REQUEST FOR PROPOSALS
RFP#2627-01

MONTE ALTO ISD

HVAC Supplies, Equipment & Services (Pool)

25149 1ST Street
Monte Alto, TX 78538

Issue date: June 4, 2026

Proposal Submission to:
Monte Alto ISD
Attention: Melinda Chapa
25148 1st Street
Monte Alto, TX 78538

Deadline for Proposals: Tuesday, 2:00 PM, July 21, 2026

The District is an Equal Opportunity employer/program. Historically Underutilized Businesses (HUB's) are encouraged to apply.

REQUEST FOR PROPOSALS (RFP)
FOR
HVAC Supplies, Equipment
&Services (Pool)
#2627-01

BACKGROUND INFORMATION

Monte Alto Independent School District herein referred to as 'the District" is a tax-exempt educational organization which is s public school district located in Monte Alto, Texas. The District has approximately 820 students and operates one elementary schools, middle school, and a high school. The school's board is composed of seven active members, including board members with private sector experience. The District is responsible for the planning, evaluation and oversight of educational programs in this area. The District receives funding from the Texas Education Agency (TEA), the Department of Education (DOE), and the Department of Agriculture.

PURPOSE

The District is seeking qualified vendors ("Vendor" or "Consultant") to provide HVAC Supplies, Equipment & Services

GENERAL INFORMATION

RFP Requestor:	Monte Alto ISD
Contact Person:	Melinda Chapa
Issue Date:	June 4, 2026
Deadline for Receipt of Proposals:	Tuesday, July 21, 2026 @ 2:00 PM

Submission of Proposals: An ORIGINAL signed proposal and three (3) copies should be delivered or mailed in a sealed envelope (labeled "RFP# 2627-01 HVAC Supplies, Equipment & Services Pool") to: Monte Alto ISD, Attention: Melinda Chapa, 25149 1st St., Monte Alto TX, 78538.

When submitting a proposal, it is required that proposers have the necessary professional experience, prior training and applicable professional judgment to perform the activities proposed to supply the services requested by this RFP.

SPECIAL NOTE:

The initial contract will be awarded for a one (1) year term, with the right to renew for an additional two (2) years. Each renewal year will be granted in one (1) year increments. The total term of the contract will be for three (3) years pending satisfactory service, sufficient funding, and Board approval.

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Proposals received will become part of the District's official files without further obligation to the proposer.

The District reserves **the right** to:

accept or reject any and all proposals,

request additional information from proposers,

extend the deadline for submission,

reissue the Request for Proposals,

waive any defect, irregularity, for informality in any proposal or bidding procedure,

retain negotiation right to clarify, or verify any aspect of a submitted proposal in response to the RFP,

negotiate a resulting non-exclusive contract for services with one or more of the qualified proposers responding to this RFP,

require the submission of any price, technical, or other revision to the proposal which results from negotiations conducted.

The District is under no legal obligation to execute a contract resulting from this RFP and intends the material s provided herein only as a mean s of identifying and considering various contractor alternatives and the general cost of services derived.

The District reserves the right to vary the provisions set forth herein any time prior to the execution of a contract. This RFP does not commit the District to pay for any costs incurred prior to the execution of the contract.

The District reserves the right to negotiate the final terms of any and all contracts with successful proposers. Items that may be negotiated include, but are not limited to, type and scope of activities, implementation schedule, and cost. Contracts negotiated as a result of this RFP may be extended, modified, or de-obligated in the manner set forth in the contract in order to attain the objectives of the District. The negotiated contract shall be a non-exclusive contract for an initial term of one (1) year, which may be extended for up to two additional one-year terms, upon mutual written agreement of the parties and Board approval prior to expiration of the initial or renewal term. Monte Alto ISD reserves the right to not renew the contract at the end of the fiscal year. For consideration, proposals must be submitted according to format requirements.

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Vendors certify that:

1. Continuing non-performance of the services by the proposer in accordance with the specifications and requirements of the District, or applicable requirements of State or federal laws and regulations relating to such services, shall be a basis for the termination of the contract by the school district. Cancellation by Monte Alto ISD may be made upon (30) days written notice to the successful vendor. Monte Alto ISD shall not pay for services, work, supplies, or equipment which are unsatisfactory. Vendors shall be given a reasonable opportunity before termination to correct the deficiencies. This, however, shall in no way be construed as negating the basis for termination for non-performance.

2. All prices, fees and Labor Rates must be guaranteed through completion of the contract.

3. The proposal award shall be based on the following factors:

   - Price: The monetary proposal amount- 50 points
   - Ability to Meet the Districts Needs: Attachments A& B- 20 points
   - Reputation of Vendors Services: Overall experience and reputation of the vendor with similar size customers- 20 points
   - Quality of Vendors Response: Response to the Proposer's required documents - 10 points

4. Proposals that do not meet or exceed the specifications and submittal requirements of the RFP may be rejected as non-conforming to the RFP specifications/requirements.

5. It is understood and agreed the school district reserves the right to modify conditions and specifications by mutual agreement with the selected vendor both at the time of acceptance of this proposal offer as modified, and subsequent thereto by 25% or less of the total value of award.

