is filed.

General Firm Information: Safety Record (Criteria 1.2 & 1.3)

1. Provide information related to your firm's accident frequency rate for the last five years, including any OSHA citations and deaths that have occurred on your projects. (Submit Form 300)
2. Describe your organization's safety program and provide your workers' compensation experience modification factor. List any safety awards your company has received within the past five (5) years.

EXPERIENCE, REPUTATION AND REFERENCES (CRITERIA 2.1 THRU 2.3) – 25 POINTS TOTAL**Experience, Reputation and References: Comparable Experience (Criteria 2.1)**

1. List the categories of work that your organization normally performs with its forces.
2. Would you propose to do any work with your own forces or bid all work to subcontractors?



3. List all construction projects your organization has in progress, giving the name and location of the project, owner, architect, contract amount, percent complete and scheduled completion date.
4. List all construction projects your organization has performed in the last seven years. For each, include the name Owner, the name of the Project, a brief description of the Project, the budget for the Project, whether the Project completed on or before the date contracted for Substantial Completion, and whether the Project completed within the budget amount, and the reason for any additional amounts exceeding the original contract amount.
5. Please list all of your firm’s previous experience with the District, including the name of project, and date of substantial completion; list all previous experience any of the proposed personnel have had with the District, including the name of the project and the date of substantial completion.

Experience, Reputation and References: Reputation and References (Criteria 2.2)

1. Within the last five years, has an officer or principal of your organization ever been an officer or principal of another organization when it failed to complete a construction contract? (If the answer is yes, please attach details).
2. Describe your organization’s concepts for working in a team relationship with the Owner and Architect during the design and construction of major projects.
3. Describe the most common problem or challenge that you have encountered in construction and your method for addressing the issue. (Maximum length: 2 pages.)
4. What makes your project team unique and most qualified to complete this project? Please answer in essay form.
5. Please describe your firm’s ability to complete projects on schedule, including the number of projects that have not been completed on schedule, and the reasons for such delay.

Experience, Reputation and References: Claims/Disputes (Criteria 2.3)

1. Claims and suits: If the answer to any of the questions below is yes, please attach details:
 - a. Has your organization ever failed to complete any work awarded to it?
 - b. Are there any judgments, claims, arbitration proceedings or suits outstanding against your organization or its officers?
 - c. Has your organization filed any lawsuits or requested arbitration with regard to construction contracts within the last five years?

PROPOSER’S PROJECT PERSONNEL/QUALIFICATIONS (CRITERIA 3.1 THRU 3.3) – TOTAL 5 POINTS

Proposer’s Project Personnel and Qualifications: Program Management (Criteria 3.1)

1. Identify your firm’s proposed Project Manager and Site Superintendent who will work on the project. Provide a resume and references for each individual.
2. Identify the person who will be primarily responsible for accounting for the Project and describe their qualifications to perform that function.



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3. Identify the person who will be primarily responsible for cost estimating for the Project and describe their qualifications.

Proposer’s Project Personnel and Qualifications: Succession Planning (Criteria 3.2)

1. Identify your team’s key personnel and process for replacement with equally qualified individuals if needed.

Proposer’s Project Personnel and Qualifications: Project Approach (Criteria 3.3)

1. Describe the team’s overall project approach for this project and a description of planned efforts to provide quality work, meet schedules, and work within an agreed budget.
2. Describe your procedures for providing an accurate punch list, completing the punch list in a timely manner, prepare and submit closeout documents in a timely manner and service and correct all warranty calls in a timely manner.

FINANCIAL STABILITY (CRITERIA 4.1-4.2) – TOTAL 5 POINTS

Financial Stability: Financial Information (Criteria 4.1)

1. Provide last 3 years of audited financial statements (licensed CPA firm required), including full balance sheet and income statements. Financials must include all subsidiaries and entities respective to the firm’s overall interests.
2. Bank reference(s): Individual Name, Bank, Address, Phone and state how long. (1 point)
3. Dunn & Bradstreet rating, if available.

Financial Stability: Bonding Information (Criteria 4.2).

1. Bonding Company reference(s): Individual Name, Company, Address, Phone and state how long.
2. Provide your bonding capacity per project and in the aggregate.

PROPOSER’S PROPOSED CONSTRUCTION SCHEDULE – TOTAL 10 POINTS

All major work completed by July 31, 2024 and all work completion by December 31, 2024.

1. Provide a detailed work schedule for all work proposed in late spring to summer 2024 up to July 31, 2024 for all major work systems that require extensive disruption of services.
2. Provide a detailed work schedule for all remaining minor work up to Substantial Completion on December 31, 2024.

PRICE PROPOSALS – TOTAL 50 POINTS

The Owner will consider the total contract cost listed in the **RESPONDENT’S MONETARY PROPOSAL FORM** as part of its evaluation. The Owner shall have the right to accept alternates in any order or combination unless otherwise specifically provided in the Proposal Documents. The Respondent submitting the lowest proposed amount shall receive the highest number of points in this category, and the Respondent submitting the highest proposed amount shall receive the lowest number of points awarded in this category. The Respondent shall not provide any additional price proposal information in

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this **RESPONDENT'S GENERAL QUESTIONNAIRE** section, only the price information provided in the **RESPONDENT'S MONETARY PROPOSAL FORM** will be used for its evaluation.

CONTRACT DOCUMENTS: In addition to your price proposal, provide any comments or requested changes to the form of Contract Documents and include an explanation for the change, otherwise Respondent will be deemed to have accepted the form of the Contract Documents.

The undersigned confirms ATTACHMENT "A1" is enclosed, contains all required information above, and that all information is correct to the best of his/her knowledge.

Authorized Representative (Print Name)

Title

Authorized Representative (Signature)

Date



STATEMENT OF COMPLIANCE/DEVIATION FORM - REQUIRED FORM

This form is a signed statement that all information in the response packet complies with all specifications, terms and conditions, scope, and/or qualifications contained in the solicitation document. If the undersigned Respondent intends to deviate from the listed specifications, terms and conditions, scope, and/or qualifications contained in the solicitation document, all such deviations must be listed on this page, with complete and detailed conditions and information included or attached. The District will consider any deviations in its award decisions, and reserves the right to accept or reject any proposal based upon any deviations indicated below or in any attachments or inclusions. In the absence of any deviation entry on this form, the Respondent assures Calallen ISD of their full compliance with the General Terms and Conditions, Item Specifications, and all other information contained in this Proposal Invitation.

