

**Tabulation
Bid 21-097**

Demolition Services for Disaster Recovery Project Numbers 4269-006 and 4269-007 for Fort Bend County

Recommended: Low bidder per site

Funding: Disaster Relief Program DR 4269-0016 and DR 4269-007

Description	AJB Construction, Inc. Katy, TX	Brizo Construction LLC Houston, TX	Caesar Construction Inc. Houston, TX	Compass Abatement Services, LLC Houston, TX	Emanuel Enterprises, LLC Houston, TX	Forrest Industrial Group, LLC Houston, TX	Jay-B & Group Services, LLC Houston, TX	Sitek Omni Services, LLC Humble, TX
Site 1: 336 Carroll Road, Richmond, TX	\$76,625.00	\$22,752.00	\$39,022.00	\$30,471.00	\$18,500.00	\$22,130.00	\$24,480.00	\$54,500.00
Site 2: 36625 Lariat Ln., Wallis, TX	No Bid	\$15,255.00	\$19,091.70	\$19,584.00	\$9,500.00	\$23,420.00	\$24,480.00	\$33,380.00



COUNTY PURCHASING AGENT
Fort Bend County, Texas

Vendor Information

Jaime Kovar
Purchasing Agent

Office (281) 341-8640

Legal Company Name (top line of W9)	Emanuel Enterprises, LLC		
Business Name (if different from legal name)			
Federal ID # or S.S. #	82-2200647	DUNS #	10-230-0895
Type of Business	<input checked="" type="checkbox"/> Corporation/LLC <input type="checkbox"/> Sole Proprietor/Individual	<input type="checkbox"/> Partnership <input type="checkbox"/> Tax Exempt Organization	Age in Business? 4 YRS
Publicly Traded Business	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Ticker Symbol _____		
Remittance Address	8607 Kempbridge St.		
City/State/Zip	Houston, TX 77080		
Physical Address	2013 Bialock Rd.		
City/State/Zip	Houston, TX 77080		
Phone/Fax Number	Phone: 281-932-1138	Fax:	_____
Contact Person	Juan Peña		
E-mail	jp@emanuelent.com		
Check all that apply to the company listed above and provide certification number.	DBE-Disadvantaged Business Enterprise <input type="checkbox"/>	Certification #	Cert Date
	SBE-Small Business Enterprise <input checked="" type="checkbox"/>	Certification # 1811139475	11/30/18
	HUB-Texas Historically Underutilized Business <input type="checkbox"/>	Certification #	Exp Date
	WBE-Women's Business Enterprise <input checked="" type="checkbox"/>	Certification # 181113947	11/30/18
		Certification #	11/30/21
Company's gross annual receipts	<\$500,000 _____	\$500,000-\$4,999,999 <input checked="" type="checkbox"/>	
	\$5,000,000-\$16,999,999 _____	\$17,000,000-\$22,399,999 _____	
	>\$22,400,000 _____		
NAICs codes (Please enter all that apply)	562910, 238910		
Signature of Authorized Representative			
Printed Name	Juan Peña		
Title	Project Manager		
Date	8/12/21		

THIS FORM MUST BE SUBMITTED WITH THE SOLICITATION RESPONSE

**Contract Sheet
Bid 21-097**

**THE STATE OF TEXAS
COUNTY OF FORT BEND**

This memorandum of agreement made and entered into on the 26 day of October, 20 21, by and between Fort Bend County in the State of Texas (hereinafter designated County), acting herein by County Judge KP George, by virtue of an order of Fort Bend County Commissioners Court, and Emanuel Enterprises, LLC (company name) (hereinafter designated Contractor).

WITNESSETH:

The Contractor and the County agree that the bid and specifications for the **Demolition Services for Disaster Recovery Project Numbers 4269-006 & 4269-007** which are hereto attached and made a part hereof, together with this instrument and the bond (when required) shall constitute the full agreement and contract between parties and for furnishing the items set out and described; the County agrees to pay the prices stipulated in the accepted bid.

