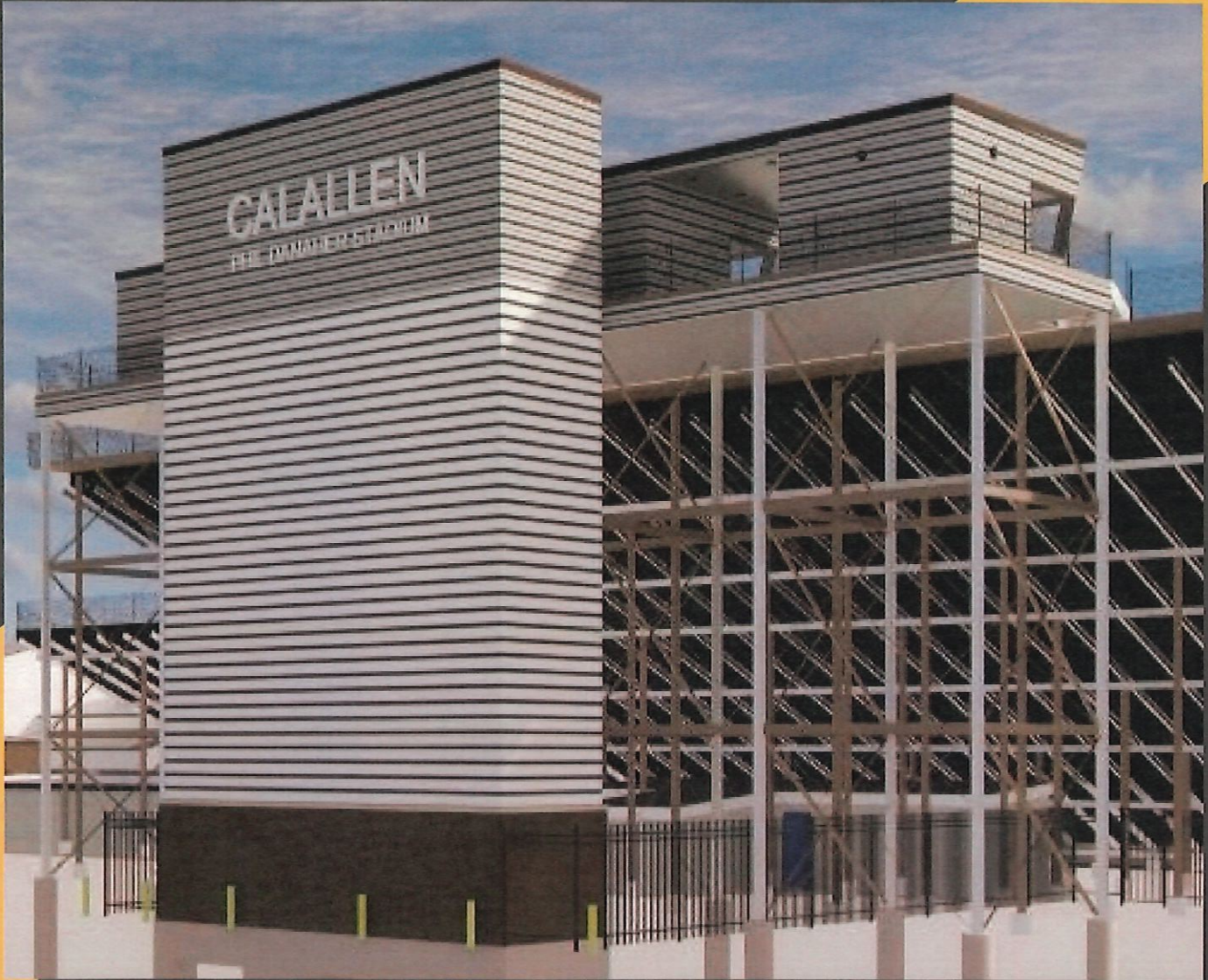


## COMPETITIVE SEALED PROPOSAL



"ORIGINAL"





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# ATTACHMENT "A"





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

## 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.

<b>VENDOR IDENTIFICATION:</b>	
Vendor Full Legal Name	<b>B.E. Beecroft Company, Inc.</b>
Vendor DBA (if applicable)	
Texas Taxpayer ID #	<b>74-1687038</b>
<b>VENDOR CONTACT INFORMATION:</b>	
Vendor Mailing Address:	<b>2222 Laredo Street Corpus Christi, Texas 78405</b>
Vendor Remit Address: (if different from mailing)	<b>same</b>
Vendor Phone Number:	<b>361-882-6791</b>
Vendor Fax Number:	<b>361-882-6792</b>
Vendor Website URL:	<b>www. beecroftconstruction.com</b>
Vendor Email Address: (for point of contact on procurement)	<b>slr@beecroftconstruction.com</b>

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

## Shannon Reynolds

Authorized Representative (Print Name)

Authorized Representative (Signature)

## President

Title

10/28/25

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 CISD 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.

**Shannon Reynolds**  
 \_\_\_\_\_  
 Authorized Representative (Print Name)

  
 \_\_\_\_\_  
 Authorized Representative (Signature)

**President**  
 \_\_\_\_\_  
 Title

**10/28/25**  
 \_\_\_\_\_  
 Date



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

**RESPONDENT'S MONETARY PROPOSAL - REQUIRED FORM**

This Proposal is submitted by

**B. E. Beecroft Company, Inc**

(hereafter called "Proposer"), for the construction of "HIGH SCHOOL STADIUM IMPROVEMENTS" Calallen I.S.D., Corpus Christi, Texas, (hereafter called "Project").

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

**Six Million One Hundred and Ninety Thousandsand**

\_\_\_\_\_ Dollars (\$ 6,190,000), 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 Rawley McCoy & Associates, PLLC., (hereafter called the "Architect").

Contractor's Base Proposal includes a \$150,000.00 Contingency Allowance as required by Specification Section 01 21 00.

In compliance with Article 5 of the General Conditions of the Contract for Construction, we propose to use the following listed subcontractors for work on this project: Failure to list the subcontractors requested below may be used as cause to reject bid. If a single subcontractor is not known for sure at time of bid submission, list two or more possible subcontractors under consideration, state no sub bid received (the assumption will be that general contractor has simply estimated the work) or if the general contractor is going to perform the work themselves list general contractor or GC. Do not leave any lines blank.

BASE PROPOSAL CONTRACTOR/SUB-CONTRACTOR LIST:  
(Company Name)

- |  |                               |
|--|-------------------------------|
| 1. Site Utilities:                     | <b>Gentry Company</b>         |
| 2. Site Asphalt Placement & Finishing: | <b>Garrett Construction</b>   |
| 3. Masonry:                            | <b>Smith and Sons Masonry</b> |
| 4. Concrete Placement & Finishing:     | <b>Ambrose Construction</b>   |





5. Structural Steel and Erection:

**Eagle Fabrication**

6. Miscellaneous Metals:

**Eagle Fabrication**

7. Mechanical:

**Malek**

8. Electrical:

**FSG**

9. Plumbing:

**Gentry Company**

10. Metal Stud Framing & Gypsum Board:

**Aayon**

11. Thermal Insulation:

**Aayon**

12. Roofing:

**Baldwin Roofing ;**

13. Metal Wall Panels:

**Baldwin Roofing**

14. Steel Doors & Frames:

**Beecroft**

15. Painting & Finishing:

**Tri Mex**

16. Flooring:

**M&D Flooring**





**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.

Offeror 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.

Offeror 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 Offeror fail to execute such contract or furnish such Bonds within the prescribed time, Offeror 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.



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



Offeror agrees that if their Proposal is accepted by the Owner, Offeror will Substantially Complete with all work on or before July 31, 2026, and if the work is not completed by such time, Offeror agrees to pay to Owner, as liquidated damages, the sum of Five Hundred (\$500.00) for each calendar day after such time that the work remains incomplete, calculated in accordance with the provisions of the Contract Documents.

**Shannon Reynolds**

Authorized Representative (Print Name)

Authorized Representative (Signature)

**President**

Title

**12/25/25**

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?

#### **OFFERORS 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.





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.

### **OFFERORS PROPOSED CONSTRUCTION SCHEDULE – TOTAL 10 POINTS**

All work completed by July 31, 2026

1. Provide a detailed work schedule for all work up to Substantial Completion on July 31, 2026.

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



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



**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.*

**Shannon Reynolds**

Authorized Representative (Print Name)

Authorized Representative (Signature)

**President**

Title

**10/28/25**

Date



## ATTACHMENT "A"

## RFCSP FOR HIGH SCHOOL STADIUM IMPROVEMENTS

## PROCUREMENT PROPOSAL RESPONSE PACKET – *Construction Services ONLY*

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



## 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.

    X          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: \_\_\_\_\_

## Shannon Reynolds

Authorized Representative (Print Name)

Authorized Representative (Signature)

## President

Title

10/28/25

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:

**X**

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?

**X**

No

Yes, the amount or percentage is \_\_\_\_\_

**Shannon Reynolds**

Authorized Representative (Print Name)

Authorized Representative (Signature)

**President**

Title

**10/28/25**

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





- 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.

**Shannon Reynolds**

Authorized Representative (Print Name)

Authorized Representative (Signature)

**President**

Title

**10/28/25**

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:

  X  

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.

**Shannon Reynolds**

Authorized Representative (Print Name)

  
Authorized Representative (Signature)

**President**

Title

**10/28/25**

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.

**Shannon Reynolds**

Authorized Representative (Print Name)

Authorized Representative (Signature)

**President**

Title

**10/28/25**

Date

**CALALLEN ISD**  
**ATTACHMENT "A"**  
**RFCSP FOR HIGH SCHOOL STADIUM IMPROVEMENTS**  
**PROCUREMENT PROPOSAL RESPONSE PACKET – Construction Services ONLY**  
*Note: All pages must be completed by Proposers and Submitted with Final Proposal.*



**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.
- X   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.

**Shannon Reynolds**

Authorized Representative (Print Name)

Authorized Representative (Signature)

**President**

Title

**10/28/25**

Date





**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:

- X** 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.
- X** It has no outstanding Unemployment Insurance overpayment balance payable to the State of Texas.

**Shannon Reynolds**

Authorized Representative (Print Name)

Authorized Representative (Signature)

**President**

Title

**10/28/25**

Date

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

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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:

X

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.

X

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.





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:

**X** 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.

**X** 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

**Shannon Reynolds**

Authorized Representative (Print Name)

Authorized Representative (Signature)

**President**

Title

**10/28/25**

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:

  X   No conflict of interest exists

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

**Shannon Reynolds**

Authorized Representative (Print Name)

Authorized Representative (Signature)

**President**

Title

**10/28/25**

Date

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





<b>CONFLICT OF INTEREST QUESTIONNAIRE</b> For vendor doing business with local governmental entity		<b>FORM CIQ</b>
<p>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).</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 176.005(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;">Data Received:</div>	
<b>1</b> Name of vendor who has a business relationship with local governmental entity		
<b>2</b> <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.)		
<b>3</b> Name of local government officer about whom the information is being disclosed.		
_____ Name of Officer		
<b>4</b> 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.		
<div style="margin-bottom: 10px;"> <p>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;"> <input type="checkbox"/> Yes      <input type="checkbox"/> No         </p> </div> <div> <p>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;"> <input type="checkbox"/> Yes      <input type="checkbox"/> No         </p> </div>		
<b>5</b> 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.		
<b>6</b> <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).		
<b>7</b>		
Signature of vendor doing business with the governmental entity _____		Date _____

**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](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

**Shannon Reynolds**

Authorized Representative (Print Name)

Authorized Representative (Signature)

**President**

Title

**10/28/25**

Date





## 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.

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 Name of Interested Party	City, State, Country (place of business)	Nature of Interest (check applicable)	
		Controlling	Intermediary

5 Check only if there is NO Interested Party. ☐

## 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\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
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.