_____ No Deviations _____ Yes Deviations

List any deviations your company is submitting below, if applicable (Attach additional sheet if necessary):

If you are requesting any modifications to the form of Agreement included with the RFCSP package, please indicate those and attach them to this form.

List any Addenda your company is submitting below (Attach additional sheet if necessary):

_____ No Addenda Included

Addendum Number: _____ Addendum Description: _____

Addendum Number: _____ Addendum Description: _____

Addendum Number: _____ Addendum Description: _____

Addendum Number: _____ Addendum Description: _____

Authorized Representative (Print Name)

Title

Authorized Representative (Signature)

Date



REFERENCES - REQUIRED FORM

Please complete the reference fields below. Vendor should list as references school districts and/or other governmental entities (other than Calallen ISD) for which vendor has provided products or services similar to what is requested on this proposal. Additional references for the can be provided as an attachment, but the minimum required for this proposal is 3 references.

Reference 1

Name of Entity:
Contact Name & Title:
Mailing Address:
Phone Number:
Email Address:
Date of Similar Products/Services Delivered:
Brief Description of Similar Products/Services Delivered:

Reference 2

Name of Entity:
Contact Name & Title:
Mailing Address:
Phone Number:
Email Address:
Date of Similar Products/Services Delivered:
Brief Description of Similar Products/Services Delivered:

Reference 3

Name of Entity:
Contact Name & Title:
Mailing Address:
Phone Number:
Email Address:
Date of Similar Products/Services Delivered:
Brief Description of Similar Products/Services Delivered:

The undersigned confirms the above information is correct to the best of his/her knowledge and understands the District may contact any of the above.

Authorized Representative (Print Name)

Title

Authorized Representative (Signature)

Date



CERTIFICATE OF RESIDENCY - **REQUIRED FORM**

Pursuant to Government Code, Chapter 2252 a district may not award a governmental contract to a nonresident bidder unless the nonresident underbids the lowest bid submitted by a responsible resident bidder by an amount that is not less than the greater of the amount by which a resident bidder would be required to underbid the nonresident bidder to obtain a comparable contract in the state in which the nonresident's principal place of business is located, or the state in which a majority of the manufacturing relating to the contract will be performed. (Gov't Code 2252.002).

Definitions (Gov't Code 2252.001)

- "Governmental contract" means a contract awarded by a governmental entity, including a public school district, for general construction, an improvement, a service, or a public works project or for a purchase of supplies, materials, or equipment.
- "Resident bidder" refers to a person whose principal place of business is in this state, including a contractor whose ultimate parent company or majority owner has its principal place of business in this state (Texas).
- "Nonresident bidder" refers to a person who is not a resident.

Indicate the certification of residency that applies:

_____ My company is a "resident Respondent"

_____ My company is a "nonresident Respondent" of _____ (the state your principal place of business is located)

If applicable, does your "resident state" require Respondent whose principal place of business is in Texas to under Proposal, Respondents who resident state is the same as yours by a prescribes amount or percentage to receive a comparable contract?

_____ No

_____ Yes, the amount or percentage is _____

 Authorized Representative (Print Name)

 Title

 Authorized Representative (Signature)

 Date

**CERTIFICATIONS REGARDING LOBBYING, DEBARMENT, SUSPENSION AND OTHER
RESPONSIBILITY MATTERS, AND DRUG-FREE WORKPLACE REQUIREMENTS –
REQUIRED FORM**

Lobbying: This certification is required by the Federal Regulations, implementing Section 1352 of the Program Fraud and Civil Remedies Act, Title 31 U.S. Code, for the Department of Education (34 CFR Part 82), Department of Health and Human Services (45 CFR Part 93).

The undersigned contractor certifies that:

- (1) No federal 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 Congress, or an employee of a Member of Congress in connection with the awarding of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan or cooperative agreement.
 - (2) If any funds other than federal 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, and officer or employee of Congress, or an employee of a Member of Congress in connection with this federal contract, grant, loan or cooperative agreement, the undersigned shall complete and submit Standard Form – LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions.
 - (3) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.
-

Debarment, Suspension, and Other Responsibility Matters: This certification is required by the Federal Regulations, implementing, Executive Order 12549, Government-wide Debarment and Suspension, for the Department of Agriculture (7 CFR Part 3017), Department of Labor (29 CFR Part 98), Department of Education (34 CFR Parts 85, 668 and 682), Department of Health and Human Services (45 CFR Part 76).

The undersigned contractor certifies that neither it nor its principals:

- (1) Are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- (2) Have not within a three-year period preceding this contract been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, State or Local) transaction or contract under a public transaction, violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property; Are not presently indicted for or otherwise criminally or civilly charged by a

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- governmental entity with commission of any of the offenses enumerated in Paragraph (2) of this certification; and,
- (3) Have not within a three-year period preceding this contract had one or more public transactions terminated for cause or default.

Where the prospective recipient of federal assistance funds is unable to certify to any of the statements in this certification, such prospective recipient shall attach an explanation to this certification.

Drug-Free Workplace: This certification is required by the Federal Regulations, implementing Sections 5151-5160 of the Drug-Free Workplace Act, 41 U.S.C. 701; for the Department of Agriculture (7 CFR Part 3017), Department of Labor (29 CFR Part 98), Department of Education (34 CFR Parts 85, 668 and 682), and Department of Health and Human Services (45 CFR Part 76).