It is further agreed that this contract shall not become binding or effective until signed by the parties hereto and a purchase order authorizing the items desired has been issued.

Executed at Richmond, Texas this 27 day of October 20 21

Fort Bend County, Texas

By: KP George
County Judge KP George County Judge, KP George

By: Juan P. Peña
Signature of Contractor

By: Juan Peña, Project manager.
Printed Name and Title

Request for Taxpayer Identification Number and Certification

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

Print or type
See Specific instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Emanuel Enterprises, LLC	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ S <small>Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.</small> <input type="checkbox"/> Other (see instructions) ▶	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) 8607 Kemperidge St.	Requester's name and address (optional)
6 City, state, and ZIP code Houston, Tx 77080	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									
or									
Employer identification number									
8	2	-	2	2	0	0	6	4	7

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶ 8/11/21
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

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

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

TAX FORM/DEBT/ RESIDENCE CERTIFICATION
(for Advertised Projects)

Taxpayer Identification Number (T.I.N.): 82-2200647

Company Name submitting Bid/Proposal: Emanuel Enterprises, LLC

Mailing Address: 8607 Kempridge St. Houston, Tx 77080

Are you registered to do business in the State of Texas? Yes No

If you are an individual, list the names and addresses of any partnership of which you are a general partner or any assumed name(s) under which you operate your business

Emanuel Enterprises, LLC

I. **Property:** List all taxable property in Fort Bend County owned by you or above partnerships as well as any d/b/a names. Include real and personal property as well as mineral interest accounts. (Use a second sheet of paper if necessary.)

<u>Fort Bend County Tax Acct. No.*</u>	<u>Property address or location**</u>
	<u>N/A</u>

* This is the property account identification number assigned by the Fort Bend County Appraisal District.

** For real property, specify the property address or legal description. For business personal property, specify the address where the property is located. For example, office equipment will normally be at your office, but inventory may be stored at a warehouse or other location.

II. **Fort Bend County Debt** - Do you owe any debts to Fort Bend County (taxes on properties listed in I above, tickets, fines, tolls, court judgments, etc.)?

Yes No If yes, attach a separate page explaining the debt.

III. **Residence Certification** - Pursuant to Texas Government Code §2252.001 *et seq.*, as amended, Fort Bend County requests Residence Certification. §2252.001 *et seq.* of the Government Code provides some restrictions on the awarding of governmental contracts; pertinent provisions of §2252.001 are stated below:

(3) "Nonresident bidder" refers to a person who is not a resident.

(4) "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.

I certify that Emanuel Enterprises, LLC is a Resident Bidder of Texas as defined in Government Code §2252.001.
[Company Name]

I certify that _____ is a Nonresident Bidder as defined in Government Code §2252.001 and our principal place of business is _____.
[Company Name] [City and State]

Mandatory Form



Contractor Acknowledgement of Storm Water Management Program

I hereby acknowledge that I am aware of the stormwater management program and standard operating procedures developed by Fort Bend County in compliance with the TPDES General Permit No. TXR040000. I agree to comply with all applicable best management practices and standard operating procedures while conducting my services for Fort Bend County. I agree to conduct all services in a manner that does not introduce illicit discharges of pollutants to streets, stormwater inlets, drainage ditches or any portion of the drainage system. The following materials and/or pollutant sources must not be discharged to the drainage system as a result of any services provided:

1. Grass clippings, leaves, mulch, rocks, sand, dirt or other waste materials resulting from landscaping activities, (except those materials resulting from ditch mowing or maintenance activities)
2. Herbicides, pesticides and/or fertilizers, (except those intended for aquatic use)
3. Detergents, fuels, solvents, oils and/or lubricants, other equipment and/or vehicle fluids,
4. Other hazardous materials including paints, thinners, chemicals or related waste materials,
5. Uncontrolled dewatering discharges, equipment and/or vehicle wash waters,
6. Sanitary waste, trash, debris, or other waste products
7. Wastewater from wet saw machinery,
8. Other pollutants that degrade water quality or pose a threat to human health or the environment.

