Sonora Independent School District

404 E. 1st Street Sonora, TX 76950

REQUEST FOR SEALED PROPOSAL NO. 2425-2

JOB ORDER CONTRACTS

Sonora ISD will accept proposals for job order contracts based on time and material rates for minor construction, plumbing, repair, painting, electrical, rehabilitation or alteration of a facility for a contract period of January 1, 2025 through December 31, 2026. Sealed proposals may be submitted in person or mailed to 404 E. 1st Street, Sonora, Texas 76950. Proposals may also be emailed to bids@sonoraisd.net, following the directions below:

- 1. Bids or proposals sent to any other email address will not be considered.
- 2. Bids or proposals must be sent as an attachment to the email.
- 3. The subject of the email must read "Sealed Proposal No. 2425-2".

The email message must contain the respondent's full name, address, and phone number. The body of the email message should not contain contents of the attachment or include any information that will reveal substance of the content.

- 4. All emailed bids or proposals will be date- and time-stamped as determined by the designated District recipient's email account.
- 5. Attachments to emails will remain unopened by the District until the scheduled date and time for opening all bids, to occur at the appropriate location when required by law.
- 6. If multiple emails are sent by a respondent, a copy of each email must be included in the procurement file.

Proposal Opening Date and Time: Wednesday, December 4, 2024 at 2:00 PM

Location:

Sonora Independent School District

404 E. 1st Street

Sonora, TX 76950

Contract Time Period: January 1, 2025 through December 31, 2026

It is the intent of the Sonora Independent School District to hire temporary, experienced companies and workers for maintenance and repair of our facilities. Proposals will be presented to the Board of Trustees at

the next regular meeting of the Board at 404 E. 1st Street, Sonora Texas. The District reserves the right to reject any or all proposals.

Should you have any questions concerning this proposal, please contact Greta Ramsdell, Business Manager at 325-387-6940 ext. 1002 or at greta.ramsdell@sonoraisd.net.

Proposal for Job Order Contract

The undersigned agrees to provide materials and temporary labor at the rates provided below for a contract period January 1, 2025 through December 31, 2026. The undersigned agrees to be on site to begin service within twenty –four (24) hours from time of notification.

Cost Materials Mark-up	% increase	
Job Supervisor	#60 Mour Journeyman Electricia	n5
Worker/Laborer	50 Inour Apprentice	
Other	/hour	
(add additional pages as need	ed)	

The undersigned agrees that this proposal will be valid for the period beginning January 1, 2025 through December 31, 2026.

Felony Conviction Notice

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 an 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." This notice is not required of a publicly-held Corporation. I, the undersigned agent for the firm named below, certify that the information concerning notification of felony convictions has been reviewed by me and the following information furnished is true to the best of my knowledge.

Vendor's Name: MC Electric
Authorized Company Official's Name (Printed): Marvin R. Clark
a. My firm is a publicly held corporation; therefore, this reporting requirement is not applicable.
Signature of Company Official:
b. My firm is not owned or operated by anyone who has been convicted of a felony.
Signature of Company Official:
c. My firm is owned or operated by the following individual(s) who has/have been convicted of a felony:
Name of Felon(s):
Details of
Conviction(s):
Signature of Company Official:

Affidavit of Non-Discriminatory Employment

COUNTY OF
Respondent agrees to refrain from discrimination in terms and conditions of employment or any other reason based on race, color, religion, sex or national origin and agrees to take affirmative action as required by Federal Statutes and rules and regulations issued pursuant thereto in order to maintain and ensure non-discriminatory employment practices.
I, Marvin R Clark do swear or affirm that the statements made are complete and correct to the best of my knowledge and belief.
Print name: MARVIN R Clark
Attested: Sworn/affirmed and subscribed before me this
Notary Public: Mall VIllomal 10# 129910710-3
Date of commission expiration: Aug 14, aon L
Signature: MARIE C. VILLARREAL Notary Public STATE OF TEXAS ID# 12992076 3 My Comm. Exp. Aug. 14, 2026
Printed Name: Marvin & Clark
Title: OWNEr