**Shannon Reynolds**

Authorized Representative (Print Name)

Authorized Representative (Signature)

**President**

Title

**10/28/25**

Date



**CALALLEN ISD**  
**ATTACHMENT "A"**  
**RFCSP FOR HIGH SCHOOL STADIUM IMPROVEMENTS**  
**PROCUREMENT PROPOSAL RESPONSE PACKET – *Construction Services ONLY***

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



**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 District's 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.**

**Shannon Reynolds**

Authorized Representative (Print Name)

Authorized Representative (Signature)

**President**

Title

**10/28/25**

Date

**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		
		COMPANY		
		C		
		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	TYPE OF INSURANCE	COVERED PERSONS	POLICY NUMBER	AMOUNT
	GENERAL LIABILITY			GENERAL AGGREGATE \$1,000,000.00
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			PRODUCTS COMP. OR 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
	<input type="checkbox"/> THE STATE OF TEXAS, ITS EMPLOYEES (NAME INSURED (SEE BELOW))			FIRE DAMAGE (ANYONE'S FID.) \$ 50,000.00
				MEDICAL (ANYONE'S PERSON) \$ 5,000.00
	AUTOMOBILE LIABILITY			COMBINED SINGLE LIMIT \$1,000,000.00
	<input type="checkbox"/> ANY AUTO			BODILY INJURY (PERSON) \$
	<input checked="" type="checkbox"/> ALL OWNED AUTOS			BODILY INJURY (PERSON) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS			PROPERTY DAMAGE \$
	<input checked="" type="checkbox"/> HIRED AUTOS			\$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS			\$
				\$
	GARAGE LIABILITY			AUTO ONLY/VEH. 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			A. WC STATUTORY LIMIT \$
	THE PROPRIETOR			OTHER \$
	PARTNERS/EXECUTIVE <input type="checkbox"/> INCL.			EL EACH ACCIDENT \$ 500,000.00
	OFFICERS/ARE <input type="checkbox"/> EXCL.			EL DISEASE Policy Limit \$ 500,000.00
				EL DISEASE BEN. Employee \$ 500,000.00
	<input checked="" type="checkbox"/> OTHER BUILDERS RISK			AMOUNT OF CONTRACT
	<input checked="" type="checkbox"/> OWNERS PROTECTIVE LIABILITY			\$1,000,000.00
DESCRIPTION OF OPERATION, LOCATION AND SPECIAL TERMS				
PROJECT ADDRESS: SAMPLE ONLY				
CERTIFICATE HOLDER		CANCELLATION		
TEXAS WORKFORCE COMMISSION 101 East 11th Street, Room 225T Austin, Texas 78775-0001		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 15 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. BUT FAILURE TO MAIL SUCH NOTICE SHALL NOT CONSTITUTE CANCELLATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.		
		AUTHORIZED REPRESENTATIVE		



**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

**Shannon Reynolds**

Authorized Representative (Print Name)

Authorized Representative (Signature)

**President**

Title

**10/28/25**

Date

**PREVAILING WAGE SCHEDULES - REQUIRED FORM**

Respondents are required to comply with Texas Government Code, Chapter 2258 Prevailing Wage Rates, with respect to payment of prevailing wage rates for the construction or improvements, paid for in whole or in part from public funds, without regard to whether the work is done under public supervision or direction. A worker is employed on a public work if the worker is employed by the Respondent or any subcontractor in the execution of the contract for the project.

The District has adopted the federal Davis-Bacon wage rates for the use in Texas pursuant to and in accordance with the Texas Government Code, Section 2258.022. The District's prevailing wage rate is provided as Exhibit A to APPENDIX 1 the STANDARD SHORT FORM OF AGREEMENT BETWEEN OWNER AND CONTRACTOR, AIA DOCUMENT A105-2017.

*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.*

**Shannon Reynolds**

Authorized Representative (Print Name)

Authorized Representative (Signature)

**President**

Title

**10/28/25**

Date



# ATTACHMENT "A1"



**General Firm Information: General (Criteria 1.1)**

1. Name of Firm

B.E. Beecroft Company, Inc.

2222 Laredo Street

Corpus Christi, Texas 78405

Shannon Reynolds: [slr@beecroftconstruction.com](mailto:slr@beecroftconstruction.com); 361-533-1365

2. Type of Business Organization

Corporation

Established In Texas in 1967

President – Shannon Reynolds

Vice President – Mike Munoz

Secretary – Sam Beecroft

Treasurer – Sam Beecroft

In Business In Current Capacity – 58 years

3. Trade Categories

General Contractor

4. Jurisdictions Trade Name is Filed

Texas

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

1. Firms Accident Frequency Rate for last 5 years

- a. 2020 Zero Lost Time Accidents
- b. 2021 1 Lost Time Accident (explanation below)
- c. 2022 Zero Lost Time Accidents
- d. 2023 Zero Lost Time Accidents
- e. 2024 Zero Lost Time Accidents



In 2021 a laborer was pulling a wheelbarrow and the rubber grips slipped off the wooden handles resulting in him falling and injuring his shoulder. He was out for 7 days but required no surgery.

We have worked over 215,487 hours with no lost time accidents. We've had no accidents in 2025.

We've had no OSHA citations or accidents in the last 5 years.

We've had no accidents resulting in a death

OSHA 300s (included at the end of this packet)

2. We have a safety consultant (ESC Safety Consultants) that conducts regular site visits and provides us with a detailed report on safety compliance and or violations. Violations are corrected onsite at the time of discovery. We have regular safety incentives for all employees. Bert Beecroft established a culture of safety when he started the company in 1967, and we still considers safety a top priority. Everyone on the jobsite has "stop work" authority if they suspect an unsafe condition.

#### Safety Awards:

Texas Mutual Safety Certificates for Zero Lost Time

2019, 2020, 2022, 2023, 2024

AGC Excellence in Safety Award

2019, 2020, 2022, 2023, 2024

#### **Experience, Reputation and References: Comparable Experience (Criteria 2.1)**

1. Self-Performed Categories
  - a. Selective Demolition
  - b. In-Wall Blocking
  - c. Rough-Carpentry
  - d. Toilet Accessories and Partitions
  - e. Doors and Hardware
2. We propose doing all of the items above with our own forces and plan to subcontract all other trades. The press box and associated support structure will be done by a professional demolition company.

**3. PROJECTS IN PROGRESS**

- |                              |  |
|------------------------------|--|
| a. Name                      | <b>CISD Performing Arts</b>                |
| b. Location                  | Calallen, Texas                            |
| c. Owner                     | Calallen ISD                               |
| d. Architect                 | Richter Architects                         |
| e. Contract Amount           | \$21.5 Million                             |
| f. Percent Complete          | 20   |
| g. Scheduled Completion Date | October 2025                               |
|                              |  |
| a. Name                      | <b>Fifth and Elem Event Center</b>         |
| b. Location                  | Portland, Texas                            |
| c. Owner                     | City of Portland                           |
| d. Architect                 | Richter Architects                         |
| e. Contract Amount           | \$28 Million                               |
| f. Percent Complete          | 99   |
| g. Scheduled Completion Date | November 2025                              |
|                              |  |
| a. Name                      | <b>Spohn Shoreline Emergency Power</b>     |
| b. Location                  | Corpus Christi, Texas                      |
| c. Owner                     | Christus Spohn Health                      |
| d. Architect                 | CLK Architects                             |
| e. Contract Amount           | \$3.5 Million                              |
| f. Percent Complete          | 75   |
| g. Scheduled Completion Date | December 2025                              |
|                              |  |
| a. Name                      | <b>Halo Flight Administration Building</b> |
| b. Location                  | Corpus Christi, Texas                      |
| c. Owner                     | HALO-Flight, Inc.                          |
| d. Architect                 | Richter Architects                         |
| e. Contract Amount           | \$5 Million                                |
| f. Percent Complete          | 2%   |
| g. Scheduled Completion Date | June 2026                                  |
|                              |  |
| a. Name                      | <b>Port Of CC Generator</b>                |
| b. Location                  | Corpus Christi, Texas                      |
| c. Owner                     | Port of Corpus Christi                     |
| d. Architect                 | Lanier & Associates Consult Eng.           |
| e. Contract Amount           | \$698,279                                  |
| f. Percent Complete          | 60   |
| g. Scheduled Completion Date | February 2026                              |



## RESPONDENT'S GENERAL QUESTIONNAIRE (A1)

- |                              |                                |
|------------------------------|--------------------------------|
| a. Name                      | <b>Portland Surgery Center</b> |
| b. Location                  | Portland, Texas                |
| c. Owner                     | Surgical Associates            |
| d. Architect                 | Polkinghorn Group              |
| e. Contract Amount           | \$7 Million                    |
| f. Percent Complete          | 8%                             |
| g. Scheduled Completion Date | August 2026                    |

4. 4\* Years of Projects (all of the following projects were completed on schedule and on budget)

Del Mar College-White Library Renovation	Del Mar College	\$ 23,226,657	2022
Coastal Bend Food Bank	Coastal Bend Food Bank	\$ 29,556,772	2022
Spohn Shoreline Hybrid	Christus Health Sytems	\$ 1,528,600	2023
Riviera Chapel Foundation	Riviera Telephone Company	\$ 1,111,536	2023
Refugio County Memorial Hosp-Egress Stairs	Refugio County Memorial Hospital	\$ 1,805,116	2023
GPISD High School Entrance Canopies	Gregory Portland ISD	\$ 1,488,921	2023
Rally Rockport Branch	Rally Credit Union	\$ 2,087,508	2023
Riviera Chapel Storage	Riviera Telephone Company	\$ 4,205,455	2023
Riviera Chapel Renovation	Riviera Telephone Company	\$ 2,158,045	2023
Portland 5th & Elm Project	City of Portland	\$ 27,865,517	2023
New Emergency Department - Bay Area Campus	Corpus Christi Medical Center	\$ 4,258,134	2024
Christus Spohn-EP Lab Biplane	Christus Health Sytems	\$ 1,168,631	2024
CISD Performing Arts Center	Calallen Independent School District	\$ 21,500,000	2024
Spohn Shoreline Generator Mechanical Yard	Christus Health Sytems	\$ 3,500,509	2025
Surgery Center of Portland	Portland Surgical Center LLC	\$ 7,483,653	2025
	Total for 4 Years	\$ 132,945,054	

\* In 2022 we launched new financial software. Only projects for the last 4 years is readily available instead of 7. In an effort to abbreviate the list, we only listed projects with contract amounts over 1million dollars.

5. Previous Experience with the District:

CISD is a relatively new client of ours, but we have been working with them on the new Performing Arts Center for about the past 18 months. It's a CMAR contract and the process has gone smoothly. The project is within budget and on time. To prepare for this work, we relocated a large transformer during the last Christmas Break. The relocation was done successfully on time and under budget. We've enjoyed working with the staff and look forward to future work.

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

1. We have never failed to complete a construction contract.
2. Team Relationship - A team/collaborative approach is a fundamental element of our corporate culture. We prefer to be engaged and help find valuable solutions. We always have the best interest of the Client and Project in mind. We're known to be problem solvers rather than problem creators. We've included a list of our repeat clients as it's our best evidence of working as team to reach a client's goals.
3. Most Common Problem or Challenge – A common challenge is getting submittals quickly from our subcontractors and suppliers and then getting them reviewed and approved timely so that we can keep the project moving. On projects like this, where schedule is paramount, we will have a laser focus on this process. The elevator and structural steel are 2 examples of essential time sensitive elements to making this project successful.
4. What makes Beecroft Unique and most qualified – Our most unique attribute is our positive approach and ability to understand and offer valuable solutions to complex issues. From the time we decided to compete for this project, we have been developing strategies to get it done efficiently and effectively. We're wrapping up a large project in the next few weeks, and we will have adequate laborers and carpenters available to perform selective demolition at the restrooms immediately. This same crew will perform the new carpentry work and restroom accessory work. We will have a dedicated



field superintendent on this project, but we also have our best superintendent already onsite at the Performing Arts project and he's been engaged in this project throughout the bidding phase. He's been instrumental in developing approach strategies and communicating with key subcontractors. He has demonstrated exceptional planning and coordination abilities at the Performing Arts Project, and he has developed excellent rapport with CISD staff.

We **do not** accept every low bid on bid day. We choose subcontractors with a proven track record and avoid those that have proven to be poor performers...especially on sensitive work.

5. Ability to complete projects on schedule, number of projects that have not been completed on schedule and reasons for delay.

In past 30 years we have had two projects that were not completed on schedule.

**River Hill Baptist Church** (2009-\$4 million) – Dramatically unusual rainfall coupled with structural design issues at the onset of this project created unavoidable project completion delays. We worked overtime at our expense and expedited items where possible, but ultimately still completed beyond the scheduled completion date.

**Del Mar General Academic Building** (\$46million – 2018) – During this project we experienced a major Hurricane and a nationwide winter storm that brought down most of the power in Texas. Extensions were granted and we completed within the new dates but did not complete the project within the original timeframe.

### **Experience, Reputation and References: Comparable Experience (Criteria 2.3)**

1. Claims and Suites
  - a. Never failed to complete work awarded to us
  - b. We have no outstanding or pending judgements
  - c. We have never filed a lawsuit or requested arbitration

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

1. Project Manager – Mike Munoz (resumes included)  
Site Superintendent – Alex Cavazos (resume included)  
Assistant Superintendent – Jacob Issa (resume included)
2. Primary Accounting – Amanda Boone has been responsible for Beecroft's accounting for over 20 years. She's well versed in Construction accounting and helps us implement CMiC (a robust construction financial software). We also have a full time Controller (Sandy Adamson) that has been with us for over 16 years.
3. Cost Estimating – Omar Ramirez (resume attached)

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

**Describe key people replacement strategy (list number of qualified individuals and tenure)**

We aim to schedule work in advance and plan for each project position but there are times when changes are required. When that happens, we meet with the key stakeholders and discuss options and make requests. We align experience with project complexity.

Beecroft has 5 project managers and 7 superintendents:

**PROJECT MANAGERS:**

Mike Munoz, 19 years

Omar Ramirez, 19 years

Austen Reynolds, 10 years

Jacob Issa, 3 years

Eric Nava, 1.5 years

**SUPERINTENDENTS:**

Alex Cavazos, 19 years

Arnold Ruiz 40 years



Ernesto Bazaldua, 23 years

Ricardo Ramon, 21 years

Juan Aguire, 21 years

Eric Ruiz, 20 years

Theodore Cavazos, 8 years

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

1. Team's overall project approach for this project and a description of planned efforts to provide quality work, meet scheduled and work within the agreed budget.