Furthermore, I agree to notify Fort Bend County immediately of any issue caused by or identified by:

Emanuel Enterprises, LLC
(Company/Contractor)

that is believed to be an immediate threat to human health or the environment.


Contractor Signature

8/12/21
Date

Juan Peña
Printed Name

Project Manager
Title

POWER OF ATTORNEY of INSURORS INDEMNITY COMPANY
Waco, Texas

KNOW ALL PERSONS BY THESE PRESENTS:

██████████ ██████████

That INSURORS INDEMNITY COMPANY, Waco, Texas, organized and existing under the laws of the State of Texas, and authorized and licensed to do business in the State of Texas and the United States of America, does hereby make, constitute and appoint

Tiffany Bice of the City of Magnolia, State of TX

as Attorney in Fact, with full power and authority hereby conferred upon him to sign, execute, acknowledge and deliver for and on its behalf as Surety and as its act and deed, all of the following classes of document, to-wit:

Indemnity, Surety and Undertakings that may be desired by contract, or may be given in any action or proceeding in any court of law or equity; Indemnity in all cases where indemnity may be lawfully given and with full power and authority to execute consents and waivers to modify or change or extend any bond or document executed for this Company.

INSURORS INDEMNITY COMPANY

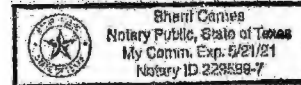
Attest: Tammy Tieperman
Tammy Tieperman, Secretary

By: Dave E. Talbert
Dave E. Talbert, President

State of Texas
County of McLennan

On the 11th day of November, 2014, before me a Notary Public in the State of Texas, personally appeared Dave E. Talbert and Tammy Tieperman, who being by me duly sworn, acknowledged that they executed the above Power of Attorney in their capacities as President, and Corporate Secretary, respectively, of Insurors Indemnity Company, and acknowledged said Power of Attorney to be the voluntary act and deed of the Company.

Sheri Carnes
Notary Public, State of Texas



Insurors Indemnity Company certifies that this Power of Attorney is granted under and by authority of the following resolutions of the Company adopted by the Board of Directors on November 11, 2014:

RESOLVED, that all bonds, undertakings, contracts or other obligations may be executed in the name of the Company by persons appointed as Attorney in Fact pursuant to a Power of Attorney issued in accordance with these Resolutions. Said Power of Attorney shall be executed in the name and on behalf of the Company either by the Chairman and CEO or the President, under their respective designation. The signature of such officer and the seal of the Company may be affixed by facsimile to any Power of Attorney, and, unless subsequently revoked and subject to any limitation set forth therein, any such Power of Attorney or certificate bearing such facsimile signature and seal shall be valid and binding upon the Company and any such power so executed and certified by facsimile signature and seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is validly attached.

RESOLVED, that Attorneys in Fact shall have the power and authority, subject to the terms and limitations of the Power of Attorney issued to them, to execute and deliver on behalf of the Company and to attach the seal of the Company to any and all bonds and undertakings, and any such instrument executed by such Attorneys in Fact shall be binding upon the Company as if signed by an Executive Officer and sealed and attested to by the Secretary or Assistant Secretary of the Company.

I, Tammy Tieperman, Secretary of Insurors Indemnity Company, do hereby certify that the foregoing is a true excerpt from the Resolutions of the said Company as adopted by its Board of Directors on November 11, 2014, and that this Resolution is in full force and effect. I certify that the foregoing Power of Attorney is in full force and effect and has not been revoked.

In Witness Whereof, I have set my hand and the seal of INSURORS INDEMNITY COMPANY on this 16th day of August, 2021.

Tammy Tieperman
Tammy Tieperman, Secretary

NOTE: IF YOU HAVE ANY QUESTION REGARDING THE VALIDITY OR WORDING OF THIS POWER OF ATTORNEY, PLEASE CALL 800 933 7444 OR WRITE TO US AT P. O. BOX 32577, WACO, TEXAS 76703 OR EMAIL US AT BONDDEPT@INSURORSINDEMNITY.COM.