The undersigned contractor certifies that it shall provide a drug-free workplace by:

- (a) Publishing a policy statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the workplace and specifying the consequences of any such action by an employee;
- (b) Establishing an ongoing drug-free awareness program to inform employees of the dangers of drug abuse in the workplace, the Contractor's policy of maintaining a drug-free workplace, the availability of counseling, rehabilitation and employee assistance programs, and the penalties that may be imposed on employees for drug abuse violations in the workplace;
- (c) Providing each employee with a copy of the Contractor's policy statement;
- (d) Notifying the employees in the Contractor's policy statement that as a condition of employment under this contract, employees shall abide by the terms of the policy statement and notifying the Contractor in writing within five days after any conviction for a violation by the employee of a criminal drug statute in the workplace;
- (e) Notifying the District within ten days of Contractor's receipt of a notice of a conviction of an employee; and,
- (f) Taking appropriate personnel action against an employee convicted of violating a criminal drug statute or require such employee to participate in a drug abuse assistance or rehabilitation program.

These certifications are 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.

Authorized Representative (Print Name)

Title

Authorized Representative (Signature)

Date



TEXAS CORPORATE FRANCHISE TAX CERTIFICATION - REQUIRED FORM

Pursuant to Article 2.45, Texas Business Corporation Act, state agencies may not contract with for Profit Corporation's that are delinquent in making state franchise tax payments. The following certification that the corporation entering into this contract is current in its franchise taxes must be signed by the individual on Form 203, Corporate Board of Directors Resolution, to sign the contract for the corporation.

The undersigned authorized representative of the corporation contracting herein certifies that the following indicated statement is true and correct and that the undersigned understands making a false statement is a material breach of contract and is grounds for contract cancellation.

Indicate the certification that applies to your corporation:

_____ The Corporation is a for-profit corporation and certifies that it is not delinquent in its franchise tax payments to the State of Texas.

_____ The Corporation is a non-profit corporation or is otherwise not subject to payment of franchise taxes to the State of Texas.

Authorized Representative (Print Name)

Title

Authorized Representative (Signature)

Date



CRIMINAL HISTORY RECORDS CHECKS - REQUIRED FORM

All Respondents and its subcontractors of every tier must comply with the Section 13.3 Criminal History Records Checks of the AIA Document A105 – 2017 Standard Short Form of Agreement Between Owner and Contract found in Appendix 1 of this RFCSP.

In accordance with Section 13.3, all Respondents will provide written certification to the District that (select one):

- ☐ Contractor and its Subcontractors of every tier, do not have any Covered Employees, as defined;
- ☐ Contractor and its Subcontractors of every tier are otherwise exempted from compliance with the requirement contained herein; or
- ☐ Contractor and its Subcontractors of every tier have complied with the statutory requirements of this Agreement as of this date.

Respondent agrees that if it receives information that a Covered Employee is arrested or convicted for any of the Disqualifying Criminal History offenses, during the performance of the Work, Contractor will immediately remove the Covered Employee from Owner’s property or other location where students are regularly present, and notify the District of said removal within three (3) days of doing so.

I, the undersigned agent for the firm named below, certify that the information concerning criminal background checks has been reviewed by me, the following information furnished is true to the best of my knowledge and I acknowledge compliance with this section.

Authorized Representative (Print Name)

Title

Authorized Representative (Signature)

Date



FELONY CONVICTION NOTICE - REQUIRED FORM

State of Texas Legislative Senate Bill No. 1, Section 44.034, Notification of Criminal History, Subsection (a), states “a person or business entity that enters into a contract with a school district must give advance notice to the district if the person or owner or operator of the business entity has been convicted of a felony.” The notice must include a general description of the conduct resulting in the conviction of a felony.

Subsection (b) states “a school district may terminate a contract with a person or business entity if the district determines that the person or business entity failed to give notice as required by Subsection (a) or misrepresented the conduct resulting in the conviction. The district must compensate the person or business entity for services performed before the termination of the contract.”

You must check A, B or C and sign below:

- _____ A. Our firm is a publicly held corporation, therefore, this reporting requirement is not applicable.
- _____ B. Our firm is not owned or operated by anyone who has been convicted of a felony.
- _____ C. Our firm is owned or operated by the following individual(s) who has/have been convicted of a felony.

Vendor Name: _____

Name of Individual(s): _____
(Attach additional sheets if necessary)

Details of Conviction(s): _____

(Attach additional sheets if necessary)

I, the undersigned for the firm named below, certify that the information concerning notification of felony convictions has been by me and the following information furnished is true to the best of my knowledge.

Authorized Representative (Print Name)

Title

Authorized Representative (Signature)

Date

**RFCSP FOR CISD HIGH SCHOOL PLUMBING REPAIRS AND UPGRADES - 2024
PROCUREMENT PROPOSAL RESPONSE PACKET – *Construction Services ONLY***

Note: All pages must be completed by Proposers and Submitted with Final Proposal.



STATE ASSESSMENT CERTIFICATION - REQUIRED FORM

The undersigned authorized representative of the corporation contracting herein certifies that the following indicated statement is true and correct and that the undersigned understands making a false statement is a material breach of contract and is grounds for contract cancellation.

The corporation certifies that:

_____ It is current in Unemployment Insurance taxes, Payday and Child Labor law monetary obligations, and Proprietary School fees and assessments payable to the State of Texas.

_____ It has no outstanding Unemployment Insurance overpayment balance payable to the State of Texas.

Authorized Representative (Print Name)

Title

Authorized Representative (Signature)

Date



Note: All pages must be completed by Proposers and Submitted with Final Proposal.

REQUIRED STATE AND FEDERAL CERTIFICATIONS - **REQUIRED FORM**

Certification Regarding Terrorist Organizations. Pursuant to Sections 2252.151-.154 of the Texas Government Code, the Contractor hereby certifies that it is not a company identified on the Texas Comptroller's list of companies known to have contracts with, or provide supplies or services to, a foreign organization designated as a Foreign Terrorist Organization by the U.S. Secretary of State under federal law.

Certification Regarding Boycotting of Israel. Pursuant to Sections 2270.001-.002, 808.001-.006, .051-.057, .101-.102 of the Texas Government Code, the Contractor hereby certifies and verifies that neither the Contractor, nor any affiliate, subsidiary, or parent company of the Contractor, if any (the "Contractor Companies"), boycotts Israel, and the Contractor agrees that the Contractor and Contractor Companies will not boycott Israel during the term of this Agreement. For purposes of this Agreement, the term "boycott" shall mean and include terminating business activities or otherwise taking any action that is intended to penalize, inflict economic harm on, or limit commercial relations with Israel, or with a person or entity doing business in Israel or in an Israeli-controlled territory

The undersigned authorized representative of the corporation contracting herein certifies that the following indicated statement is true and correct and that the undersigned understands making a false statement is a material breach of contract and is grounds for contract cancellation.