Successful projects begin with appropriate personnel, thorough estimates and a firm understanding of the complexities and milestones of the work. Quality starts at the very top and is expected and required all the way down to the laborers on the job. A culture of quality must be instilled at all levels and constantly monitored to be sure it's achieved. Our primary person responsible for quality is our superintendent. From product verification to checking final install, our superintendent is the boots on the ground quality control person.

2. Describe your procedure for providing an accurate punch list, completing the punch list in a timely manner, prepare and submit close-out documents in a timely manner and service and correct all warranty calls in a timely manner.

We make every attempt to minimize punch list by correcting deficient items when they are discovered. We create in-house lists that are monitored for completion until we ultimately walk the project with the Architect/Client to develop a final list. We demand prompt response from subcontractors to correct work on the list and then do a final walk to be sure all items are completed satisfactorily.

We have a document control person tasked with close-out documents. She's experienced in the process and starts it early so that it's ready when needed.

Beecroft is known for prompt actions during the warranty period. We rely heavily on repeat and or negotiated work. This would not be viable if we did not respond promptly to warranty issues. Our references will attest to our warranty response service.

**Financial Stability: Financial Information (Criteria 4.1)**

1. Last 3 years of financial statements – We prefer to not transmit our financials, but we are available to meet with the District's accountant to review our financials if needed.
2. Bank reference included in this packet
3. Dunn and Bradstreet Rating – not available

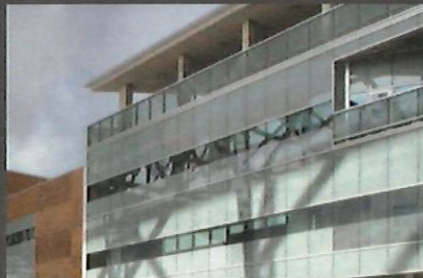
**Construction Schedule – Attached****Bidding Notes:**

Notes on the structural pages in indicate using casing at piers "when required". Since this cannot be determined until we commence drilling, we included casing. If casing is not required, we will credit the district back \$35k.

***Additional information along with resumes and schedule are in the following pages.***



# BANK REFERENCE





P.O. BOX 6469  
CORPUS CHRISTI, TEXAS 78466-6469  
PHONE 361 / 992-9900  
FAX 361 / 991-0084  
MEMBER FDIC

October 28, 2025

To Whom It May Concern

RE: B. E. Beecroft Co., Inc.

American Bank is delighted to have B. E. Beecroft Co., Inc. as a valued customer for over 21 years. This relationship has always been handled in a professional and satisfactory manner.

Should you need any additional information, feel free to contact me.

Sincerely,

Rose Royce Huegele  
Senior Commercial Lending Officer

RRH/dmg



---

**Rose Royce Huegele**  
Senior Commercial Lending Officer - Private Banking Manager

800 N Shoreline Blvd Ste 100S Corpus Christi, TX 78401  
[rroyce@americanbank.com](mailto:rroyce@americanbank.com) | [www.americanbank.com](http://www.americanbank.com)  
O: +1 (361) 653-5302





## AmericanBank

800 N. Shoreline Blvd, Suite 100S  
Corpus Christi, Texas 78401

PHONE (361) 653-5204  
FAX (361) 883-8814

24-HR. BANK-BY-PHONE  
(800) 257-8086  
CUSTOMER SERVICE DIRECT LINE  
(800) 257-8316  
INTERNET SITE  
[AmericanBank.com](http://AmericanBank.com)

MEMBER INDEPENDENT  
BANKERS' ASSOCIATION OF  
TEXAS

Ref: B.E. Beecroft Co., Inc.

Construction Manager-at-Risk,

B.E. Beecroft Co., Inc. has been a valued client of American Bank for several years. The company has an excellent reputation in the financial and construction industries.

B.E. Beecroft Co., Inc. maintains deposit balances with our bank that exceed seven figures, and all transactions have been handled as agreed or better. They also retain an open credit facility which has a zero balance. B. E. Beecroft Co., Inc.'s financial responsibility and management integrity are held in high regard.

If we can be of further assistance, feel free to contact me.

Thank you,

Mark Meyer  
President – South Texas Region  
[mmeyer@americanbank.com](mailto:mmeyer@americanbank.com)  
361-653-5015

# OSHA 300s





# OSHA's Form 300A (Rev. 01/2004)

## Summary of Work-Related Injuries and Illnesses

Year 2020

U.S. Department of Labor  
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the log. If you had no cases write "0."

Employees former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR 1904.35, in OSHA's Recordkeeping rule, for further details on the access provisions for these forms.

### Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
(G)	(H)	(I)	(J)

### Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
<u>0</u>	<u>0</u>
(K)	(L)

### Injury and Illness Types

Total number of...			
(M)			
(1) Injury	<u>0</u>	(4) Poisoning	<u>0</u>
(2) Skin Disorder	<u>0</u>	(5) Hearing Loss	<u>0</u>
(3) Respiratory Condition	<u>0</u>	(6) All Other Illnesses	<u>0</u>

Post this Summary page from February 1 to April 30 of the year following the year covered by the form

Public reporting burden for this collection of information is estimated to average 55 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

### Establishment Information

Your establishment name B.E. Beecroft Co., Inc.  
Street 2222 Laredo St.  
City Corpus Christi State TX Zip 78405  
Industry description (e.g., Manufacture of motor truck trailers)  
Construction  
Standard Industrial Classification (SIC), if known (e.g., SIC 3715)  
OR North American Industrial Classification (NAICS), if known (e.g., 336212)

### Employment Information

Annual average number of employees 30  
Total hours worked by all employees last year 61,307.30

### Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Shannon Reynolds  
Company executive  
(361) 682-6791  
Phone

President  
Title  
2/12/2021  
Date

# OSHA's Form 300A (Rev. 04/2004)

## Summary of Work-Related Injuries and Illnesses

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader.

Year 20 21



U.S. Department of Labor  
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

### Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(I)	(J)

### Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
7	151
(K)	(L)

### Injury and Illness Types

Total number of ... (M)			
(1) Injuries	1	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

### Establishment information

Your establishment name B.E. Beecroft Co., Inc.  
Street 2222 Laredo St.  
City Corpus Christi State TX Zip 78380  
Industry description (e.g., *Manufacture of motor truck trailers*)  
Construction  
North American Industrial Classification (NAICS), if known (e.g., 336212)

### Employment information (If you don't have these figures, see the Worksheet on the next page to estimate.)

Annual average number of employees 30  
Total hours worked by all employees last year 63,741.00

### Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive [Signature] Title \_\_\_\_\_  
Phone 3618826791 Date 02/17/2022

Reset



# OSHA's Form 300A (Rev. 04/2004)

## Summary of Work-Related Injuries and Illnesses

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader.

Year 20 22



U.S. Department of Labor  
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

### Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

### Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

### Injury and Illness Types

Total number of . . . (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

### Establishment information

Your establishment name B.E. Beecroft Co., Inc.

Street 2222 Laredo St.

City Corpus Christi State TX Zip 78405

Industry description (e.g., *Manufacture of motor truck trailers*)

### Construction

North American Industrial Classification (NAICS), if known (e.g., 336212)

Employment information (If you don't have these figures, see the Worksheet on the next page to estimate.)

Annual average number of employees 31

Total hours worked by all employees last year 65,651.00

### Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive

Title

Phone 361-882-6791

Date 02/09/2023

Reset

# OSHA's Form 300A (Rev. 04/2004)

## Summary of Work-Related Injuries and Illnesses

**Note:** You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader.

Year 20 23

U.S. Department of Labor  
Occupational Safety and Health Administration



Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

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### Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

### Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

### Injury and Illness Types

Total number of ...	(M)	(4) Poisonings	0
(1) Injuries	0	(5) Hearing loss	0
(2) Skin disorders	0	(6) All other illnesses	0
(3) Respiratory conditions	0		

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

### Establishment Information

Your establishment name B.E. Beecroft Co., Inc.  
Street 2222 Laredo St.  
City Corpus Christi State TX Zip 78405

Industry description (e.g., *Manufacture of motor truck trailers*)

### Construction

North American Industrial Classification (NAICS), if known (e.g., 336212)

236220

**Employment Information** (If you don't have these figures, see the Worksheet on the next page to estimate.)

Annual average number of employees 30  
Total hours worked by all employees last year 64,402.00

### Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive [Signature] Title \_\_\_\_\_  
Phone 361-882-6791 Date 01/03/2024

Reset



# OSHA's Form 300A (Rev. 04/2004)

## Summary of Work-Related Injuries and Illnesses

**Note: You can type input into this form and save it.**  
Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader.

Year 20 24

U.S. Department of Labor  
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

### Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

### Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

### Injury and Illness Types

Total number of . . . (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed form to this office.

### Establishment Information

Your establishment name B.E. Beecroft Co., Inc.  
Street 2222 Laredo St.  
City Corpus Christi State TX Zip 78405  
Industry description (e.g., *Manufacture of motor truck trailers*)  
Construction  
North American Industrial Classification (NAICS), if known (e.g., 336212)  
236220

### Employment Information (If you don't have these figures, see the Worksheet on the next page to estimate.)

Annual average number of employees 30  
Total hours worked by all employees last year 85,434.00

### Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive [Signature] Title \_\_\_\_\_  
Phone 361-882-6791 Date 01/03/2024

Reset

# SCHEDULE





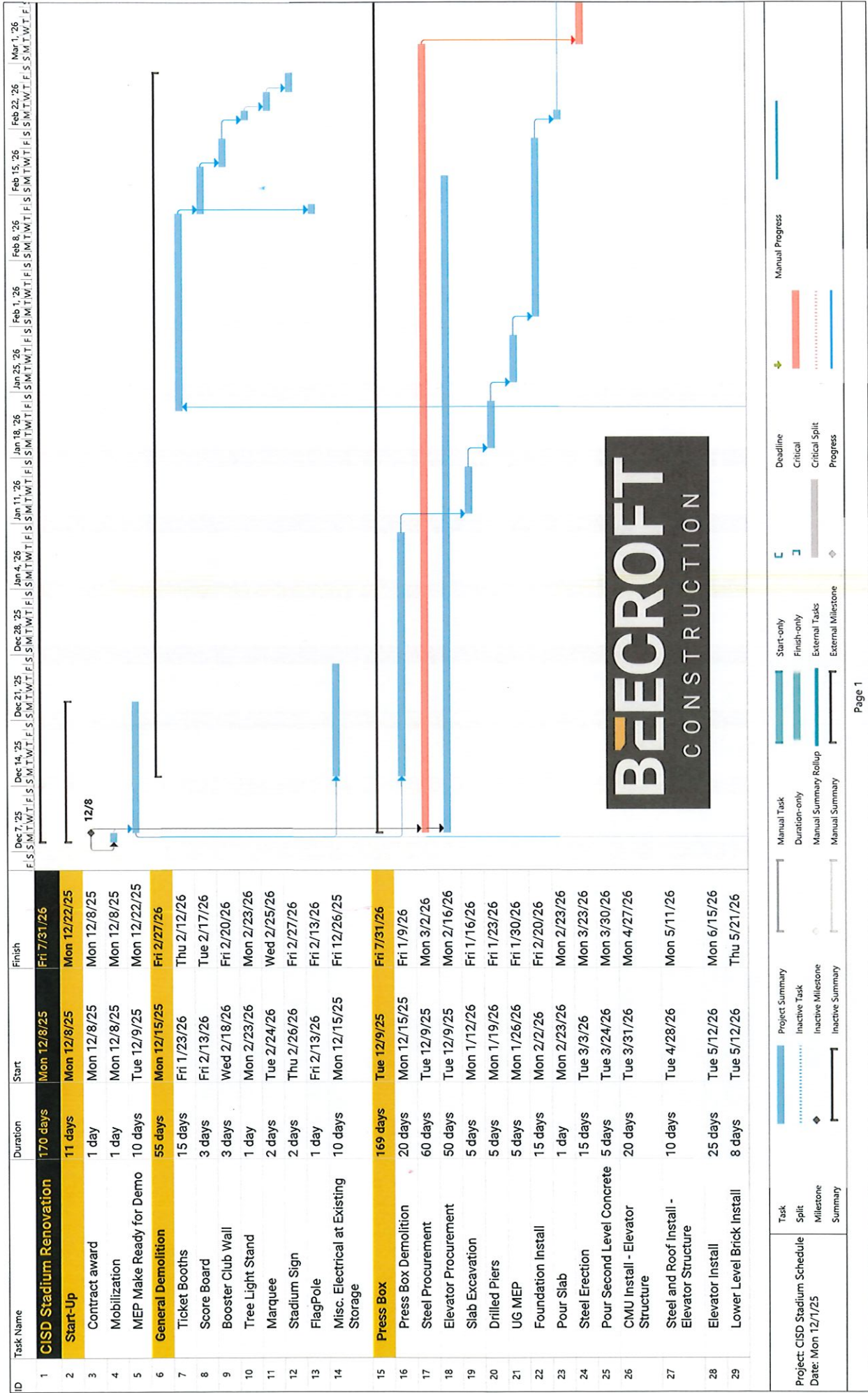
ID	Task Name	Duration	Start	Finish	Dec 7, '25 F S S M T W T F S S M T W T F S S M T W T F S S M T W T	Dec 14, '25 F S S M T W T F S S M T W T F S S M T W T	Dec 21, '25 F S S M T W T F S S M T W T F S S M T W T	Dec 28, '25 F S S M T W T F S S M T W T F S S M T W T
1	<b>CISD Stadium Renovation</b>	<b>170 days</b>	<b>Mon 12/8/25</b>	<b>Fri 7/31/26</b>				
2	<b>Start-Up</b>	<b>11 days</b>	<b>Mon 12/8/25</b>	<b>Mon 12/22/25</b>				
6	<b>General Demolition</b>	<b>55 days</b>	<b>Mon 12/15/25</b>	<b>Fri 2/27/26</b>				
15	<b>Press Box</b>	<b>169 days</b>	<b>Tue 12/9/25</b>	<b>Fri 7/31/26</b>				
46	<b>Restrooms</b>	<b>89 days</b>	<b>Mon 12/15/25</b>	<b>Thu 4/16/26</b>				
111	<b>Perimeter Fence</b>	<b>40 days</b>	<b>Tue 2/3/26</b>	<b>Mon 3/30/26</b>				
114	<b>Track Fence</b>	<b>25 days</b>	<b>Tue 3/17/26</b>	<b>Mon 4/20/26</b>				
117	<b>Misc. Exterior Painting</b>	<b>21 days</b>	<b>Thu 4/9/26</b>	<b>Thu 5/7/26</b>				
121	<b>Entrance Structures</b>	<b>30 days</b>	<b>Fri 2/20/26</b>	<b>Thu 4/2/26</b>				