Certificate of Residency

The State of Texas has passed a law concerning non-resident contractors. This law can be found in Texas Government Code under Chapter 2252, Subchapter A. This law makes it necessary for the Sonora Independent School District to determine the residency of its offerors. In part, this law reads as follows:

Section: 2252.001

- (3) 'Non-resident proposer' refers to a person who is not a resident.
- (4) 'Resident proposer' refers to a person whose principal place of business is in the state, including a contractor whose ultimate parent company or majority owner has its principal place of business in this state.

Section: 2252.002

A governmental entity may not award a governmental contract to a nonresident proposer unless the non-resident underbids the lowest proposal submitted by a responsible resident proposer by an amount that is not less than the amount by which a resident proposer would be required to underbid the nonresident proposer to obtain a comparable contract in the state in which the non-resident's principal place of business is located."

I certify that MC Electric	
(Name of Company)	
is, under Section: 2252.001 (3) and (4), a	
Resident Proposer	
Non-resident Proposer	
My or Our principal place of business under Section: 2252.001 (3) and (4), is in the city of	
San Angelo in the state of Texas	<u> </u>
Val de la company de la compan	
Signature of Authorized Company Representative	
MARVIN RClark	
Print Name	
OWNER	
Title Date	

Statement of Non-Collusion

The undersigned Proposer, by signing and executing this proposal, certifies and represents to the Sonora Independent School District that Proposer has not offered, conferred or agreed to confer any pecuniary benefit, as defined by Section 1.07 (a)(6) of the Texas Penal Code, or any other thing of value, as consideration for the receipt of information of any special treatment or advantage relating to this proposal;

The Proposer also certifies and represents that Proposer has not offered, conferred or agreed to confer any pecuniary benefit or other things of value as consideration for the recipient's decision, opinion, recommendation, vote or other exercise of discretion concerning this proposal;

The Proposer certifies and represents that Proposer has neither coerced nor attempted to influence the exercise of discretion by any officer, trustee, agent or employee of the Sonora independent School District concerning this proposal on the basis of any consideration not authorized by law;

The Proposer also certifies and represents that Proposer has not received any information not available to other proposers so as to give the undersigned an advantage with respect to this proposal;

The Proposer further certifies and represents that Proposer has not violated any state, federal, or local law, regulation or ordinance relating to bribery, improper influence, collusion or the like and that Proposer will not in the future, offer, confer, or agree to confer any pecuniary benefit or other thing of value of any officer, trustee, agent or employee of the Sonora Independent School District in return for the person having exercised the person's official discretion, power or duty with respect to this proposal;

The Proposer certifies and represents that it has not now or will not in the future offer, confer, or agree to confer a pecuniary benefit or other thing of value to any office, trustee, agent or employee of the Sonora Independent School District in connection with information regarding this proposal, the submission of this proposal, the award of this proposal or the performance, delivery or sale pursuant to this proposal;

The Proposer certifies that the Proposer has not prepared this proposal and will not prepare any future proposals arising from this Request for Proposal (RFP) in collusion with any other respondent, and that the content of any future proposals arising out of this RFP will not be communicated by the undersigned nor by any employee or agent to any other person engaged in this type of business prior to the District's selection of a contractor for this RFP.

FIRM NAME MC Flectric
ADDRESS 817 Culwell St, San Angelo, TX 76903
TYPED NAME OF REPRESENTATIVE(S) Marvin & Clark
SIGNATURE OF REPRESENTATIVE(S)
11/1/24
DATE ///6/27

Disclosure of Interested Parties

Any vendor that is to be awarded a contract with SISD that either (1) requires an action or vote by the school district before the contract may be signed, or (2) has a value of a least \$1 million, must first file FORM 1295 with the Texas Ethics Commission as per Section 2295.908 Texas Government Code. Sonora Independent School District will not issue a contract with the awarded vendor until this process has been completed and formally acknowledged by the SISD Purchasing Department.