The contractor certifies that:

_____ It is not doing business with any organization indicated on the Foreign Terrorist Organization list as so designated by the U.S. Secretary of State under Federal Law.

_____ that neither the Contractor, nor any affiliate, subsidiary, or parent company of the Contractor, if any (the "Contractor Companies"), boycotts Israel.

Certification Regarding Boycotting Energy Companies. Pursuant to Texas Government Code Chapter 2274, the Contractor hereby certifies and verifies that it does not boycott energy companies; and will not boycott energy companies during the term of the Agreement. This verification is not required for an agreement where a governmental entity determines that these requirements are inconsistent with the governmental entity's constitutional or statutory duties related to the issuance, incurrence, or management of debt obligations or the deposit, custody, management, borrowing, or investment of funds.

Certification Regarding Discriminating Against Firearm Industry. Pursuant to Texas Government Code Chapter 2274, the Contractor hereby certifies and verifies that it does not have a practice, policy, guidance, or directive that discriminates against a firearm entity or firearm trade association; and will not discriminate during the term of the contract against a firearm entity or firearm trade association. The verification is not required for contracts with a sole-source provider or if the governmental entity does not receive any bids from a company that is able to provide the required verification.

**RFCSP FOR CISD HIGH SCHOOL PLUMBING REPAIRS AND UPGRADES - 2024
PROCUREMENT PROPOSAL RESPONSE PACKET – *Construction Services ONLY***

Note: All pages must be completed by Proposers and Submitted with Final Proposal.



The undersigned authorized representative of the corporation contracting herein certifies that the following indicated statement is true and correct and that the undersigned understands making a false statement is a material breach of contract and is grounds for contract cancellation.

The contractor certifies that:

_____ By entering into this Agreement, the Contractor represents and warrants that: (1) it does not, and will not for the duration of the contract, boycott energy companies or (2) the verification required by Section 2274.002 of the Texas Government Code does not apply to the contract.

_____ By entering into this Agreement, the Contractor verifies that: (1) it does not, and will not for the duration of the contract, have a practice, policy, guidance, or directive that discriminates against a firearm entity or firearm trade association or (2) the verification required by Section 2274.002 of the Texas Government Code does not apply to the contract

Authorized Representative (Print Name)

Title

Authorized Representative (Signature)

Date



CONFLICT OF INTEREST QUESTIONNAIRE – FORM CIQ - **REQUIRED FORM**

A vendor shall file a completed conflict of interest questionnaire if the vendor has a business relationship with the district and:

1. Has an employment or other business relationship with a local government officer of the district, or a family member of the officer, described by Local Government Code 176.003(a)(2)(A);
2. Has given a local government officer of the district, or a family member of the officer, one or more gifts with the aggregate value specified by Local Government Code 176.003(a)(2)(B), excluding any gift described by Local Government Code 176.003(a-1); or
3. Has a family relationship with a local government officer of the district

The Vendor certifies that:

_____ No conflict of interest exists

_____ A possible or potential conflict of interest exists. Form CIQ completed (or attached) on the following page.

 Authorized Representative (Print Name)

 Title

 Authorized Representative (Signature)

 Date

A copy of the form is attached hereto and must be submitted if applicable.

**RFCSP FOR CISD HIGH SCHOOL PLUMBING REPAIRS AND UPGRADES - 2024
PROCUREMENT PROPOSAL RESPONSE PACKET – *Construction Services ONLY***

Note: All pages must be completed by Proposers and Submitted with Final Proposal.



CONFLICT OF INTEREST QUESTIONNAIRE For vendor doing business with local governmental entity		FORM CIQ
<p>This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.</p> <p>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).</p> <p>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.</p> <p>A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.</p>	<div style="border: 1px solid black; padding: 2px; text-align: center; font-weight: bold;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 2px;">Date Received</div>	
<p>1 Name of vendor who has a business relationship with local governmental entity.</p>		
<p>2 <input type="checkbox"/> 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.)</p>		
<p>3 Name of local government officer about whom the information is being disclosed.</p> <p style="text-align: center; margin-top: 20px;">_____</p> <p style="text-align: center;">Name of Officer</p>		
<p>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.</p> <p style="margin-top: 40px;">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?</p> <p style="text-align: center; margin-left: 100px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p> <p style="margin-top: 20px;">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?</p> <p style="text-align: center; margin-left: 100px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>		
<p>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.</p>		
<p>6 <input type="checkbox"/> 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).</p>		
<p>7</p> <p style="text-align: center; margin-top: 20px;"> _____ Signature of vendor doing business with the governmental entity </p> <p style="text-align: right; margin-top: 20px;"> _____ Date </p>		



CERTIFICATE OF INTERESTED PARTIES - **REQUIRED FORM**

In 2015, the Texas Legislature adopted House Bill 1295, which added section 2252.908 of the Government Code. The law states that a governmental entity or state agency may not enter into certain contracts with a business entity unless the business entity submits a disclosure of interested parties to the governmental entity or state agency at the time the business entity submits the signed contract to the governmental entity or state agency. The disclosure requirement applies to a contract entered into on or after January 1, 2016.

The requirement above applies only to a contract of a district that:

1. Requires an action or vote by the board before the contract may be signed;
2. Has a value of at least \$1 million; or
3. Is for services that would require a person to register as a lobbyist under Government Code Chapter 305.

Gov't Code 2252.908

The disclosure requirement does not apply to a contract with:

1. A publicly traded business entity, including a wholly owned subsidiary of the entity;
2. An electric utility, as defined by Utilities Code 31.002; or
3. A gas utility, as defined by Utilities Code 121.001.

Gov't Code 2252.908(c)(4)–(6)

Filing Process: The commission has made available on its website a new filing application that must be used to file Form 1295. A business entity must use the application to enter the required information on Form 1295 and print a copy of the completed form, which will include a certification of filing that will contain a unique certification number. An authorized agent of the business entity must sign the printed copy of the form and have the form notarized. The completed Form 1295 with the certification of filing must be filed with Calallen ISD.