## SUMMARIZED

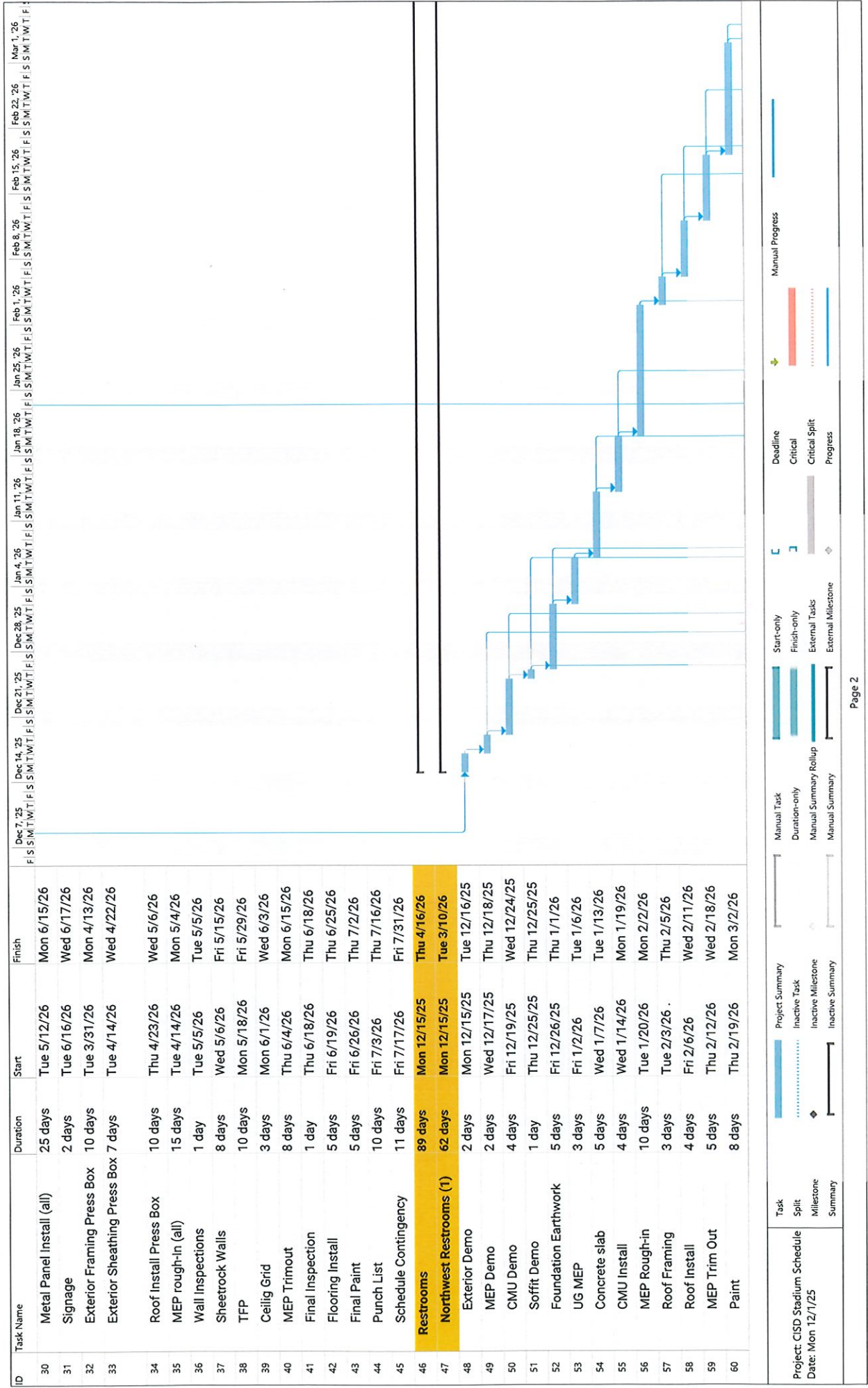


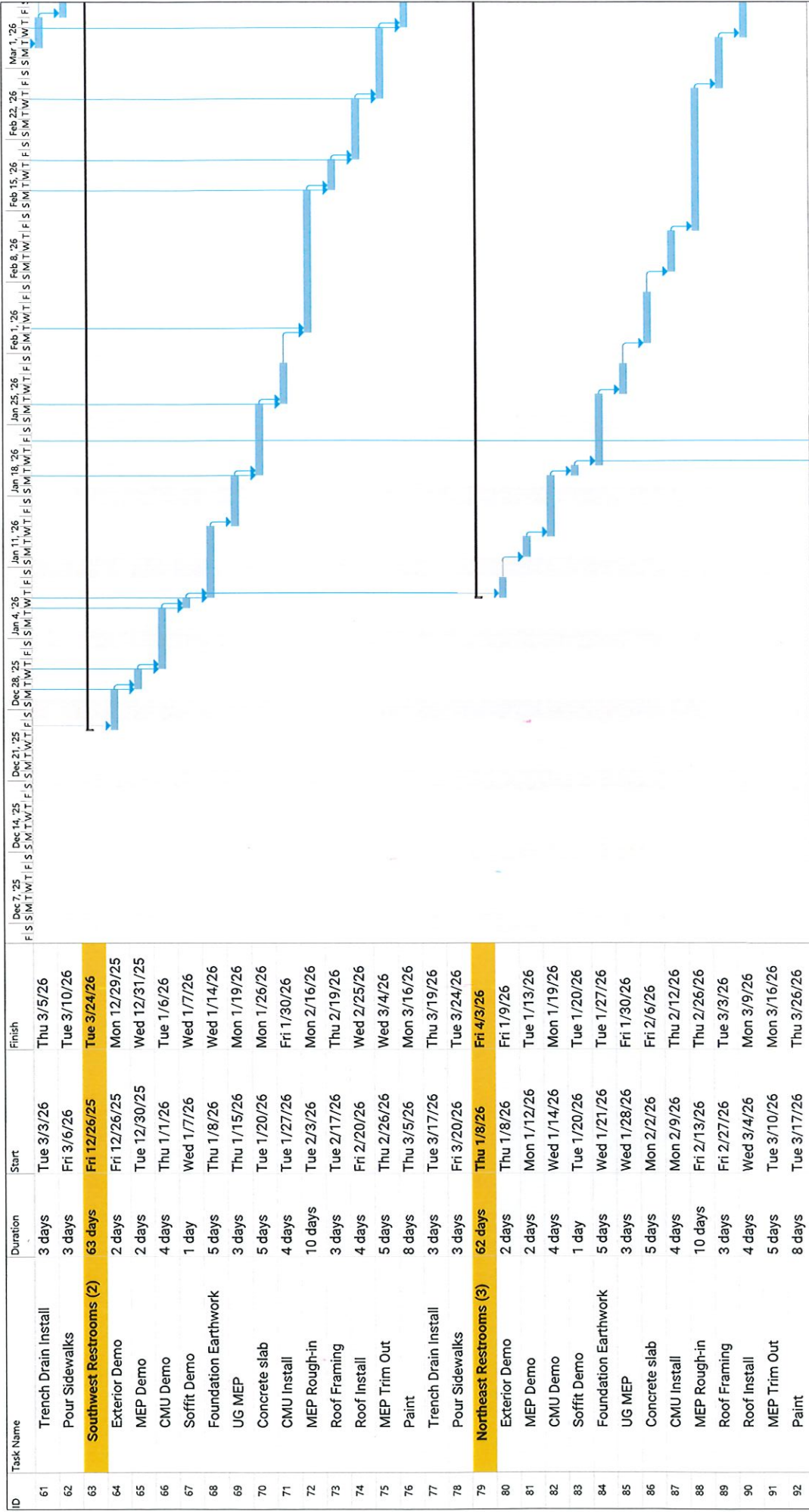
Task	Inactive Summary	Inactive Summary	External Tasks
Split	Manual Task	Manual Task	External Milestone
Milestone	Duration-only	Duration-only	Deadline
Summary	Manual Summary Rollup	Manual Summary Rollup	Critical
Project Summary	Manual Summary	Manual Summary	Critical Split
Inactive Task	Start-only	Start-only	Progress
Inactive Milestone	Finish-only	Finish-only	Manual Progress