The vendor to be awarded the contract with SISD, upon notice from the District, will need to access the Texas Ethics Commission website, https://www.ethics.state.tx.us. Instructions for accessing the required document from the Texas Ethics Commission website are as follows:

- Select "File Reports Electronically" from the far-left hand column.
- From the "File Reports Electronically" list, select "Form 1295 Certificate of Interested Parties Filing".
- Next, you will need to "Log In" to create/complete your certificate¹. If you require
 assistance, there are links to instructional videos and a list of Frequently Asked Questions
 (FAQ).
- The first time you sign in to file, you will be required to set up a User ID and Password.

The will comply once we have been notified of award

 When filling out the information to create the "Certificate of Interested Parties", enter the RFP number, followed by the vendor name, in the "Contract ID Number" field.

Upon completion of the certificate, scan a copy, and email to greta.ramsdell@sonoraisd.net. Once the completed certificate has been received and verified, a purchase order will be issued.

CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor doing business with local governmental entity

This questionnaire reflects changes n	nade to the law by	H.B. 23, 84th Leg	, Regular Session.	OFFICE USE ONLY
This questionnaire is being filed in acco has a business relationship as defined vendor meets requirements under Section	rdance with Chapte I by Section 176.00 on 176.006(a).	er 176, Local Gove 01(1-a) with a loca	rnment Code, by a vendor who al governmental entity and the	Date Received
By law this questionnaire must be filed withan the 7th business day after the date filed. See Section 176.006(a-1), Local G	e the vendor become Sovernment Code.	es aware of facts t	nat require the statement to be	
A vendor commits an offense if the ven offense under this section is a misdeme	anor			
Name of vendor who has a bu	siness relations	nip with local go	vernmental entity.	
Mungia Southwest LLC				
completed questionnaire v you became aware that the	with the appropria ne originally filed q	te filing authority Juestionnaire was	not later than the 7th business incomplete or inaccurate.)	aw requires that you file an updated as day after the date on which
Name of local government off	icer about whom	the information	is being disclosed.	
_	Brenda Mungia			
		Name of Officer		
officer, as described by Section Complete subparts A and B for CIQ as necessary. Brenda Mungia	- 476 003/a\/2\/	A). Also describ ent or business r ne Mungia South	e any family relationship wi elationship described. Atta	cer, or a family member of the the local government officer. ch additional pages to this Form
A. Is the local go other than investm	vernment officer of nent income, from	or a family memb the vendor?	per of the officer receiving or	likely to receive taxable income,
×	Yes	No	*	
B. Is the vendor re of the local governmental local governmental	nment officer or a	o receive taxable family member	income, other than investme of the officer AND the taxable	nt income, from or at the direction e income is not received from the
	Yes	No		
	or huginase rele	ationship that th	e vendor named in Section	1 maintains with a corporation o
other business entity with ownership interest of one p	respect to which	the local gover	nment officer serves as an	officer or director, or holds an
Brenda Mungia is the wi Mungia Southwest LLC.	fe of owner, Antho	ony Mungia, and	is employed by	
Check this box if the as described in Sect	vendor has giver ion 176.003(a)(2)	the local govern (B), excluding gif	ment officer or a family mem ts described in Section 176.0	ber of the officer one or more gifts 03(a-1).
7				
Signature of vendor doi	ing business with th	e governmental er	ntity	Date
Signature of Ferridor dor				

Form W-9

(Rev. October 2018) Department of the Treasury internal Revenue Service

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest Information.

