

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 20 % increase

Job Supervisor 115.00 /hour

Worker/Laborer 115.00 /hour

Other /hour

(add additional pages as needed)

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: A+ FABRICATION

Authorized Company Official's Name (Printed): ROBERT CONTRERAS

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

STATE OF TEXAS

COUNTY OF Tom Green

AFFIDAVIT

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, Robert Contreras do swear or affirm that the statements made are complete and correct to the best of my knowledge and belief.

Print name: Robert Contreras

Attested: Sworn/affirmed and subscribed before me this 4th day of December, 2024

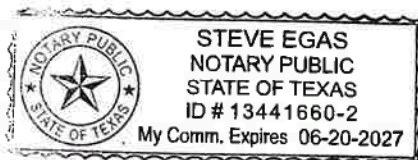
Notary Public: State of Texas ID# 13441660-2

Date of commission expiration: 06/20/27

Signature: 

Printed Name: Steven Egas

Title: Personal Banker



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 A+ FABRICATION
(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.


Signature of Authorized Company Representative

ROBERT CONTRERAS
Print Name

OWNER 12/04/2024
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 A+ FABRICATION

ADDRESS 1200 S OAKES, SAN ANGELO, TX 76903

TYPED NAME OF REPRESENTATIVE(S) ROBERT CONTRERAS

SIGNATURE OF REPRESENTATIVE(S) 

DATE 12/04/2024

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.
- 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
For vendor doing business with local governmental entity

FORM CIQ

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

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

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

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

OFFICE USE ONLY

Date Received

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

N/A

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

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

N/A

Name of Officer

4 Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?

Yes No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?

Yes No

5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.

N/A

6 Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7

 Signature of vendor doing business with the governmental entity

 Date

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.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
		ROBERT CONTRERAS	
	2	Business name/disregarded entity name, if different from above.	
		A+ FABRICATION RESTAURANT EQUIPMENT SALES & SERVICE	
	3a	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.	
		<input checked="" 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"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions)	
	3b	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>	
4	Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>		
5	Address (number, street, and apt. or suite no.). See instructions.		
	1200 S OAKES STREET		
6	City, state, and ZIP code		
	SAN ANGELO, TEXAS 76903		
7	List account number(s) here (optional)		
	Requester's name and address (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number									
or									
Employer identification number									
7	5	-	2	8	8	4	0	3	8

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

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); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 for Part II, later.

Sign Here	Signature of U.S. person	Date <u>12-4-2024</u>
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

Insurance Agent Affidavit

To be completed by appropriate Insurance Agent(s) and submitted by Proposer as a Proposal attachment.

A+ FABRICATION - COI INCLUDED

(Name of Proposer)

I, the undersigned agent, certify that the insurance requirements contained in the Request for Proposal and as listed below, have been reviewed by me with the above identified Proposer. If the named Proposer is awarded a contract by Sonora ISD, I affirm that I will be able, within ten (10) days after Proposer is notified of such award, to furnish a valid Certificate of Insurance with the DISTRICT as the additional insured and /or applicable bonds to the District meeting all of the requirements contained in the Request for Proposals for the coverage listed below: (Check all that apply):

- A. Commercial General Liability
 - i. Bodily Injury \$3,000
 - ii. Property Damage \$1,000,000
- B. Business Vehicle Liability
 - i. Bodily Injury \$100,000
 - ii. Property Damage \$100,000
- C. Workers' Compensation
- D. Payment Bond
- E. Performance Bond

Name of Insurance Agency _____

Address _____

Telephone Number _____

Agent Signature _____ Date _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/04/2024

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 Pacific Crest Services, Inc., DBA Golden Oak Insurance Group 3300 S 14th Street, Ste 335 Abilene, TX 79605	CONTACT NAME: Clayton Garland
	PHONE (A/C, No, Ext): (325)268-4031 FAX (A/C, No):
	E-MAIL ADDRESS: c.garland@pacificcrestinsurance.com
	INSURER(S) AFFORDING COVERAGE
	INSURER A: The Hartford NAIC # 30104
	INSURER B: The Hartford 39608
	INSURER C: Travelers 19070
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES CERTIFICATE NUMBER: 00356174-0 REVISION NUMBER: 32

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR			61SBMBF1X5B	05/05/2024	05/05/2025	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			61UECDR7738	05/05/2024	05/05/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			61SBMBF1X5B	05/05/2024	05/05/2025	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	UB-2Y221185-24-42	05/05/2024	05/05/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

GL & Auto Policy Include Blanket Additional Insured endorsement and primary & non Contributory coverage. GL/Auto/WC policies include a Blanket Waiver of subrogation endorsement. 30 day NOC. "If required by signed, written Contract." Umbrella Follows Form

CERTIFICATE HOLDER

CANCELLATION

Sonora Independent School District
404 E 1st Street
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

(CGD)

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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: A+ FABRICATION

Vendor Address: 1200 S OAKES, SAN ANGELO, TX 76903

Phone Number: 325-482-0910 Fax Number: 325-482-0930

Email accounting@aplusfabrication.com

Address: 1200 S OAKES, SAN ANGELO, TX 76903

Printed Name and Title of Authorized Representative: ROBERT CONTRERAS

Signature of Authorized Representative: 

Date: 12/04/2024

Printed Name and Title of Authorized Representative: _____

Signature of Sonora ISD Representative: _____

Date: _____