Project: CISD Stadium Schedule  
Date: Mon 12/1/25









Task

Split

Milestone

Summary

Project Summary

Inactive Task

Inactive Milestone

Inactive Summary

Manual Task

Duration-only

Manual Summary Rollup

Manual Summary

Start-only

Finish-only

External Tasks

External Milestone

Deadline

Critical

Critical Split

Progress

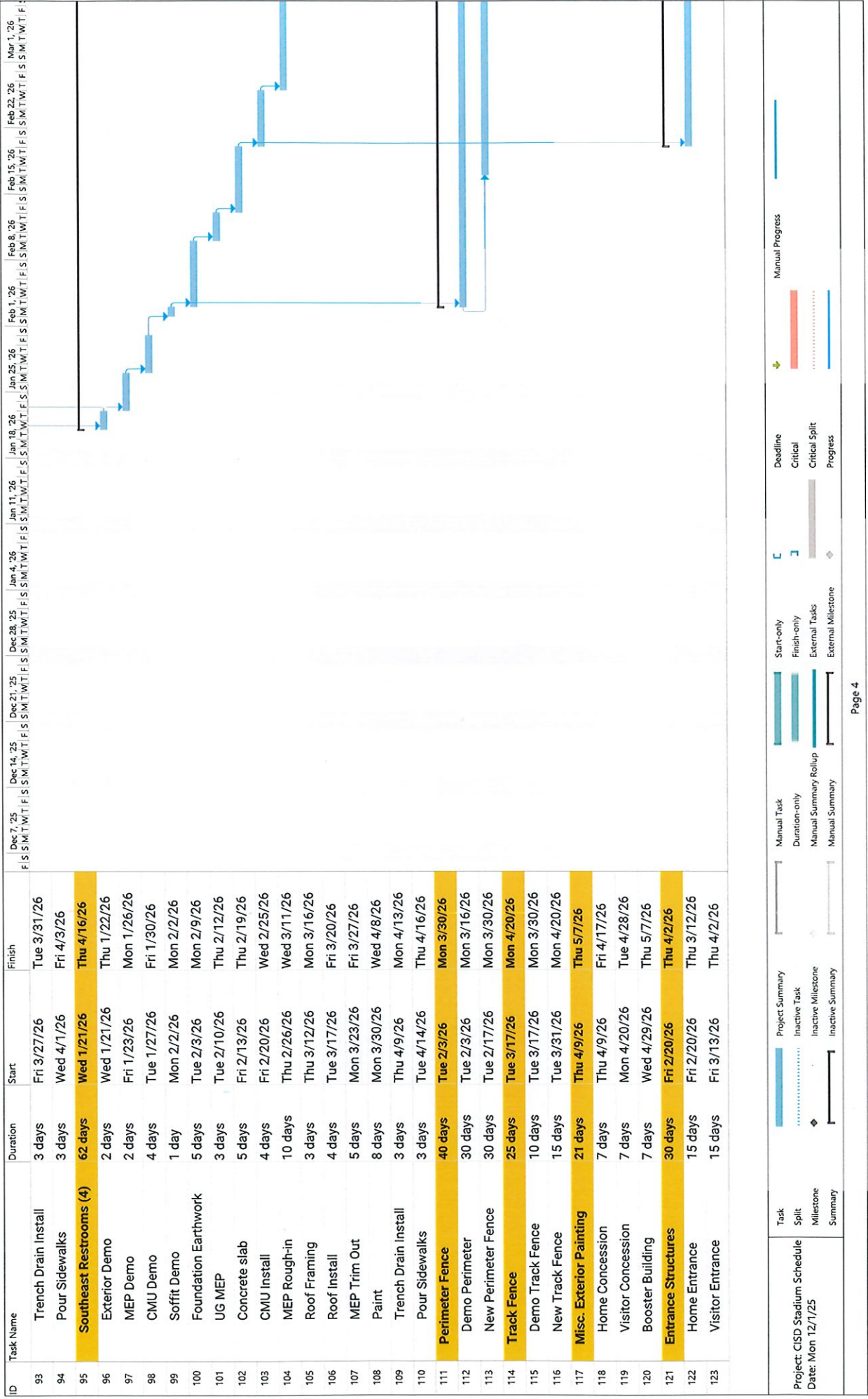
Manual Progress

Project: CUSD Stadium Schedule

Date: Mon 12/1/25

Page 3





Project: CISD Stadium Schedule  
Date: Mon 12/1/25

Task Split Milestone Summary

Project Summary Inactive Task Inactive Milestone Inactive Summary

Manual Task Duration-only Manual Summary Rollup Manual Summary

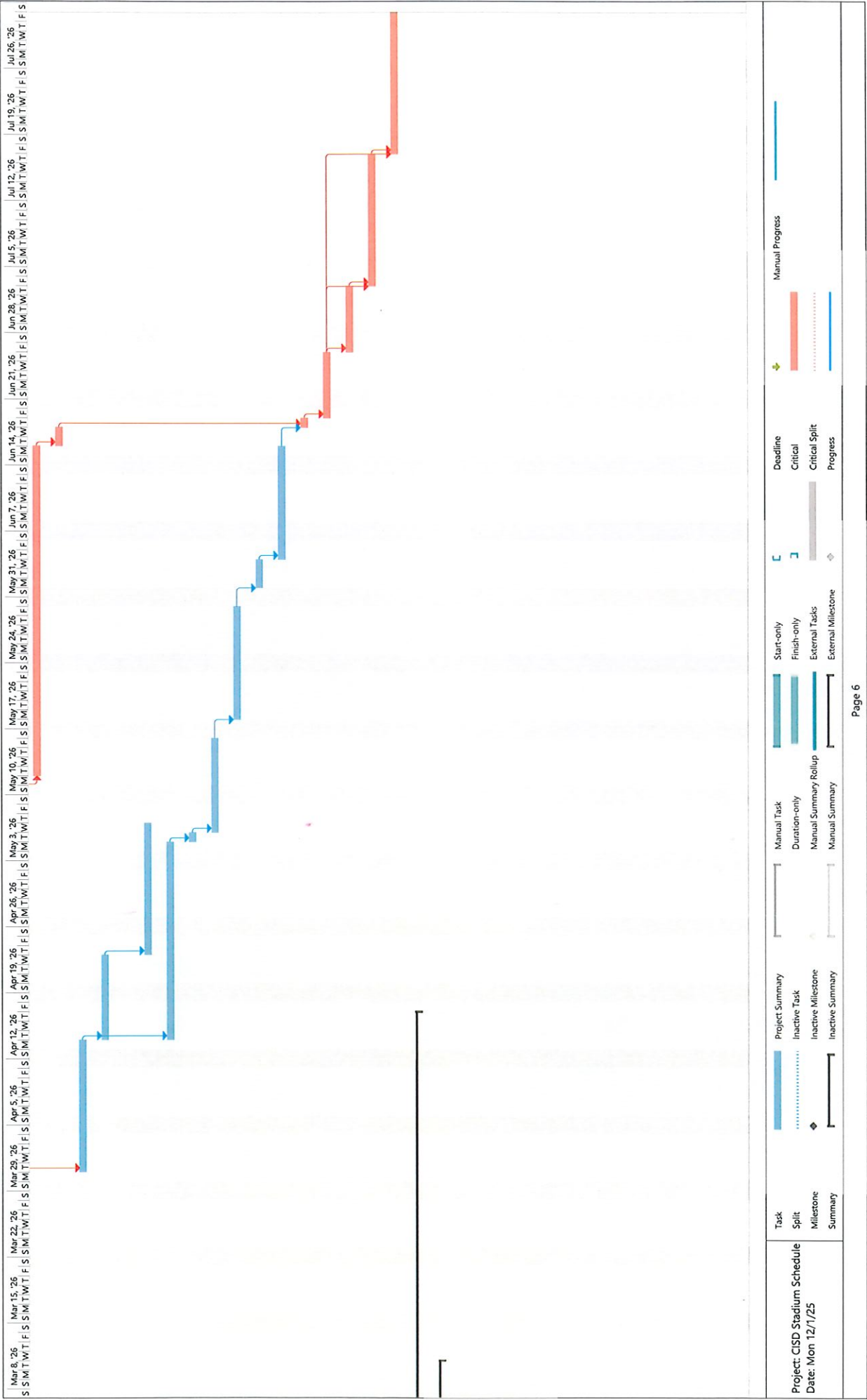
Start-only Finish-only External Tasks External Milestone

Deadline Critical Critical Split Progress

Manual Progress

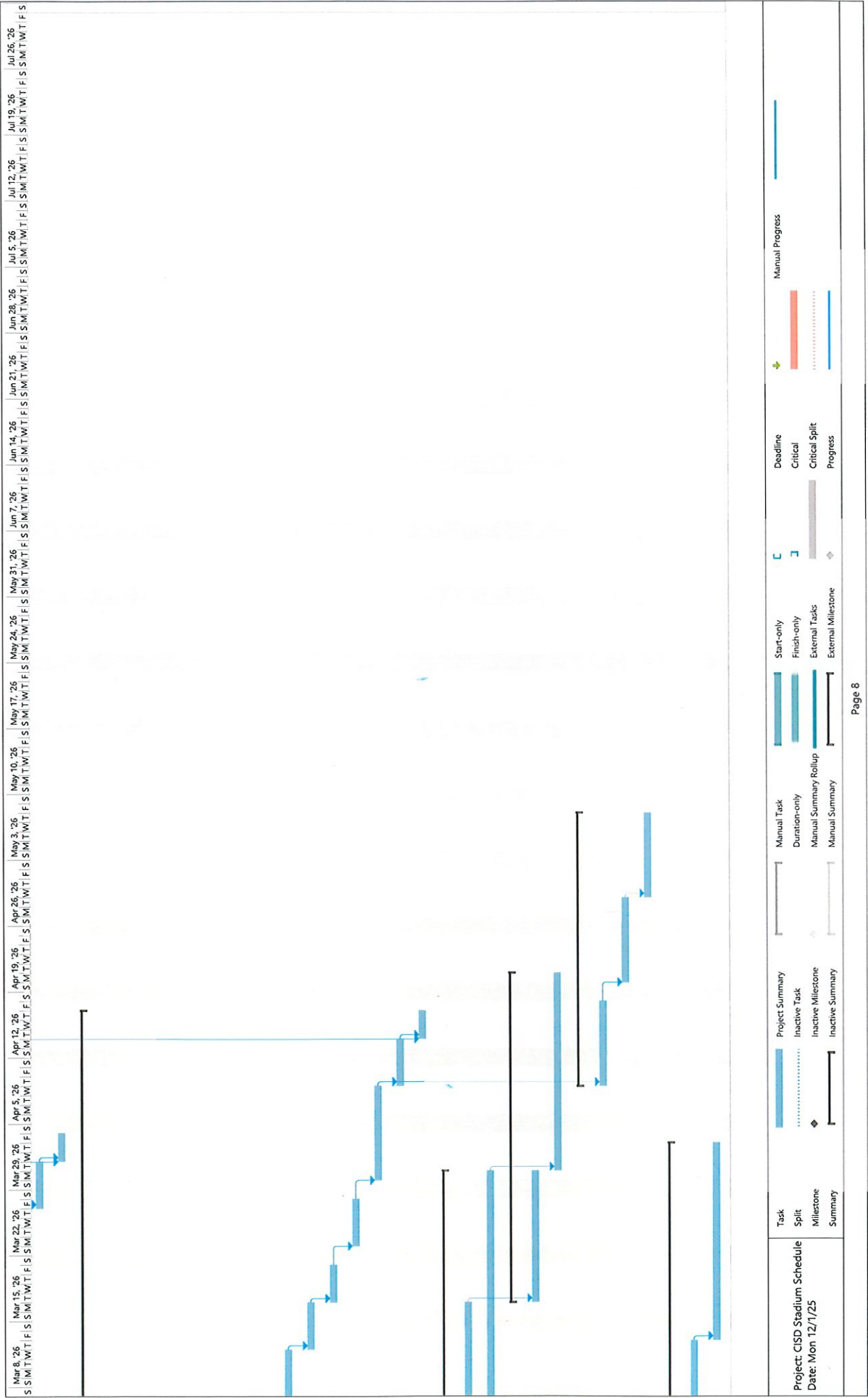
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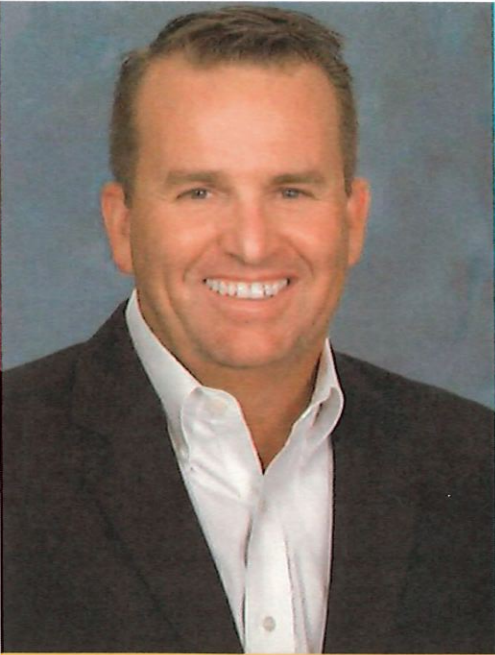




# RESUMES








**PRESIDENT  
MANAGING PARTNER**

 **CELL:**

361.533.1365

 **EMAIL:**

slr@beecroftconstruction.com

2222 Laredo Street,  
Corpus Christi, TX 78405

Corpus Christi, TX  
**TENURE: 26 YEARS**



**EDUCATION**



**TEXAS A&M UNIVERSITY**  
B.S., Construction Science  
1994

**BEECROFT**  
CONSTRUCTION

# SHANNON REYNOLDS

OFFICER IN CHARGE

## BIOGRAPHY

Mr. Reynolds is from Frost, Texas. He graduated from Texas A&M University in College Station with a Bachelor of Science in Construction Science. He's been professionally involved in the Construction for over 29 years and with B.E. Beecroft Company for over 26 years.

As the project executive Mr. Reynolds will be responsible for global oversight of the project. He will oversee and assist with all aspects of the project. Including budgeting, constructability, scheduling, value analysis, construction quality and project progress.

## KEY EXPERIENCE

- |                                 |                                     |
|---------------------------------|-------------------------------------|
| • Del Mar College White Library | • The Chamberlain                   |
| • Portland Community Center     | • Indian Point Pavilion             |
| • Coastal Bend Food Bank        | • San Patricio Water District Admin |
| • Del Mar Music & Academics     | • Compass BBVA Call Center          |

## INDUSTRY EDUCATION & ASSOCIATIONS

- ASHE (Healthcare Contractor's Certificate) 2004
- ASHE (Certified Healthcare Contractor) 2012
- AGC of America – Project Manager's Course
- AGC of America – Leadership in Construction Course
- DBI – Design Build Project Delivery Course
- AGC South Texas Chapter (Local Chapter), Chair 2009, 2010, 2017
- AGC Texas Building Branch (State Chapter), Chair 2020





## VICE PRESIDENT PRINCIPAL

### CELL:

361.816.5578

### EMAIL:

mam@beecroftconstruction.com

2222 Laredo Street,  
Corpus Christi, TX 78405

Corpus Christi, TX  
TENURE: 17 YEARS



## EDUCATION



TEXAS A&M UNIVERSITY  
B.S., Construction Science  
2008

**BEECROFT**  
CONSTRUCTION

# MIKE MUNOZ

## PROJECT MANAGER / ESTIMATOR

## BIOGRAPHY

Mr. Munoz was born and raised in Corpus Christi, TX. He graduated from Texas A&M University in College Station with a Bachelor of Science in Construction Science. He's been professionally involved in the Construction for over 17 years, all of which have been with B.E. Beecroft Company.

As the project manager, Mr. Munoz will be responsible for managing all phases of the project, from pre-construction and estimating to construction and through project closeout. He will work closely with all stakeholders to ensure that the project is completed on time, within budget, and to the highest level of quality.