Give Form to the requester. Do not send to the IRS.

mema	I Revenue Service		
	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank	L	
	2 Business name/disregarded entity hame, if different from above		
page 3.	Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check appropriate box for federal tax classification of the person of t	eck only one of the	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
ype. dons on p	Individual/sole proprietor or C Corporation S Corporation Partnership angle-member LLC	Trust/estate	Exempt payee code (if any)
Print or type. Specific instructions on	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partn Note: Check the appropriate box in the line above for the tax classification of the single-member or LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a sin is disregarded from the owner should check the appropriate box for the tax classification of its own	wher. Do not check owner of the LLC is glo-member LLC that	Exemption from FATCA reporting code (if any)
See Sp	Other (see instructions) > 817 CULWELL STREET	Paguastar's name	(Applies to accounts maintained outside the U.S.) and address (optional)
	5 AN ANGELD, TX 76903 6 City, state, and ZIP code	Noducates a sum se	HA GUE DOS (OPOUTRI)
	, , , , ,		· · · · · · · · · · · · · · · · · · ·
_	7 List account number(s) here (optional)		
	Taxpayer Identification Number (TIN)		
backu reside	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to a p withholding. For individuals, this is generally your social security number (SSN). However, int alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other s, it is your employer identification number (EIN). If you do not have a number, see How to g ater.	for a	curity number
	If the account is in more than one name, see the instructions for line 1. Also see What Name er To Give the Requester for guidelines on whose number to enter.	and Employer	1240405
Par	The state of the s		
1. The 2. I at Se	penalties of perjury, I certify that: In number shown on this form is my correct taxpayer identification number (or I am waiting for not subject to backup withholding because: (a) I am exempt from backup withholding, or (brice (IRS) that I am subject to backup withholding as a result of a failure to report all interest longer subject to backup withholding; and) I have not been no	stified by the Internal Revenue
	n a U.S. citizen or other U.S. person (defined below); and		
	FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA report	ting is correct.	
Certifyou h	ication Instructions. You must cross out item 2 above if you have been notified by the IRS that ave failed to report all interest and dividends on your tax return. For real estate transactions, eition or abandonment of secured property, cancellation of debt, contributions to an individual return interest and dividends, you are not required to sign the cartification, but you must provide you	you are currently sub item 2 does not app irement arrangemen	ly. For mortgage interest paid, at (IRA), and generally, payments
Sign		Date- ///	6/24
Ge	neral instructions • Form 1099-INT (interest earned or p	aid)

Purpose of Form

noted.

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (TIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

Section references are to the Internal Revenue Code unless otherwise

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.



COVERAGES

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/1/2024

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	CONTACT Laurie Leggett
Trimble-Batier, An Alera Group Company	PHONE (A/C, No, Ext): (325) 340-9935 FAX (A/C, No):
PO Box 2480 San Angelo, TX 76902	TOORESS: lleggett@tb1883.com
-	INSURER(S) AFFORDING COVERAGE NAME
	INSURER A : Donegal Mutual Insurance Company 13692
INSURED Russell Clark DBA MC Electric	INSURER B : Mountain States Indemnity 10177
	INSURER C: Texas Mutual Insurance Company 22945
817 Culwell St.	INSURER D:
San Angelo, TX 76903-3310	INSURER E :
	INSURER F:
COVERAGES CERTIFICATE	NUMBER: REVISION NUMBER:

CERTIFICATE NUMBER:

NSR LTR	XCLUSIONS AND CONDITIONS OF SUCH TYPE OF INSURANCE	ADOL SUBR INSD WVD	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$ 1,000,00	
	CLAIMS-MADE X OCCUR	GI	_9067738	7/1/2024	7/1/2025	DAMAGE TO RENTED \$ 100,00	
	X Enhancement Endt & A				MED EXP (Any one person) PERSONAL & ADV INJURY		5.0
							PERSONAL & ADVINJURY \$ 1,000,00
	GEN'L AGGREGATE LIMIT APPLIES PER					GENERAL AGGREGATE \$ 2,000,00	
	X POLICY JECT LOC					PRODUCTS - COMP/OP AGG \$ 2,000,00	
В	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT 1,000,00	
_	ANY AUTO	10	00205201	7/1/2024	7/1/2025	_(Ea accident) \$ BODILY INJURY (Per person) \$	
	OWNED AUTOS ONLY X SCHEDULED AUTOS ONLY X AUTOS ONLY X AUTOS ONLY					BODILY INJURY (Per acodent) \$ PROPERTY DAMAGE (Per acodent) \$	
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE \$	
	EXCESS LIAB CLAIMS-MADE					AGGREGATE S	
	DED RETENTIONS					<u> </u>	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	B B D		4.11		X PER OTH-	
	ANY DOCODIETOD DADTHED/EVECITING		01214781	8/8/2024	8/8/2025	E.L. EACH ACCIDENT \$ 500,0	
	OFFICER/MEMBER EXCLUDED?	N/A				E.L. DISEASE - EA EMPLOYEE \$ 500,0	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT \$ 500,0	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Policies (except WC) include a blanket 30 day notice of cancellation (except non-pay, 10), blanket additional insured endorsement (except WC) with GL including products/completed operations and primary/non-contributory coverage, and a blanket waiver of subrogation endorsement all in favor of any person or organization as required by signed, written contract.