References

- **Project:** Church at W. 34th St.
GC: Oak Forest Retails Partners, Ltd
Contact: Nima Ghedami
713-627-1015
Project Description: Abatement and Demolition
Date of Completion: 3/01/2019

- **Project:** FBISD Restroom Renovations
GC: ICI Construction
Contact: Bri Lozano
281-355-5151
Project Description: Demolition
Date of Completion: 12/14/2020

- **Project:** Multiple Apartment Complex Renovations
GC: Guardian Construction
Contact: Gilbert Mancias
512-250-9478 ext. 10402
Project Description: Demolition, Remediation, Winter Storm Clean up
Date of Completion: Current 2021



Emanuel Enterprises, LLC
8607 Kempridge St.
Houston, TX 77080
281-932-1138

August 17, 2021

Proposal Submitted Via: Fort Bend County Purchasing Agent
Attn: Jaime Kovar, Purchasing Agent
Company: Fort Bend County

Project Name: BID 21-097
Project Address: 336 Carroll Rd. Richmond, TX 77469
36625 Lariat Ln. Wallis, TX 77485

Dear Mr. Kovar,

Emanuel Enterprises, LLC appreciates the opportunity to provide you with a quote for the above reference project. If you have any questions regarding the scope of this quotation, please contact Mr. Juan Peña for an additional explanation. Please note that Emanuel Enterprises provides asbestos abatement, as well as both interior and structural demolition. As a qualified environmental contractor, we are confident that we can handle all of your environmental and demolition needs. Upon request, we can provide you with our current insurance and bonding capabilities.

We are pleased to provide the following proposal:

Proposed Scope of Work:

336 Carroll Rd. - Abatement & Disposal cost: \$ 9,500
Demolition & Disposal cost: **\$9,000**
Total: **\$18,500.00**

36625 Lariat Ln. – Demolition & Disposal cost: \$ 9,500
Total: **\$9,500.00**

Total Cost.....\$28,000
Anticipated Duration (Working Days): 5 Working Days



Emanuel Enterprises, LLC
8607 Kempridge St.
Houston, TX 77080
281-932-1138

The following are the terms of this proposal.

1. This proposal includes cost for labor and material
2. As per state guidelines, this proposal does not include third party air monitoring fees.
3. This proposal does not include Department of State Health Services (DSHS), and asbestos removal unit (ARU) fees.
4. This proposal, unless otherwise noted does not include state, federal, or local sales tax.
5. Payment and performance bonds are not included in the price of this proposal.
6. The scope of work provided is specific and does not cover unseen or unknown conditions.
7. Emanuel Enterprises is expressly authorized to sign any required disposal form on behalf of the Owner and Generator for any of the waste removed from the site.
8. The cost of this proposal is based on the owner providing adequate water and electricity on site unless otherwise noted.
9. All removable items are to be removed from work area by others prior to the commencement of work by Emanuel. As a result, Emanuel will not be responsible for damage to items that remain in the work area.
10. Progress Billing NET 15.
11. No retainage fees for this project.
12. This proposal is good for 90 days.

If you have any questions regarding this proposal, please feel free to contact me at 281-932-1138. To indicate your acceptance of this proposal, please sign below and forward to jp@emanuelent.com

Thank you for the opportunity to bid.

Juan Pena

CEO

Emanuel Enterprises, LLC

Cell: 281-932-1138

Proposal Acceptance:

Name: _____

Title: _____

Date: _____

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

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
CERTIFICATION OF FILING**

Certificate Number:
2021-813082

Date Filed:
10/14/2021

Date Acknowledged:
10/26/2021

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
Emanuel Enterprises, LLC
Houston, TX United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
Fort Bend County TX

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.
BID 21-097
Demolition Services for Fort Bend County

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Pena , Juan	Houston, TX United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(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)