Form Availability: Certificate of Interested Parties Form is available from the Texas Ethics Commission website at the following address: https://www.ethics.state.tx.us/whatsnew/elf_info_form1295.htm For questions regarding and assistance in filling out this form, please contact the Texas Ethics Commission at 512-463-5800. A sample is attached hereto but must be submitted only.

The contractor certifies that:

_____ Form 1295 filing is required and a certification of filing will be provided to Calallen ISD should we be awarded the contract

_____ Form 1295 filing is not required

Authorized Representative (Print Name)

Title

Authorized Representative (Signature)

Date

ATTACHMENT "A"

**RFCSP FOR CISD HIGH SCHOOL PLUMBING REPAIRS AND UPGRADES - 2024
PROCUREMENT PROPOSAL RESPONSE PACKET – *Construction Services ONLY***

Note: All pages must be completed by Proposers and Submitted with Final Proposal.



CERTIFICATE OF INTERESTED PARTIES		FORM 1295	
Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USE ONLY	
1 Name of business entity filing form, and the city, state and country of the business entity's place of business.		<div style="font-size: 2em; transform: rotate(-45deg); opacity: 0.5;"> Must file online at www.ethics.state.tx.us/File </div>	
2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.			
3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.			
4		5	
Name of Interested Party	City, State, Country (place of business)	Nature of Interest (check applicable)	
		<input type="checkbox"/> Controlling	<input type="checkbox"/> Intermediary
5 Check only if there is no Interested Party.		<input type="checkbox"/>	
6 UNSWORN DECLARATION			
My name is _____, and my date of birth is _____.			
My address _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)			
I declare under penalty of perjury that the foregoing is true and correct.			
Executed in _____ County, State of _____, on the _____ day of _____, 20____. <div style="display: flex; justify-content: space-between; width: 100%;"> (month) (year) </div>			
_____ Signature of authorized agent of contracting business entity (Declarant)			
ADD ADDITIONAL PAGES AS NECESSARY			



**AFFIDAVIT OF NON-COLLUSION, NON-CONFLICT OF INTEREST, AND ANTI-LOBBYING -
REQUIRED FORM**

By submission of this proposal, the undersigned certifies that:

1. Neither the Respondent nor any of Respondent's officers, partners, owners, agents, representatives, employees, or parties in interest, has in any way colluded, conspired, or agreed, directly or indirectly with any person, firm, corporation or other Respondent or potential Respondent any money or other valuable consideration for assistance in procuring or attempting to procure a contract or fix the prices in the attached proposal or the proposal of any other Respondent, and further states that no such money or other reward will be hereinafter paid.
2. No attempt has been or will be made by this company's officers, employees, or agents to lobby, directly or indirectly, the Calallen ISD Board of Trustees between proposal submission date and award by the Calallen ISD Board of Trustees.
3. No officer or stockholder of the Respondent is a member of the staff or related to any employee or Board of Trustees member of the Calallen ISD except as noted on Form CIQ (Conflict of Interest Questionnaire - attached).
4. The undersigned certifies that he/she is fully informed regarding the accuracy of the statements contained in this certification, and that the penalties herein are applicable to the Respondent as well as to any person signing in his/her behalf.

Authorized Representative (Print Name)

Title

Authorized Representative (Signature)

Date



ORIENTATION TO COMPLAINT PROCEDURES FOR SERVICE PROVIDERS – REQUIRED FORM

The policy of Calallen ISD herein referred to as “the District” is to resolve complaints in a fair and prompt manner. The Districts administrative directive on GRIEVANCE PROCEDURE establishes the guidelines for the resolution of grievances/complaints and requires this orientation sheet be received and acknowledged by all individuals or organizations providing services to the District under contract or agreement.

Acts of restraint, interference, coercion, discrimination or reprisal towards complainants exercising their rights to a file a grievance under District policy are prohibited. A complainant is the individual or organization filing a grievance/complaint. A respondent is the individual or organization against whom a grievance/complaint is filed. Inquiries regarding the resolution of grievances should be addressed to:

**Calallen Independent School District
ATTN: Blair McDavid
4205 Wildcat Dr.
Corpus Christi, Texas 78410
Telephone: (361) 242-5600**

Every effort should be made to resolve your grievance at the optimum management level. The District’s EO Officer is available to assist, as necessary, in the grievance resolution process.

The time limit to file a complaint under the District’s grievance procedure is 30 calendar days from the date of the event that leads to the filing of the grievance. A copy of the District’s Policy and Procedure is available upon request.

EQUAL OPPORTUNITY IS THE LAW

The District is prohibited from discriminating on the ground of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and for beneficiaries only. If you think that you have been subjected to discrimination, you may file a complaint within 180 days from the date of the alleged violation with the Equal Opportunity Officer at the:

**TEXAS WORKFORCE COMMISSION
WORKFORCE DEVELOPMENT DIVISION
EQUAL OPPORTUNITY OFFICE
101 E. 15th STREET
AUSTIN, TEXAS 78778
Telephones: (512) 936-0342; (TDD): 1-800-RELAY TX, Voice 1-800-RELAY VV.**

Authorized Representative (Print Name)

Title

Authorized Representative (Signature)

Date

**RFCSP FOR CISD HIGH SCHOOL PLUMBING REPAIRS AND UPGRADES - 2024
PROCUREMENT PROPOSAL RESPONSE PACKET – *Construction Services ONLY***

Note: All pages must be completed by Proposers and Submitted with Final Proposal.


CERTIFICATE OF LIABILITY - REQUIRED (*Provide Copy*)

Please provide a Copy of Your Certificate of Liability Insurance.