WE HAVE ISSUED AN INDUSTRY STANDARD ACORD CERTIFICATE OF INSURANCE FOR OUR CUSTOMER. A LAW PASSED BY THE TEXAS LEGISLATURE EFFECTIVE JANUARY 1, 2012 (SENATE BILL 426) PROHIBITS US FROM ADDING SPECIAL WORDING TO THE CERTIFICATE THAT WOULD (1) ALTER, AMEND OR EXTEND COVERAGE OR TERMS AND CONDITIONS PROVIDED BY THE INSURANCE POLICY; AND (2) PROVIDE FALSE OR MISLEADING INFORMATION CONCERNING THE INSURANCE POLICY; OR (3) REFER TO A LEGAL OR INSURANCE REQUIREMENT CONTAINED IN A CONTRACT.

CERTIFICATE HOLDER	CANCELLATION

Sonora I.S.D. 807 S. Concho Sonora, TX 76950

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

Insurance Agent Affidavit

To be con	mpleted by appropriate Insurance Agent(s) and submitted by Proposer as a Proposal attachment. $M_{\rm c} C E / e c t r$
(Name of	Proposer)
listed bela awarded such awa applicable	dersigned agent, certify that the insurance requirements contained in the Request for Proposal and as low, have been reviewed by me with the above identified Proposer. If the named Proposer is a contract by Sonora ISD, I affirm that I will be able, within ten (10) days after Proposer is notified of ard, to furnish a valid Certificate of Insurance with the DISTRICT as the additional insured and /or le bonds to the District meeting all of the requirements contained in the Request for Proposals for the listed below: (Check all that apply):
A.	Commercial General Liability
	i. Bodily Injury \$3,000
	ii. Property Damage \$1,000,000
В.	Business Vehicle Liability
	i. Bodily Injury \$100,000
	ii. Property Damage \$100,000
C.	Workers' Compensation
D.	Payment Bond
E.	Performance Bond
	e of Insurance Agency <u>TRIM BLE - BAT JER</u> ess <u>PO BOX 2480</u>
Telep	phone Number 326 - 34D 9935
-	t SignatureDateDate
	Connet (O) for Space TSD attached.

The undersigned agrees that this proposal will be valid for the period beginning January 1, 2025 through December 31, 2026.

Vendor agrees to comply with all federal, state, and local laws, rules, regulations and ordinances, as applicable. It is further acknowledged that the vendor certifies compliance with all provisions, laws, acts, regulations, etc. as specifically noted above.

Vendor Name: MC Electric
Vendor Address: 817 Culwell St, San Angelo, TX 76903 325-227-1128 Phone Number: Fax Number:
Phone Number: Fax Number:
Email Mcelectric 1591 agmail.com
Address: 8/7 Culwell St, San Angelo, TX 76903
Printed Name and Title of Authorized Representative: Marvin & Clark - owne,
Signature of Authorized Representative:
Date: 11/6/24
Printed Name and Title of Authorized Representative:
Signature of Sonora ISD Representative:
Deter