## KEY EXPERIENCE

- Portland Community Center
- Indian Point Pavilion
- Coastal Bend Food Bank
- NACCU Administration Building 2
- UT Marine Science Institute
- Anheuser Busch Distro Center
- CCIA Perimeter Security Upgrades
- CCIA Communications Center

## INDUSTRY EDUCATION & ASSOCIATIONS

- AGC South Texas Chapter, Executive Committee 2023, Chair 2022
- City of Corpus Christi, Planning Commission, 2022 – Present
- Buccaneer Commission, Governing Board, 2021 – Present
- AGC Construction Leadership Council; 2014 – 2021; Chair & Secretary
- AGC of America – Project Manager's Course
- AGC of America – Leadership in Construction Course
- AGC of America – Advanced Management Course





## PROJECT MANAGER

### CELL:

361.438.4019

### EMAIL:

or@beecroftconstruction.com

2222 Laredo Street,  
Corpus Christi, TX 78405

Corpus Christi, TX  
**TENURE: 28 YEARS**



## EDUCATION



**TEXAS A&M KINGSVILLE**  
Bachelor Science

**BEECROFT**  
CONSTRUCTION

# OMAR RAMIREZ

## ESTIMATOR

## BIOGRAPHY

Mr. Ramirez was born and raised in Banquete, Tx, and graduated from Texas A&M Kingsville with a Bachelors of Science in Biology and a minor in Chemistry. He has been working in the construction industry for 28 years, 16 of which have been with Beecroft Construction. As a project manager, Mr. Ramirez will be responsible for managing all phases of the project, from pre-construction and estimating to construction and through project closeout. He will work closely with all stakeholders to ensure that the project is completed on time, within budget, and to the highest level of quality.

## KEY EXPERIENCE

- Del Mar College White Library
- NACCU - Beeville
- Spohn Shoreline New Tower
- Spohn South - Cath Lab & NICU
- Admin II Office Bldg. - FHR
- Port of CC Admin. Bldg.
- Del Mar College Flato Bldg.
- SNBL USA SCR Facility

## INDUSTRY EDUCATION & INVOLVMENT

- AGC Member 2006
- Banquete ISD School Board Trustee (2006-present)
- St. Michaels Catholic Church - Men of the Alter





## ASSISTANT SUPERINTENDENT

### CELL:

361.396.2420

### EMAIL:

ji@beecroftconstruction.com

2222 Laredo Street,  
Corpus Christi, TX 78405

Corpus Christi, TX  
TENURE: 3 YEARS



## EDUCATION



**GREGORY PORTLAND**  
High School

**BEECROFT**  
CONSTRUCTION

# JACOB ISSA

## ASSISTANT SUPERINTENDENT

## BIOGRAPHY

Mr. Issa is a lifelong resident of the Coastal Bend proudly calling Corpus Christi home. He has worked in the construction industry over the past 8+ years. Having high expectations, he takes pride in his work and attention to detail. As assistant superintendent, Mr. Issa will work to support the superintendent in day-to-day onsite operations of the project. He will be on the site full time, coordinate with subcontractors and monitor their performance and progress. Mr. Issa has a reputation for quality, timeliness and respect. He works well with all members of the team, including subcontractors, architects, engineers and clients.

## KEY EXPERIENCE

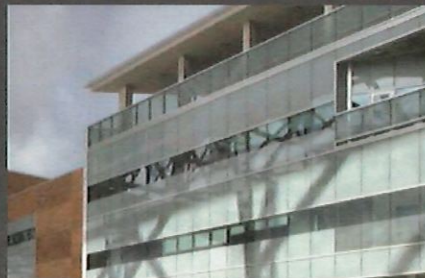
- Del Mar College White Library
- Custom Residential Construction
- SoTex Rentals
- E-On Wind Farm
- Axis Containers & Storage LTD
- Smith Physical Therapy

## INDUSTRY EDUCATION & INVOLVMENT

- AGC Member
- AGC Supervisory Training Program
- NCCER Construction Site Safety Technician
- NCCER Construction Site Safety Supervisor
- NCCER Field Safety
- NCCER Safety Technology



# ADDITIONAL FIRM INFORMATION





# FIRM INTRODUCTION

Beecroft was founded in Corpus Christi in 1967 on the principles of honesty and integrity. This is the foundation on which all aspects of our business are built. By delivering what is promised, on time, and within budget, Beecroft has earned a reputation for quality and dependability.

---

## 58

YEARS IN BUSINESS

---

## 2,000+

SUCCESSFUL PROJECTS

## OUR PHILOSOPHY

Beecroft believes that construction should complement the design and the delivery. Though complex, the process should be enjoyable for the whole Team. We pride ourselves in being trustworthy and fair to all partners. We have a strong interest in the Client's program and the Architect's design, and we keep the Client's interest at the top of all priorities.

## SAFETY & WARRANTY

Safety is mission critical. We maintain safe job sites through regular third-party inspections, safety programs, training, and incentives. All employees are trained to be mindful of safety priorities.

We are not just project focused; we value relationships and recognize the benefit in prompt warranty service.

---

## CONSTRUCTION APPROACH

Every successful project begins with a well-developed plan. **Site Logistics** plans help us mobilize and work efficiently. Accurate **Scheduling** helps us maintain the critical path and forecast problem areas. Well organized **Communication** and **Document Logs** help

us track financials and critical decisions. **"Look-Aheads"** and **Pre-Install Plans** help us prepare and stage upcoming work. A well-planned and executed **Close-Out Strategy** helps wrap the project up timely.



# HISTORY OF EFFECTIVE SCHEDULE

## AND BUDGET MANAGEMENT FOR PROEJCTS OF SIMILAR SCALE & COMPLEXITY

Discussions with our references will confirm that Beecroft delivers projects on time and within budget. Most of our work is schedule and budget sensitive. Because we rely heavily on repeat "negotiated" business, we must perform to our client's expectations. The following projects were built within budget and on time:

---

### COASTAL BEND FOOD BANK

2023-2024 | 125,000 Square Feet

**\$29,621,129**

---

### DEL MAR WHITE LIBRARY

2023-2025 | 125,000 Square Feet

**\$21,920,946**

---

### UT MARINE SCIENCE INSTITUTE

2021-2022 | 7,160 Square Feet

**\$4,793,439**

---

### INDIAN POINT PAVILION

2021-2022 | N/A

**\$4,381,596**

---

### PORT OF CORPUS CHRISTI ADMIN BUILDING

2020-2021 | 77,000 Square Feet

**\$28,268,242**

---

### RALLY – ADMINISTRATION BUILDING 2

2020-2021 | 51,500 Square Feet

**\$13,778,000**

---

### PORTLAND COMMUNITY CENTER

2018-2019 | 39,197 Square Feet

**\$13,375,000**



# WHY BEECROFT IS A GOOD CHOICE

---

58 YEAR REPUTATION

---

OUR EXPERIENCE WITH THE DISTRICT

---

WE EXCEL AT COMPLEX PROJECTS AND COMPRESSED SCHEDULES

---

WE DELIVER RELIABLE AND ACCURATE ESTIMATES

---

OUR APPRECIATION FOR WELL DESIGNED PROJECTS

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WE ARE ENTHUSIASTIC WITH A POSITIVE ATTITUDE

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WE ARE A 100% LOCALLY OWNED TEAM

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## BEECROFT IS DEPENDABLE

Nothing says more about performance than repeat business. This is a partial list of clients we have completed many projects with over the last 58 years

---

CHRISTUS SPOHN (OVER 150 PROJECTS) – SINCE THE EARLY 70S

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PRIVATE RESEARCH FIRM A (26 NEW BUILDINGS AND MULTIPLE RENOVATIONS) – SINCE 1998

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PRIVATE RESEARCH FIRM B (14 NEW BUILDINGS AND MULTIPLE RENOVATIONS) – SINCE 2006

---

RADIOLOGY ASSOCIATES (4 IMAGING CENTERS AND OVER 100 PROJECTS) – SINCE 1999

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RADIOLOGY AND IMAGING (4 IMAGING CENTERS AND OVER 100 PROJECTS) – SINCE 1999

---

CC UROLOGY (2 MAJOR INTERIOR RENOVATIONS, 2 ONCOLOGY CENTERS) – SINCE 2008

---

RALLY CREDIT UNION (7 NEW BUILDINGS AND MULTIPLE RENOVATIONS) – SINCE 2010

---

BROADWAY INVESTMENTS (5 PROJECTS AT THE CHAMBERLAIN) – SINCE 2019

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# RELVANT EXPERIENCE





# DEL MAR COLLEGE

## WHITE LIBRARY RENOVATIONS





# ADMINISTRATION BUILDING

## PORT OF CORPUS CHRISTI

The new Administration Building for the Port of Corpus Christi is a 77,000 square foot office building that consolidated multiple Port office locations into a single building. Located at the entrance to the inner harbor, next to the Solomon Ortiz International Center, the building offers sweeping views of both Corpus Christi Bay and Port operations in the inner harbor. Respondents to the Design-Build RFP included both local and national firms. The Design-Build team chosen consisted of Richter Architects, Inc. and Bartlett Cocke Beecroft, A Joint Venture.

The design language is simplicity of finish materials that emphasizes the views afforded by the location at the mouth of the harbor. Using borrowed views of the new Harbor Bridge, and evoking maritime elements of cargo, land, water and sky, the new building is an iconic addition to the city skyline. Construction is cast in place concrete on a drilled pier foundation, with masonry and curtainwall cladding. Resiliency and redundancy for electrical and HVAC systems were incorporated, as well as enhanced levels of windstorm resistance. Late in the project, the Port added a fourth floor, challenging the Design-Build team to meet a difficult finish deadline.

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• **OWNER REPRESENTATIVE:** *Jacob Morales (contact info provided in references) Tab 10*

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• **ARCHITECT:** *David Richter (contact info provided in references) Tab 10*

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• **TOTAL PROJECT COST:** *\$ 28,688,242*

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• **DELIVERY METHOD:** *Design-Build (required intense collaboration)*


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• **BUILDING SF:** *77,000*

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• **TEAM MEMBERS:** *Shannon Reynolds - Pre-Construction Services  
Omar Ramirez - Construction Quality Control*

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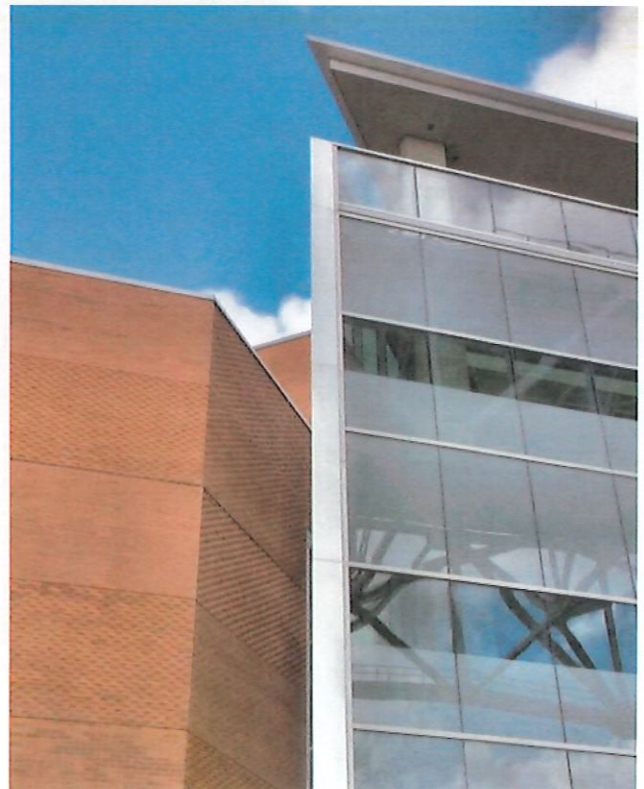
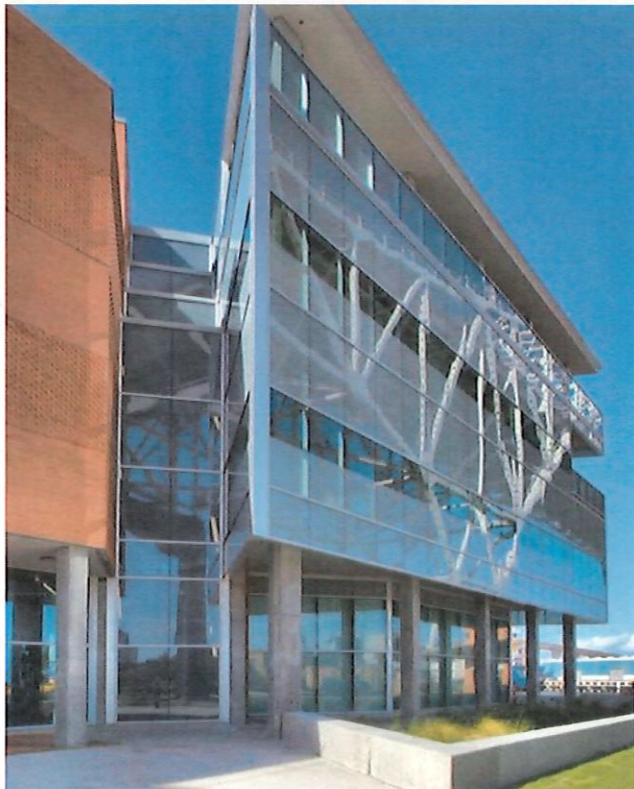
• **BUDGET/SCHEDULE:**  *This project was delivered on time and within budget*