Provide actual Certificate of Liability Insurance as part of your proposal

CERTIFICATE OF LIABILITY INSURANCE					DATE	
PRODUCER			THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.			
SAMPLE ONLY			COMPANIES AFFORDING COVERAGE			
			COMPANY			
			A			
			B			
INSURED			COMPANY			
SAMPLE ONLY			B			
			C			
			D			
			D			
COVERAGES						
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.						
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	GENERAL LIABILITY				GENERAL AGGREGATE	\$1,000,000.00
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS COMP/OP AGG	\$1,000,000.00
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY	\$1,000,000.00
	<input checked="" type="checkbox"/> OWNERS PROTECTIVE LIABILITY				EACH OCCURRENCE	\$1,000,000.00
	THE STATE OF TEXAS, ITS EMPLOYEES, NAME INSURED (SEE BELOW)				FIRE DAMAGE (Any one fire)	\$ 50,000.00
					MED EXP (Any one person)	\$ 5,000.00
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	\$1,000,000.00
	<input type="checkbox"/> ANY AUTO				BODILY INJURY	\$
	<input type="checkbox"/> ALL OWNED AUTOS				(Per person)	
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY	\$
	<input checked="" type="checkbox"/> HIRED AUTOS				(Per accident)	
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE	\$
						\$
	GARAGE LIABILITY				AUTO ONLY-EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:	
					EACH ACCIDENT	\$
					AGGREGATE	\$
	EXCESS LIABILITY				EACH OCCURRENCE	\$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE	\$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTH-ER
	THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				EL EACH ACCIDENT	\$ 500,000.00
					EL DISEASE-Policy/Limit	\$ 500,000.00
					EL DISEASE-Ea. Employee	\$ 500,000.00
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> OTHER: BUILDERS RISK				AMOUNT OF CONTRACT	
<input checked="" type="checkbox"/>	OWNERS PROTECTIVE LIABILITY				\$1,000,000.00	
	NAMED INSURED, THE STATE OF TEXAS, ITS EMPLOYEES					
DESCRIPTION OF OPERATION/LOCATIONS/VEHICLES/SPECIAL ITEMS						
(PROJECT ADDRESS)						
SAMPLE ONLY						
CERTIFICATE HOLDER				CANCELLATION		
TEXAS WORKFORCE COMMISSION 101 East 15 th Street, Room 226T Austin, Texas 78778-0001				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.		
				AUTHORIZED REPRESENTATIVE		

RFCSP FOR CISD HIGH SCHOOL PLUMBING REPAIRS AND UPGRADES - 2024 PROCUREMENT PROPOSAL RESPONSE PACKET – *Construction Services ONLY*

Note: All pages must be completed by Proposers and Submitted with Final Proposal.



W9 TAXPAYER IDENTIFICATION CERTIFICATION - REQUIRED FORM

Provide a completed IRS Form W-9 as part of your proposal – available at <https://www.irs.gov/forms-pubs/about-form-w-9>.

Form W-9 (Rev. January 2011) Department of the Treasury Internal Revenue Service	Request for Taxpayer Identification Number and Certification	Give Form to the requester. Do not send to the IRS.																				
Name (as shown on your income tax return) _____																						
Business name/disregarded entity name, if different from above _____																						
Print or type See Specific Instructions on page 2.	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate																					
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C—C corporation, S—S corporation, P—partnership) ▶ _____																					
	<input type="checkbox"/> Other (see instructions) ▶ _____																					
	Address (number, street, and apt. or suite no.) _____	Requester's name and address (optional) _____																				
	City, state, and ZIP code _____	List account number(s) here (optional) _____																				
Part I Taxpayer Identification Number (TIN) Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3. Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="10" style="text-align: center;">Social security number</td> </tr> <tr> <td style="width: 20%;"> </td><td style="width: 20%;"> </td><td style="width: 20%;"> </td><td style="width: 20%;"> </td><td style="width: 20%;"> </td><td style="width: 20%;"> </td><td style="width: 20%;"> </td><td style="width: 20%;"> </td><td style="width: 20%;"> </td><td style="width: 20%;"> </td> </tr> </table>			Social security number																			
Social security number																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="10" style="text-align: center;">Employer identification number</td> </tr> <tr> <td style="width: 20%;"> </td><td style="width: 20%;"> </td><td style="width: 20%;"> </td><td style="width: 20%;"> </td><td style="width: 20%;"> </td><td style="width: 20%;"> </td><td style="width: 20%;"> </td><td style="width: 20%;"> </td><td style="width: 20%;"> </td><td style="width: 20%;"> </td> </tr> </table>			Employer identification number																			
Employer identification number																						
Part II Certification Under penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3. I am a U.S. citizen or other U.S. person (defined below). Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Sign Here</td> <td style="width: 60%;">Signature of U.S. person ▶ _____</td> <td style="width: 25%;">Date ▶ _____</td> </tr> </table>			Sign Here	Signature of U.S. person ▶ _____	Date ▶ _____																	
Sign Here	Signature of U.S. person ▶ _____	Date ▶ _____																				
General Instructions Section references are to the Internal Revenue Code unless otherwise noted.																						
Purpose of Form A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to: 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued), 2. Certify that you are not subject to backup withholding, or 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.																						
Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9. Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are: • An individual who is a U.S. citizen or U.S. resident alien, • A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, • An estate (other than a foreign estate), or • A domestic trust (as defined in Regulations section 301.7701-7). Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.																						



PAYMENT AND PERFORMANCE BONDS - REQUIRED FORM

A district that makes a public work contract with a prime contractor shall require the contractor, before beginning the work, to execute to the district:

1. A performance bond if the contract is in excess of \$100,000; and
2. A payment bond if the contract is in excess of \$25,000.

A bond required by this provision must be executed by a corporate surety in accordance with Insurance Code Article 7.19-1 (now Insurance Code 3503.001–.005). A bond for a public work contract with a district must be payable to and its form must be approved by the awarding board. *Gov't Code 2253.021(a), (d)–(e).*

The performance bond is solely for the protection of the district awarding the public work contract, in the amount of the contract, and conditioned on the faithful performance of the work in accordance with the plans, specifications, and contract documents. *Gov't Code 2253.021(b).*

The payment bond is solely for the protection and use of payment bond beneficiaries who have a direct contractual relationship with the prime contractor or a subcontractor to supply public work labor or material, and in the amount of the contract. *Gov't Code 2253.021(c).*

The contractor certifies that:

_____ A performance bond is required and will be provided to Calallen ISD should we be awarded the contract

_____ A performance bond is not required

_____ A payment bond is required and will be provided to Calallen ISD should we be awarded the contract

_____ A payment bond is not required

Authorized Representative (Print Name)

Title

Authorized Representative (Signature)

Date



PREVAILING WAGE SCHEDULES - REQUIRED FORM



**CALALLEN ISD
PREVAILING WAGE RATE SCHEDULE (as of May 15, 2023)**

Please note that fringes are only required to be paid on projects that involve federal funds. If you are unsure about whether the project will be using federal funds, please inquire and seek clarification.