   All contracts, agreements, and purchases between a vendor and Monte Alto ISD shall strictly adhere to the laws set forth in the Texas school law bulletin and other applicable laws and regulations.

6. Proposals will be opened and evaluated after the proposal submittal deadline, with follow-up on references, proposal tabulation, and thereafter possible interview and negotiation of final contract terms with selected vendors.

7. During the performance of this contract, the vendor agrees not to discriminate against any employee or applicant for employment because of race, color, national origin, age, religion, gender, marital or veteran status, or disability.

8. All contracts and agreements between vendors and Monte Alto ISD shall strictly adhere to applicable laws.

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PROPOSAL FORMAT AND PREPARATION

Each proposer must submit one (1) ORIGINAL and three (3) copies of their proposal (for a total of four (4)). One of the copies must be marked "ORIGINAL" and contain original signatures. Proposal packages should be organized in the manner specified below:

Proposals should be prepared in a concise manner. Clarity of content and completeness are essential.

All proposals must be typed and completed on 8 ½ x 11 paper. Use the Vendor Information (Attachment A) of this RFP as the cover sheet. Each proposal must include (Attachment B) Price Delivery Information of this RFP.

ATTACHMENTS TO BE COMPLETED AND RETURNED WITH EACH PROPOSAL

Important Note: Please submit the Original and three (3) copies of the proposal (a total of 4)

Attachment A.	**Vendor Information**
Attachment B.	**Price Delivery Information**
Attachment C.	**W-9**
Attachment D.	Form CIQ: Conflict of Interest Questionnaire
Attachment E.	**Felony Conviction Notice**
Attachment F.	Non-Collusion Statement
Attachment G.	**Suspension or Debarment Certification**
Attachment H.	**References**
Attachment I.	**Certificate of Liability**
Attachment J.	**State Assessment**
Attachment K.	**Form 1295**
Attachment L.	**Drug Free Workplace**

Attachment A
VENDOR INFORMATION

Company Name:		
Company Address:		
City:	State:	Zip:
Taxpayer I.D. #:	Website Address:	
Telephone:	Fax:	E-mail:
Remit Address if different from above:		
Authorized Representative Name:		
Authorized Representative Signature:		
Discount:		

1. Company's home office location is: _____
2. Legal name of company: _____
3. Number of years in business: _____
4. Do you currently do business with Monte Alto ISD? □ Yes □ No
5. a. Is your principal place of business located in the State of Texas? □ Yes □ No
   b. Does your business employ more than 500 people in the State of Texas? □ Yes □ No
6. Does your business have ecommerce (online ordering) capabilities? □ Yes □ No
7. Do you have any pending litigation? □ Yes □ No If yes, please attach a separate page explaining.
8. Is your company able to service MAISD locations – Monte Alto surrounding area? □ Yes □ No If no, explain exceptions _____
9. Do you have experience working with other school districts in Texas? □ Yes □ No
10. Does your company accept purchase orders? □ Yes □ No
11. Did you provide a certificate of insurance with your response? □ Yes □ No
12. Is your company currently for sale or involved in any transaction to expand or to become acquired by another business entity? □ Yes □ No
13. Is this company a minority, or woman-owned business enterprise? □ Yes □ No
14. How did you hear about this proposal opportunity? □ MAISD e-mail □ Other: _____ □ Newspaper.

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Attachment B

PRICE DELIVERY INFORMATION

Company Name: _____

Sales/Service Representative Name and Contact Info: _____

_____

Supplies/Equipment Description: _____

1. Please Choose (Check) One of The Following Methods:

    A. ( ) Percentage Discount Off List Price: _____% Off

        (Vendors may submit one discount, or a discount range, for example 0-20%)

    B. ( ) Supplies and Equipment Will Be Offered at Shelf Price (0.0% Discount).

2. Please Choose (Check) One of the Following Delivery Methods:

    A. ( ) Vendor Will Deliver Supplies at No Charge to MAISD Warehouse

    B. ( ) Vendor Will Deliver and Add Freight Charges to final Invoice.

    C. ( ) Vendor Chooses Not to Deliver to MAISD

In Addition to HVAC Supplies & Equipment, My Company can Furnish Various HVAC Services to MAISD as Follows:

3. Service Description(s): _____

_____

    A. ( ) Percentage Discount off Service List Price: _____% off

        (Vendor may submit one discount, or discount range, for example 0-20%)

        Rate per hour: $_____with discount

    B. ( ) Rate per hour: $_____ (0.0% Discount)

    C. Tradesman/License? Yes: _____No: _____

4. Does your company offer on-line catalog availability? Yes: _____No: _____

   Mandatory controls for Purchase Orders only

   If yes, provide web site: _____

5. Do you have a walk-in (retail) store for will-call purchases? Yes: _____No: _____

6. Our company can offer a discount of _____% for shelf/catalog purchases.

   All catalogs distributed to Monte Alto ISD will be labeled on the cover with the applicable discount(s).