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# ADMINISTRATION BUILDING

PORT OF CORPUS CHRISTI





# ADMINISTRATION BUILDING

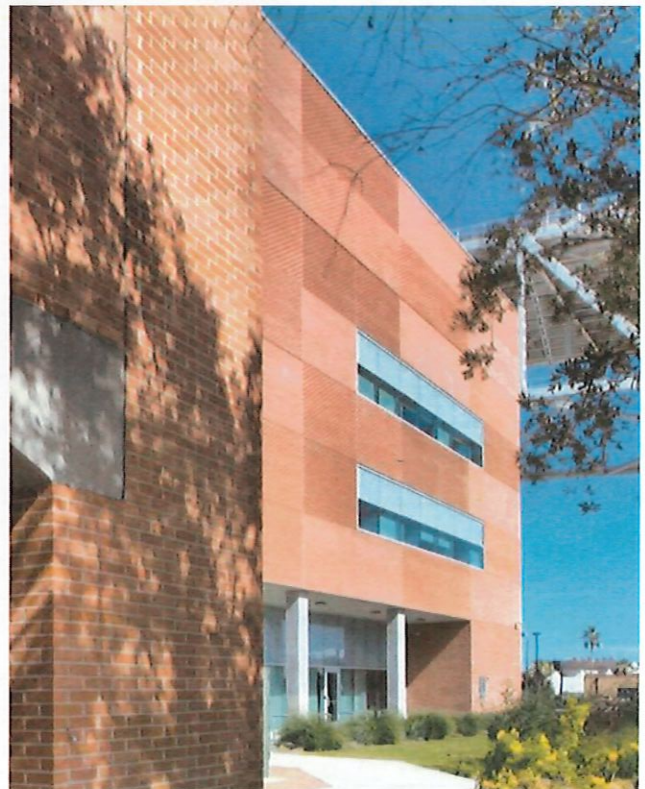
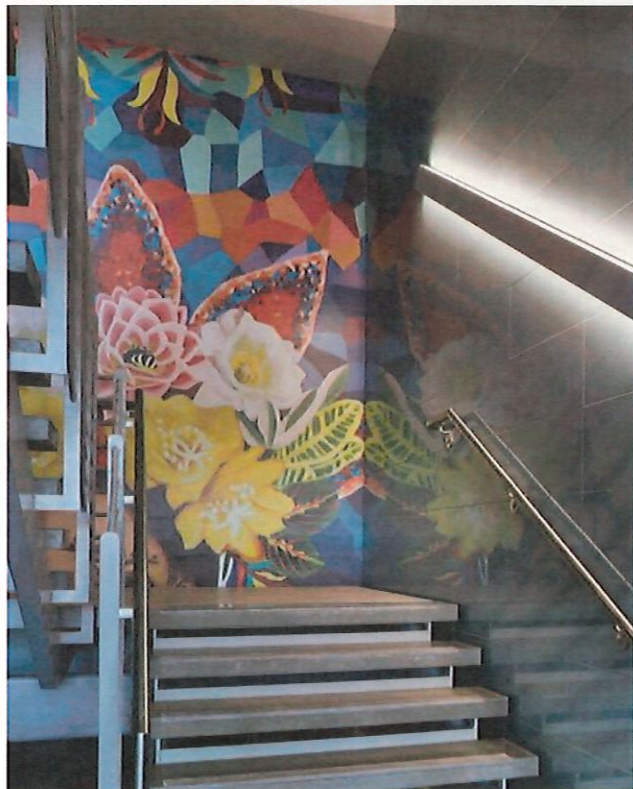
PORT OF CORPUS CHRISTI





# ADMINISTRATION BUILDING

PORT OF CORPUS CHRISTI





# COASTAL BEND FOOD BANK

## NEW OFFICE & WAREHOUSE FACILITY

The Coastal Bend Food Bank is a pivotal organization in South Texas, dedicated to combating hunger among children, seniors, families, and individuals. To meet the increasing needs in the Coastal Bend, they decided to build a new facility, which provides expanded warehouse space, increased cold storage for nutritious food, additional volunteer accommodations, streamlined donation processes, and enhanced emergency response capabilities for disaster recovery. The project included the construction of a new 2-story Administration and Warehouse Facility, which included new offices, classrooms, kitchens, locker rooms and related work areas. The new warehouse provides for dry storage, cold/freezer storage and docking areas for distribution vehicles. New mechanical, electrical, plumbing and fire protection systems are included in this project as well as related site work.

Beecroft Construction, serving as the construction manager-at-risk has successfully navigated preconstruction activities by providing budget estimates at crucial design milestones and collaborating with the team to devise innovative solutions for expediting the construction schedule. This involved creating bid packages that included early release scopes of work. We maintained the project within budget and ensured timely completion during the construction phase. Our commitment to efficiency and fiscal responsibility significantly contributed to the overall success of the Coastal Bend Food Bank project.

• **OWNER:** Bea Hanson (contact info provided in references) [Tab 10](#)

• **TYPE OF FACILITY:** Administrative / Warehouse


• **ARCHITECT:** David Richter (contact info provided in references) [Tab 10](#)

• **TOTAL PROJECT COST:** \$29,621,129

• **DELIVERY METHOD:** CMAR

• **SERVICES PROVIDED:** Preconstruction & Construction

• **TEAM MEMBERS:** Shannon Reynold - Project Executive  
Mike Munoz - Project Manager  
Alex Cavazos - Project Superintendent

• **BUDGET/SCHEDULE:**  This project is ongoing at 99% complete and working within owner's budget.



# COASTAL BEND FOOD BANK

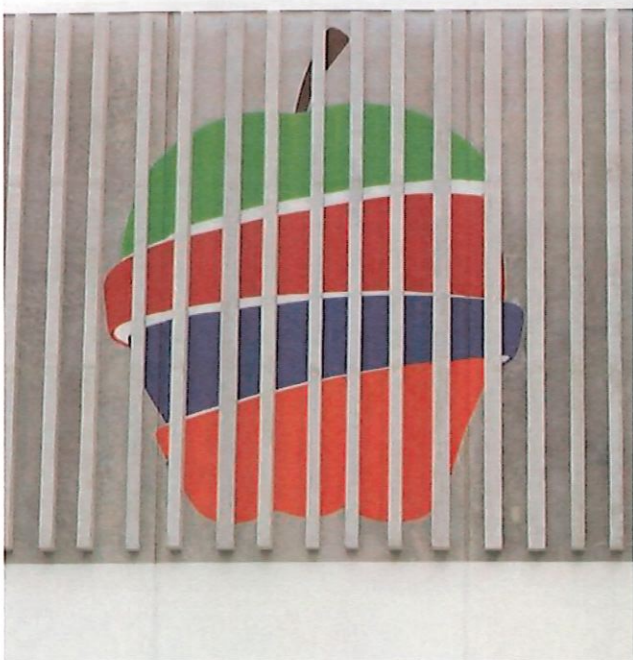
NEW OFFICE & WAREHOUSE FACILITY





# COASTAL BEND FOOD BANK

NEW OFFICE & WAREHOUSE FACILITY





# INDIAN POINT PAVILION

CITY OF PORTLAND

Much like the Leisure and Entertainment District project, Indian Point Pavilion provides an exceptional space for public gathering and family enjoyment. The Pavilion project included a unique marine grade stainless shade structure, picnic tables, BBQ pits, bird watching pier, lighted fishing pier and food truck connectivity.

The scope of the project included demolition of an existing structure, pier lighting, pier railing, bird watching pier and parking lot. It included a new pavilion foundation, stainless steel pavilion, ADA accessible pier ramp, railing, LED lighting, fish cleaning stations, electrical service, food truck power, and bird watching pier.

To our knowledge, this was the first time traditional rolled roof panels have been formed into this shape. The project required an extraordinary amount coordination between foundation, structural steel, and vault roofs.

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• **OWNER REPRESENTATIVE:** *Brian DeLatte (contact info provided in refeneces)*

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• **YEAR COMPLETED:** *2022*      **ARCHITECT:** *David Richter*

---

• **TOTAL PROJECT COST:** *\$ 4,381,596*

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• **DELIVERY METHOD:** *CMAR*


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• **BUILDING SF:** *NA*

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• **TEAM MEMBERS:** *Shannon Reynolds - Project Executive*  
*Mike Munoz - Project Manger*  
*Ricardo Ramon - Onsite Superintendent*

---

• **BUDGET/SCHEDULE:**  *This project was delivered on time and within budget*

---



# INDIAN POINT PAVILION

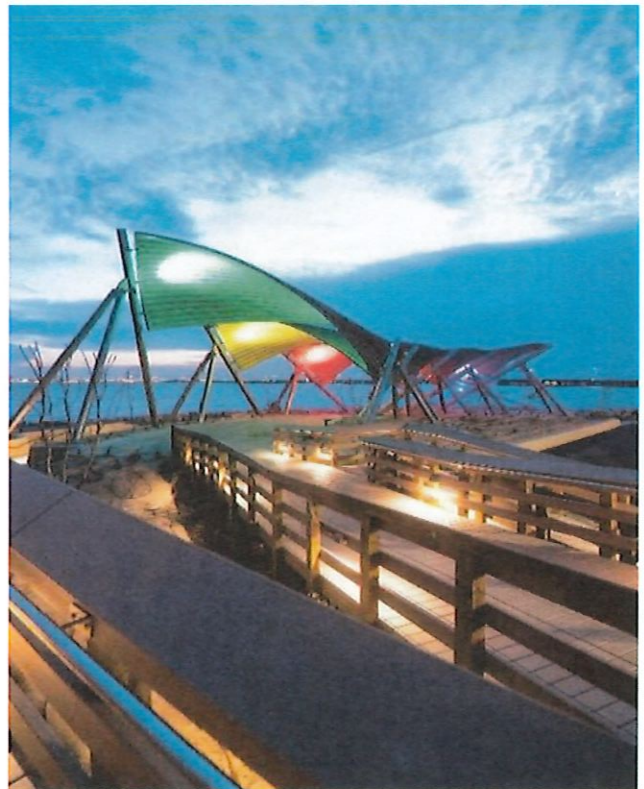
CITY OF PORTLAND





# INDIAN POINT PAVILION

CITY OF PORTLAND





# INDIAN POINT PAVILION

CITY OF PORTLAND





# QUALITY CONTROL





## QUALITY ASSURANCE AND WARRANTY FOLLOW-UP

Beecroft Construction has a 58 year reputation of building to the highest quality standards. Our repeat client list is a clear indication of our commitment to quality, warranty, and follow-up. From pre-construction through project closeout we maintain a focus on quality.

Quality is everyone's responsibility, but it begins with proper submittal review to ensure the right products are being procured and installed. One of the Superintendent's job is to verify material and equipment at the site are what is specified. Our superintendents monitor progress and installation procedures and are committed to providing a finished project that meets our standard of excellence. Commitment to reduced punch lists and expedited close-out are also indicators of our commitment to quality.

Beecroft has strong relationships with the best subcontractors in the area. We are known for integrity and treating all of our business partners fairly. This creates a desire within the subcontractor community to perform and maintain those relationships; resulting in quality construction.

### **FORMALLY:**

TRAINING AND CERTIFICATIONS

FIELD TESTING

FIELD INSPECTIONS

SUBMITAL REVIEWS

PRODUCT CONFIRMATION

VENDOR COLLABORATION

CONSULTANT COLLABORATION

PRODUCT INSTALLATION

SUBCONTRACTOR COMPLIANCE

We are known for quick warranty response and correction. We value all clients and consider warranty and minor repairs a chance to keep in touch with our clients. It's not uncommon for us to do something as small as replace a door lever.

Our references will attest to our commitment to quality and quickness to respond to warranty needs.



# REFERENCES





# REFERENCES

---

## **JOHN STRYBOS**

*PE, CPA, VP & Chief Physical Facilities Officer*

361-774-3232 | [jstrybos@delmar.edu](mailto:jstrybos@delmar.edu)

**DELMAR COLLEGE**

"Beecroft offered valuable solutions to complex issues during the value analysis phase of our project. They're a team player and helped us reach our budget goals without compromising our program. Beecroft is a valued business partner at Del Mar College."

---

## **DANA SISK, CPA**

*Executive Vice President*

361-985-7300 x1221 | [dsisk@navyarmyccu.com.org](mailto:dsisk@navyarmyccu.com.org) **NAVY ARMY COMMUNITY CREDIT UNION**

"We've been working with Beecroft since 2010 when they built our Beeville branch. Since then, they've built two administration buildings and several other branches for us. They're fair, honest, and always a pleasure to work with. Beecroft has a "no hassle, can-do" attitude, and they work hard to deliver high quality projects. They're projects have always been on time and in budget."

---

## **GEORGIA NEBLETT**

*Director of External Affairs*

361-749-6839 | [gneblett@utexas.edu](mailto:gneblett@utexas.edu)

**MARINE SCIENCE INSTITUTE**

"Since Hurricane Harvey in August of 2017 I have had extensive experience with contractors during The University of Texas Marine Science Institute rebuild of over \$55M damage from the storm. B. E. Beecroft Co., Inc.'s over \$5M renovation of the Patton Center at the Institute, was by far and away our best experience with a contractor. Beecroft is professional, fiscally responsible, has superior subs and exceptional personnel. The project was completed without a single issue that was not immediately solved by Beecroft. I wish that Beecroft had been on all of our projects and look forward to working with them again."