General Decision Number: TX20230288 01/06/2023

Superseded General Decision Number: TX20220288

State: Texas

Construction Type: Building

Counties: Aransas, Nueces and San Patricio Counties in Texas.

BUILDING CONSTRUCTION PROJECTS (does not include single family homes or apartments up to and including 4 stories).

Note: Contracts subject to the Davis-Bacon Act are generally required to pay at least the applicable minimum wage rate required under Executive Order 14026 or Executive Order 13658. Please note that these Executive Orders apply to covered contracts entered into by the federal government that are subject to the Davis-Bacon Act itself, but do not apply to contracts subject only to the Davis-Bacon Related Acts, including those set forth at 29 CFR 5.1(a)(2)-(60).

If the contract is entered into on or after January 30, 2022, or the contract is renewed or extended (e.g., an option is exercised) on or after January 30, 2022:	Executive Order 14026 generally applies to the contract. The contractor must pay all covered workers at least \$16.20 per hour (or the applicable wage rate listed on this wage determination, if it is higher) for all hours spent performing on the contract in 2023.
If the contract was awarded on or between January 1, 2015 and January 29, 2022, and the	Executive Order 13658 generally applies to the contract.

**RFCSP FOR CISD HIGH SCHOOL PLUMBING REPAIRS AND UPGRADES - 2024
PROCUREMENT PROPOSAL RESPONSE PACKET – *Construction Services ONLY***



Note: All pages must be completed by Proposers and Submitted with Final Proposal.

contract is not renewed or extended on or after January 30, 2022:	The contractor must pay all covered workers at least \$12.15 per hour (or the applicable wage rate listed on this wage determination, if it is higher) for all hours spent performing on that contract in 2023.
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The applicable Executive Order minimum wage rate will be adjusted annually. If this contract is covered by one of the Executive Orders and a classification considered necessary for performance of work on the contract does not appear on this wage determination, the contractor must still submit a conformance request.

Additional information on contractor requirements and worker protections under the Executive Orders is available at <http://www.dol.gov/whd/govcontracts>.

Modification Number Publication Date
0 01/06/2023

BOIL0074-003 01/01/2021

	Rates	Fringes
BOILERMAKER.....	\$ 29.47	\$24.10

ELEC0278-002 08/28/2022

	Rates	Fringes
ELECTRICIAN.....	\$ 27.00	\$8.76

ENGI0178-005 06/01/2020

	Rates	Fringes
POWER EQUIPMENT OPERATOR		
(1) Tower Crane.....	\$ 32.85	\$13.10
(2) Cranes with Pile Driving or Caisson Attachment and Hydraulic Crane 60 tons and above.....	\$ 28.75	\$10.60
(3) Hydraulic cranes 59 Tons and under.....	\$ 32.35	\$13.10

IRON0084-011 06/01/2022

IRONWORKER, ORNAMENTAL.....	\$ 26.76	\$7.88
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SUTX2014-068 07/21/2014

RFCSP FOR CISD HIGH SCHOOL PLUMBING REPAIRS AND UPGRADES - 2024
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	Rates	Fringes
BRICKLAYER.....	\$ 20.04	\$ 0.00
CARPENTER.....	\$ 15.21 **	\$0.00
CEMENT MASON/CONCRETE FINISHER.....	\$ 15.33 **	\$0.00
INSULATOR - MECHANICAL (Duct, Pipe & Mechanical System Insulation).....	\$ 19.77	\$7.13
IRONWORKER, REINFORCING.....	\$ 12.27 **	\$0.00
IRONWORKER, STRUCTURAL.....	\$ 22.16	\$5.26
LABORER: Common or General.....	\$ 9.68 **	\$0.00
LABORER: Mason Tender - Brick.....	\$ 11.36 **	\$0.00
LABORER: Mason Tender - Cement/Concrete.....	\$ 10.58 **	\$0.00
LABORER: Pipelayer.....	\$ 12.49 **	\$2.13
LABORER: Roof Tearoff.....	\$ 11.28 **	\$ 0.00
OPERATOR: Backhoe/Excavator/Trackhoe.....	\$ 14.25 **	\$ 0.00
OPERATOR: Bobcat/Skid Steer/Skid Loader.....	\$ 13.93 **	\$0.00
OPERATOR: Bulldozer.....	\$ 18.29	\$ 1.31
OPERATOR: Drill.....	\$ 16.22	\$0.34
OPERATOR: Forklift.....	\$ 14.83 **	\$0.00
OPERATOR: Grader/Blade.....	\$ 13.37 **	\$0.00
OPERATOR: Loader.....	\$ 13.55 **	\$0.94
OPERATOR: Mechanic.....	\$ 17.52	\$ 3.33
OPERATOR: Paver (Asphalt, Aggregate, and Concrete).....	\$ 16.03 **	\$ 0.00
OPERATOR: Roller.....	\$ 12.70 **	\$0.00
PAINTER (Brush, Roller, and Spray).....	\$ 14.45 **	\$ 0.00
PIPEFITTER.....	\$ 25.80	\$ 8.55

**RFCSP FOR CISD HIGH SCHOOL PLUMBING REPAIRS AND UPGRADES - 2024
 PROCUREMENT PROPOSAL RESPONSE PACKET – *Construction Services ONLY***

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PLUMBER.....	\$ 25.64	\$ 8.16
ROOFER.....	\$ 13.75 **	\$ 0.00
SHEET METAL WORKER (HVAC Duct Installation Only).....	\$ 22.73	\$ 7.52
SHEET METAL WORKER, Excludes HVAC Duct Installation.....	\$ 21.13	\$ 6.53
TILE FINISHER.....	\$ 11.22 **	\$ 0.00
TILE SETTER.....	\$ 14.74 **	\$ 0.00
TRUCK DRIVER: Dump Truck.....	\$ 12.39 **	\$ 1.18
TRUCK DRIVER: Flatbed Truck.....	\$ 19.65	\$ 8.57
TRUCK DRIVER: Semi-Trailer Truck.....	\$ 12.50 **	\$ 0.00
TRUCK DRIVER: Water Truck.....	\$ 12.00 **	\$ 4.11

WELDERS - Receive rate prescribed for craft performing operation to which welding is incidental.