Define your company's return policy: _____

EXCLUSIONS

If there are categories of supplies, equipment, and services that are not eligible for discount please indicate categories in the space provided below:

_____

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Attachment C

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

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

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ 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) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

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

Social security number

___ – ___ – ____

or

Employer identification number

__ – _____

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here Signature of U.S. person ► Date ►

General Instructions

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

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

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, *later.*

Cat. No. 10231X Form **W-9** (Rev. 10-2018)

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CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor doing business with local governmental entity

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

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

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

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

OFFICE USE ONLY

Date Received

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

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

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

_____

Name of Officer

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

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

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

7

_____ _____

Signature of vendor doing business with the governmental entity Date

Form provided by Texas Ethics Commission www.ethics.state.tx.us Revised 1/1/2021

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FELONY CONVICTION NOTICE

Texas Education Code, 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 contact.

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

Vendor's Name _____

Authorized Company
Official's Name (please print)_____

A. My firm is not owned or operated by anyone who has been convicted of a felony.

Signature of Company Official_____Date: _____

B. My firm is owned or operated by the following individual(s) who has /have been convicted of a felony.

Name of Felon(s)_____

Details of Conviction(s)_____

Signature of Company Official_____Date: _____

C. My firm is a publicly owned, Stock-exchange Corporation; therefore, this reporting requirement is not required.

Signature of Company Official_____Date: _____

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Attachment F

NON-COLLUSION STATEMENT

STATE OF TEXAS

COUNTY OF HIDALGO

BEFORE ME, the undersigned authority, on this day personally appeared _____ _____known to me to be the person whose name is subscribed to the following, who, upon oath, says:

I am the manager, secretary or other agent or officer of the principal of the Bidder or Proposer ("Bidder") in the matter of the bids or proposals to which this affidavit is attached, and I have full knowledge of the relations of the Bidder with the other firms in this same line of business, and the Bidder is not a member of any trust, pool, or combination to control the price of supplies, materials and/or services bid on, or to influence any person to propose or not to bid thereon.

I further affirm that the Bidder has not given, offered to give, nor intends to give at a any time hereafter any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public servant in connection with the submitted bid/proposal.

_____

Affiant (Contractor)

_____

Printed Name

_____

Title

_____

Company

Subscribed and sworn to before me, this,

_____ day of_____, 2026

_____

Notary Public

My Commission Expires _____

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Attachment G

Suspension or Debarment Certificate

Non-Federal entities are prohibited from contracting with or making subawards under covered transactions to parties that are suspended or debarred or whose principals are suspended or debarred. Covered transactions include procurement for goods or services equal to or in excess of $100,000.00 Contractors receiving individual awards for $100,000.00 or more and all subrecipients must certify that the organization and its principals are not suspended or debarred.

By submitting this offer and signing this certificate, the bidder:

- Certifies that the owner/operator has not been convicted of a felony except as indicated on separate attachment to this offer, in accordance with Section 44.034, Texas Education Code, and
- Certifies that no suspension or disbarment is in place, which would preclude receiving a federally funded contract under the Federal OMB, A-102, Common Rule (_ . 36)

Vendor Name_____

Authorized Company Official' s Name _____

Signature of Company Official_____Date_____

Vendor E-mail Address _____

Vendor Telephone Number_____

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Attachment H

REFERENCES

Please indicate all required Point of Contact information requested

Name of Company: Address of Reference: Point of Contact: Phone:	_____ _____ _____
Email:	_____
Name of Company:	_____
Address of Reference:	_____
Point of Contact: Phone:	_____
Email:	_____
Name of Company:	_____
Address of Reference:	_____
Point of Contact: Phone:	_____
Email:	_____

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Attachment I

Certificate of Liability
(Include here)

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Attachment J

CERTIFICATION

The undersigned authorized representative of the Business 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 Business certifies that:

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

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

_____

Name of Title of Authorization

_____

Signature

Attachment K

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 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)

ADD ADDITIONAL PAGES AS NECESSARY

Form provided by Texas Ethics Commission www.ethics.state.tx.us Revised 12/22/2017

Must file online at www.ethics.state.tx.us/File

Attachment L

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 30 17), 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 in1posed 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.

Further Certifications:

The undersigned contractor further certifies that contractor will abide by all State and federal laws applicable to the provision of its services, activities or programs to the District, including but not limited to, the Americans with Disabilities Act, 42 USC §12111, *et seq.*, 29 CFR §1630, *et seq.*; Section 504 of the 1973 Rehabilitation Act, 34 CFR §104.1, *et seq.*; the Family Educational Rights and Privacy Act, 20 USC §1232g, *et. seq.*, 34 CFR §99.1, *et seq.*; Title IX of the Education Amendments of 1972, 20 USC §1681 *et seq.*, 34 CFR §106.1 et seq; Copeland Anti-Kickback Act, 18 USC §874 as supplemented in 29 CFR Part 3; 34 CFR Part 76 (State-Administered Grant Programs); 34 CFR Part 75 (Direct Grant Programs); and any applicable federal, State, local and private grant requirements.

All of the above certifications in this Attachment C 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.

Name and Title of Authorized Representative

_____

Signature