# REFERENCES

---

## EMMA FREEMAN

361-500-3058 | emma@frescharch.com

*AIA, D.Arch, LEED-AP*

**FRESCH ARCHITECTS**

"Having completed multiple projects with Beecroft over the last ten years, I can say that they are one of the best General Contractors that I have worked with in any market. Their focus on quality delivery and customer satisfaction closely aligns with the values and goals of our firm. When Beecroft is on the job, I am assured that the outcome will be exceptional."

---

## MALLORY GABRO LIGHTSEY, P.E.

361-548-0648 | meg@spmwd.net

*Senior Engineer*

**SAN PATRICIO MUNICIPAL WATER DISTRICT**

"It was an absolute pleasure to work with Beecroft Construction. They worked patiently with us to overcome difficult budget constraints and helped us to meet our objectives without sacrificing quality or design. They initiated and maintained a close working relationship with the design architect to quickly find solutions and keep the project on schedule and within budget. After the project was complete, they remained responsive and reliable with regards to warranty work or any client questions. Since day one, Beecroft Construction has been easily accessible and willing to help – always with a pleasant attitude."



# REFERENCES

---

## BEA HANSON

361-765-5680 | [bhanson@coastalbendfoodbank.org](mailto:bhanson@coastalbendfoodbank.org)

*Executive Director*

**COASTAL BEND FOOD BANK**

"The Coastal Bend Food Bank is nearing completion of a new large-scale facility. Without a doubt, working with Beecroft Construction and their skillful team has been a pleasure. The team became our partners who understand the challenges of a not-for-profit organization and helped us stay within budget. As we approach the completion of the project, we are delighted with the results; we could not have asked for a more dedicated, competent, and professional partner team. The quality of work is exceptional."

---

## Randy Wright

CITY OF PORTLAND

City Manager

361.877.0007

[randy.wright@portlandtx.gov](mailto:randy.wright@portlandtx.gov)

## Maya Richter Hernandez, AIA

Principal

RICHTER ARCHITECTS

832.868.8981

[mrichter@richterarchitects.com](mailto:mrichter@richterarchitects.com)

## Brian DeLatte, P.E.

CITY OF PORTLAND

Deputy City Manager

361.777.4516

[brian.delatte@portlandtx.gov](mailto:brian.delatte@portlandtx.gov)

## David Richter, FAIA

RICHTER ARCHITECTS

361-813-7239

[drichter@richterarchitects.com](mailto:drichter@richterarchitects.com)

## Jacob Morales

PORT OF CORPUS CHRISTI

361.885.6131

[Jacob@pocca.com](mailto:Jacob@pocca.com)

# BID BOND







November 4, 2025

Calallen Independent School District  
Emily Lorenz – Superintendent of Schools  
Calallen Administration Building  
4205 Wildcat Drive  
Corpus Christi, Texas 78410

**RE: B.E. Beecroft Co., Inc. - High School Stadium Improvements**

Dear Ms. Lorenz:

It is our understanding that our valued client, B.E. Beecroft Co., Inc. is being considered to act as Contractor for your project.

B.E. Beecroft Co., Inc. is one of our most valued surety clients. We consider the Company to be properly equipped, capably staffed, and well financed. It is the privilege of Arch Insurance Company to extend and/or support Suretyship to this Company on single contracts up to \$25,000,000 and contracts aggregating in excess of \$50,000,000. At no time has there ever been a problem while they have demonstrated the ability to perform sizeable and difficult projects. In addition, we feel management is of the utmost integrity and willingly deal in good faith.

Subject to the usual underwriting review of contract details at the time bonds are requested, we anticipate no problem in being able to continue to assist in providing for the surety needs of B.E. Beecroft Co., Inc. in whatever instances they might require. This letter is not an assumption of liability and is issued only as a reference request from our client.

We look forward to being called upon whenever it is felt we can be of service. Arch Insurance Company is rated A+ (Superior) with a Financial Size Category of XV (Greater than or Equal to USD 2.00 Billion) from A.M. Best.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Heather Noles', is written over a faint, larger signature.

Heather Noles  
Attorney-in-Fact



Arch Insurance Company  
Harborside 3, 210 Hudson Street, Suite 300  
Jersey City, NJ 07311-1107  
(201) 743-4000



# AIA Document A310™ – 2010

## Bid Bond

### CONTRACTOR:

(Name, legal status and address)

B.E. Beecroft Co., Inc.  
2222 Laredo Street  
Corpus Christi, TX 78405

### SURETY:

(Name, legal status and principal place of business)

Arch Insurance Company  
Harborside 3, 210 Hudson Street  
Suite 300  
Jersey City, NJ 07311-1107

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

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

### OWNER:

(Name, legal status and address)

Calallen Independent School District  
Calallen Administration Building  
4205 Wildcat Drive, Corpus Christi, Texas 78410

**BOND AMOUNT:** Five Percent of the Largest Amount Proposed (5% LAP)

### PROJECT:

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

High School Stadium Improvements Two

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

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

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

Signed and sealed this 1st day of December, 2025.

(Witness)

(Witness)

Kyle Cokinos, President

B.E. Beecroft Co., Inc.

(Principal)

(Title)

Arch Insurance Company

(Surety)

(Title) Heather Noles, Attorney-in-Fact

(Seal)

(Seal)



## IMPORTANT NOTICE TO ALL TEXAS POLICYHOLDERS

Have a complaint or need help?

If you have a problem with a claim or your premium, call your insurance company or HMO first. If you can't work out the issue, the Texas Department of Insurance may be able to help.

Even if you file a complaint with the Texas Department of Insurance, you should also file a complaint or appeal through your insurance company or HMO. If you don't, you may lose your right to appeal.

### Arch Insurance Group

To get information or file a complaint with your insurance company or HMO:

Call: **Arch Insurance Group** at **1-866-413-5550**

Toll-free: **1-866-413-5550**

Online: <http://www.archcapgroup.com>

Email: [consumercomplaints@archcapservices.com](mailto:consumercomplaints@archcapservices.com)

Mail: **Harborside 3, 210 Hudson Street, Suite 300, Jersey City, NJ 07311-1107**

### The Texas Department of Insurance

To get help with an insurance question or file a complaint with the state:

Call with a question: 1-800-252-3439

File a complaint: [www.tdi.texas.gov](http://www.tdi.texas.gov)

Email: [ConsumerProtection@tdi.texas.gov](mailto:ConsumerProtection@tdi.texas.gov)

Mail: Consumer Protection, MC: CO-CP, Texas Department of Insurance, P.O. Box 12030, Austin, TX 78711-2030

¿Tiene una queja o necesita ayuda?

Si tiene un problema con una reclamación o con su prima de seguro, llame primero a su compañía de seguros o HMO. Si no puede resolver el problema, es posible que el Departamento de Seguros de Texas (Texas Department of Insurance, por su nombre en inglés) pueda ayudar.

Aun si usted presenta una queja ante el Departamento de Seguros de Texas, también debe presentar una queja a través del proceso de quejas o de apelaciones de su compañía de seguros o HMO. Si no lo hace, podría perder su derecho para apelar.

### Arch Insurance Group

Para obtener información o para presentar una queja ante su compañía de seguros o HMO:

Llame a: **Arch Insurance Group** al **1-866-413-5550**

Teléfono gratuito: **1-866-413-5550**

En línea: <http://www.archcapgroup.com>

Correo electrónico: [consumercomplaints@archcapservices.com](mailto:consumercomplaints@archcapservices.com)

Dirección postal: **Harborside 3, 210 Hudson Street, Suite 300, Jersey City, NJ 07311-1107**

### El Departamento de Seguros de Texas

Para obtener ayuda con una pregunta relacionada con los seguros o para presentar una queja ante el estado:

Llame con sus preguntas al: 1-800-252-3439

Presente una queja en: [www.tdi.texas.gov](http://www.tdi.texas.gov)

Correo electrónico: [ConsumerProtection@tdi.texas.gov](mailto:ConsumerProtection@tdi.texas.gov)

Dirección postal: Consumer Protection, MC: CO-CP, Texas Department of Insurance, P.O. Box 12030, Austin, TX 78711-2030

*This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated. Not valid for Note, Loan, Letter of Credit, Currency Rate, Interest Rate or Residential Value Guarantees.*

# POWER OF ATTORNEY

## Know All Persons By These Presents:

That the Arch Insurance Company, a corporation organized and existing under the laws of the State of Missouri, having its principal administrative office in Jersey City, New Jersey (hereinafter referred to as the "Company") does hereby appoint:

## Heather Noles and Kyle Cokinos of Houston, TX (EACH)

its true and lawful Attorney(s) in-Fact, to make, execute, seal, and deliver from the date of issuance of this power for and on its behalf as surety, and as its act and deed: Any and all bonds, undertakings, recognizances and other surety obligations, in the penal sum not exceeding One Hundred Fifty Million Dollars (\$150,000,000.00). This authority does not permit the same obligation to be split into two or more bonds in order to bring each such bond within the dollar limit of authority as set forth herein.

The execution of such bonds, undertakings, recognizances and other surety obligations in pursuance of these presents shall be as binding upon the said Company as fully and amply to all intents and purposes, as if the same had been duly executed and acknowledged by its regularly elected officers at its principal administrative office in Jersey City, New Jersey.

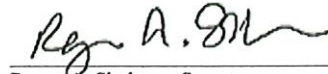
This Power of Attorney is executed by authority of resolutions adopted by unanimous consent of the Board of Directors of the Company on August 31, 2022, true and accurate copies of which are hereinafter set forth and are hereby certified to by the undersigned Secretary as being in full force and effect:

"VOTED, That the Chairman of the Board, the President, or the Executive Vice President, or any Senior Vice President, of the Surety Business Division, or their appointees designated in writing and filed with the Secretary, or the Secretary shall have the power and authority to appoint agents and attorneys-in-fact, and to authorize them subject to the limitations set forth in their respective powers of attorney, to execute on behalf of the Company, and attach the seal of the Company thereto, bonds, undertakings, recognizances and other surety obligations obligatory in the nature thereof, and any such officers of the Company may appoint agents for acceptance of process."

This Power of Attorney is signed, sealed and certified by facsimile under and by authority of the following resolution adopted by the unanimous consent of the Board of Directors of the Company on August 31, 2022:

VOTED, That the signature of the Chairman of the Board, the President, or the Executive Vice President, or any Senior Vice President, of the Surety Business Division, or their appointees designated in writing and filed with the Secretary, and the signature of the Secretary, the seal of the Company, and certifications by the Secretary, may be affixed by facsimile on any power of attorney or bond executed pursuant to the resolution adopted by the Board of Directors on August 31, 2022, and any such power so executed, sealed and certified with respect to any bond or undertaking to which it is attached, shall continue to be valid and binding upon the Company. In Testimony Whereof, the Company has caused this instrument to be signed and its corporate seal to be affixed by their authorized officers, this 3rd day of September, 2025.

## Attested and Certified



Regan A. Shulman, Secretary

STATE OF PENNSYLVANIA SS  
COUNTY OF PHILADELPHIA SS

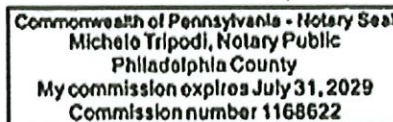


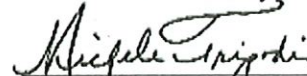
## Arch Insurance Company



Stephen C. Ruschak, Executive Vice President

I, Michele Tripodi, a Notary Public, do hereby certify that Regan A. Shulman and Stephen C. Ruschak personally known to me to be the same persons whose names are respectively as Secretary and Executive Vice President of the Arch Insurance Company, a Corporation organized and existing under the laws of the State of Missouri, subscribed to the foregoing instrument, appeared before me this day in person and severally acknowledged that they being thereunto duly authorized signed, sealed with the corporate seal and delivered the said instrument as the free and voluntary act of said corporation and as their own free and voluntary acts for the uses and purposes therein set forth.



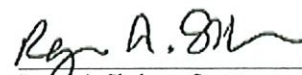


Michele Tripodi, Notary Public  
My commission expires 07/31/2029

## CERTIFICATION

I, Regan A. Shulman, Secretary of the Arch Insurance Company, do hereby certify that the attached Power of Attorney dated September 3, 2025 on behalf of the person(s) as listed above is a true and correct copy and that the same has been in full force and effect since the date thereof and is in full force and effect on the date of this certificate; and I do further certify that the said Stephen C. Ruschak, who executed the Power of Attorney as Executive Vice President, was on the date of execution of the attached Power of Attorney the duly elected Executive Vice President of the Arch Insurance Company.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seal of the Arch Insurance Company on this 1st day of December, 20 25.



Regan A. Shulman, Secretary

This Power of Attorney limits the acts of those named therein to the bonds and undertakings specifically named therein and they have no authority to bind the Company except in the manner and to the extent herein stated.

## PLEASE SEND ALL CLAIM INQUIRIES RELATING TO THIS BOND TO THE FOLLOWING ADDRESS:

Arch Insurance Company Claims Department  
Surety Claims  
P.O. Box 542033  
Omaha, NE 68154  
[suretyclaims@archinsurance.com](mailto:suretyclaims@archinsurance.com)



To verify the authenticity of this Power of Attorney, please contact Arch Insurance Company at [SuretyAuthentic@archinsurance.com](mailto:SuretyAuthentic@archinsurance.com)  
Please refer to the above named Attorney-in-Fact and the details of the bond to which the power is attached.