Workers in this classification may be entitled to a higher minimum wage under Executive Order 14026 (\$16.20) or 13658 (\$12.15). Please see the Note at the top of the wage determination for more information.

Note: Executive Order (EO) 13706, Establishing Paid Sick Leave for Federal Contractors applies to all contracts subject to the Davis-Bacon Act for which the contract is awarded (and any solicitation was issued) on or after January 1, 2017. If this contract is covered by the EO, the contractor must provide employees with 1 hour of paid sick leave for every 30 hours they work, up to 56 hours of paid sick leave each year. Employees must be permitted to use paid sick leave for their own illness, injury or other health-related needs, including preventive care; to assist a family member (or person who is like family to the employee) who is ill, injured, or has other health-related needs, including preventive care; or for reasons resulting from, or to assist a family member (or person who is like family to the employee) who is a victim of, domestic violence, sexual assault, or stalking. Additional information on contractor requirements and worker protections under the EO is available at <https://www.dol.gov/agencies/whd/government-contracts>.

Unlisted classifications needed for work not included within the scope of the classifications listed may be added after award only as provided in the labor standards contract clauses (29 CFR 5.5 (a) (1) (ii)).

The body of each wage determination lists the classification and wage rates that have been found to be prevailing for the cited type(s) of construction in the area covered by the wage determination. The classifications are listed in alphabetical order of ""identifiers"" that indicate whether the particular rate is a union rate (current union negotiated rate for local), a survey rate (weighted average rate) or a union average rate (weighted union average rate).

Union Rate Identifiers

RFCSP FOR CISD HIGH SCHOOL PLUMBING REPAIRS AND UPGRADES - 2024 PROCUREMENT PROPOSAL RESPONSE PACKET – *Construction Services ONLY*



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A four letter classification abbreviation identifier enclosed in dotted lines beginning with characters other than ""SU"" or ""UAVG"" denotes that the union classification and rate were prevailing for that classification in the survey. Example: PLUM0198-005 07/01/2014. PLUM is an abbreviation identifier of the union which prevailed in the survey for this classification, which in this example would be Plumbers. 0198 indicates the local union number or district council number where applicable, i.e., Plumbers Local 0198. The next number, 005 in the example, is an internal number used in processing the wage determination. 07/01/2014 is the effective date of the most current negotiated rate, which in this example is July 1, 2014.

Union prevailing wage rates are updated to reflect all rate changes in the collective bargaining agreement (CBA) governing this classification and rate.

Survey Rate Identifiers

Classifications listed under the ""SU"" identifier indicate that no one rate prevailed for this classification in the survey and the published rate is derived by computing a weighted average rate based on all the rates reported in the survey for that classification. As this weighted average rate includes all rates reported in the survey, it may include both union and non-union rates. Example: SULA2012-007 5/13/2014. SU indicates the rates are survey rates based on a weighted average calculation of rates and are not majority rates. LA indicates the State of Louisiana. 2012 is the year of survey on which these classifications and rates are based. The next number, 007 in the example, is an internal number used in producing the wage determination. 5/13/2014 indicates the survey completion date for the classifications and rates under that identifier.

Survey wage rates are not updated and remain in effect until a new survey is conducted.

Union Average Rate Identifiers

Classification(s) listed under the UAVG identifier indicate that no single majority rate prevailed for those classifications; however, 100% of the data reported for the classifications was union data. EXAMPLE: UAVG-OH-0010 08/29/2014. UAVG indicates that the rate is a weighted union average rate. OH indicates the state. The next number, 0010 in the example, is an internal number used in producing the wage determination. 08/29/2014 indicates the survey completion date for the classifications and rates under that identifier.

A UAVG rate will be updated once a year, usually in January of each year, to reflect a weighted average of the current negotiated/CBA rate of the union locals from which the rate is based.

WAGE DETERMINATION APPEALS PROCESS

1.) Has there been an initial decision in the matter? This can be:

- an existing published wage determination
- a survey underlying a wage determination
- a Wage and Hour Division letter setting forth a position on
- a wage determination matter
- a conformance (additional classification and rate) ruling

On survey related matters, initial contact, including requests for summaries of surveys, should be with the Wage and Hour National Office because National Office has responsibility for the Davis-Bacon survey program. If the response from this initial contact is not satisfactory, then the process described in 2.) and 3.) should be followed.

With regard to any other matter not yet ripe for the formal process described here, initial contact should be with the Branch of Construction Wage Determinations. Write to:

Note: All pages must be completed by Proposers and Submitted with Final Proposal.

Branch of Construction Wage Determinations
Wage and Hour Division
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, DC 20210

2.) If the answer to the question in 1.) is yes, then an interested party (those affected by the action) can request review and reconsideration from the Wage and Hour Administrator (See 29 CFR Part 1.8 and 29 CFR Part 7). Write to:

Wage and Hour Administrator
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, DC 20210

The request should be accompanied by a full statement of the interested party's position and by any information (wage payment data, project description, area practice material, etc.) that the requestor considers relevant to the issue.

3.) If the decision of the Administrator is not favorable, an interested party may appeal directly to the Administrative Review Board (formerly the Wage Appeals Board). Write to:

Administrative Review Board
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, DC 20210

4.) All decisions by the Administrative Review Board are final.

END OF GENERAL DECISION

Please sign below confirming receipt of the District's current Prevailing Wage Rate Schedule. Contractor will be required to pay these wages as set out in the form of Agreement.

Authorized Representative (Print Name)

Title

Authorized Representative (Signature)

Date