

# ORIGINAL

## **CITY OF SAN ANTONIO**

PURCHASING AND GENERAL SERVICES DEPARTMENT

FORMAL INVITATION FOR BID ("IFB") NO.: 6100008712

#### PURCHASE OF PUBLIC SAFETY LIGHT DUTY TRUCKS

Date Issued: APRIL 7, 2017

## BIDS MUST BE RECEIVED **NO LATER** THAN: 2:00 PM C.T., APRIL 24, 2017

Bids may be submitted by any of the following means: Electronic submission through the Portal Hard copy in person or by mail

Address for hard copy responses:

Physical Address: City Clerk's Office 100 Military Plaza San Antonio, Texas 78205 Mailing Address: City Clerk's Office P.O. Box 839966 San Antonio, Texas 78283-3966

For Hard Copy Submissions, Mark Envelope
"PURCHASE OF PUBLIC SAFETY LIGHT DUTY TRUCKS"

Bid Due Date: 2:00 p.m., C.T., APRIL 24, 2017

Bid No.: 6100008712

Bidder's Name and Address

Bid Bond: N/A

Performance Bond: N/A

Payment Bond: N/A

Other: N/A

See Supplemental Terms & Conditions for information on these requirements.

Affirmative Procurement Initiative: N/A

DBE / ACDBE Requirements: N/A

See Instructions for Bidders and Attachments sections for more information on these requirements.

Pre-Submittal Conference \* YES

\* If YES, the Pre-Submittal conference will be held on APRIL 14, 2017 at 2:30 P.M. at the Fleet Operations Conference Room, 329 S. Frio, San Antonio, Texas 78207.

<u>Staff Contact Person</u>: IAN MONTEMAYOR, PS II, P.O. Box 839966, San Antonio, TX 78283-3966. Email: IAN.MONTEMAYOR@SANANTONIO.GOV

SBEDA Contact Information: 210-207-3900,

#### 007 - SIGNATURE PAGE

By submitting a bid, whether electronically or by paper, Bidder represents that:

(s)he is authorized to bind Bidder to fully comply with the terms and conditions of City's Invitation for Bid for the prices stated therein;

(s)he has read the entire document, including the final version issued by City, and agreed to the terms therein;

Bidder is in good standing with the Texas State Comptroller's Office; and to the best of his/her knowledge, all

information is true and correct.

If submitting your bid by paper, complete the following and sign on the signature line below. Failure to sign and submit this Signature Page will result in rejection of your bid.

Bidder Information		
Please Print or Type Vendor ID No.		
Signer's Name	PAUL ZINZ	
Name of Business	AN CINA MOTOR COMPANY	
Street Address	10807 IH. 10 WEST	
City, State, Zip Code	SAN ANTONES, TA 78230	a gar i
Email Address	P & INI C AN CENA, COM	
Telephone No.	210.558-2612	
Fax No.	210.558-2177	
City's Solicitation No.	6 10000 8712	
Signature of Person Aut	horized to Sign Bid	

ITEM	QUANTITY	DESCRIPTION
1	1	3/4 Ton Full Four Door 4x4 Pickup Truck BOMB SQUAD K-9
PRICE EACH:	\$	
TOTAL PRICE	:: \$	
YEAR, MAKE	& MODEL OFFERED:	
SPECIFIC MA	KE & MODEL OF ENGINE	OFFERED (INCLUDE SAE NET HP):
WARRANTY:		
<u></u>		
WARRANTY S	SERVICE PROVIDER NAME	<b>=:</b>
WARRANTY F	ACILITY ADDRESS:	
		•
PRODUCTION	N CUT-OFF DATE:	·
		TY CAN PLACE ORDERS UNDER THIS CONTRACT WITHOUT MISSING
THAT CITY DO	DES NOT AWARD A CONT	ALL ORDERS PLACED PRIOR TO THIS CUT OFF DATE. IN THE EVENT FRACT PRIOR TO PRODUCTION CUT OFF DATE, CAN BIDDER PROVIDE TED, AFTER THE PRODUCTION CUT OFF DATE?
DELIVERY: D	elivery will be made within_	calendar days after issuance of purchase order.
Prompt Payme	ent Discount:	% days. (if no discount is offered. Net 30 will apply.)

ITEM	QUANTITY	DESCRIPTION
2	2	1/2 Ton Four Full Door 4x2 Pickup Truck SAPD
PRICE EACH: \$_	22334	
TOTAL PRICE: \$	44668	
SPECIFIC MAKE	& MODEL OF ENGINE OF	OFFERED (INCLUDE SAE NET HP): -AA 3-64. V6 305 HP
ENGINE OFFERE		
WARRANTY:		
32	1/36000 Bun	AREA TO RUMPER STYN \$100000 POWER TRACK
	VICE PROVIDER NAME	144,104g. Service & g. Francisco & g. G. Sancisco & St. Sancisco & G. Sa
An	CINA CHAS	ruen, skep + Donce
WARRANTY FACI	LITY ADDRESS:	
10807	IN. PO WE	PT SAN AN TONZO TO 75230
PRODUCTION CU		5/25/17
INDICATE THE LA	AST DAY THAT THE CIT	Y CAN PLACE ORDERS UNDER THIS CONTRACT WITHOUT MISSING
THAT CITY DOES	<b>NOT AWARD A CONTR</b>	ALL ORDERS PLACED PRIOR TO THIS CUT OFF DATE. IN THE EVENT RACT PRIOR TO PRODUCTION CUT OFF DATE, CAN BIDDER PROVIDE ED, AFTER THE PRODUCTION CUT OFF DATE?
DELIVERY: Delive	ery will be made within	20 - 150 calendar days after issuance of purchase order.
Prompt Payment	Discount:%	days. (If no discount is offered, Net 30 will apply.)

ANCIRA CHRYSLER JEEP DODGE 10807 IH 10 W **SAN ANTONIO, TX 782301301** 

**Configuration Preview** 

Date Printed:

2017-04-19 3:19 PM

Quantity:

**Estimated Ship Date:** 

VIN: VON:

Status:

BA - Pending order

Sold to:

Ship to:

ANCIRA CHRYSLER JEEP DODGE (23867)

ANCIRA CHRYSLER JEEP DODGE (23867)

10807 IH 10 W

10807 IH 10 W

SAN ANTONIO, TX 782301301

SAN ANTONIO, TX 782301301

Vehicle:

2017 1500 TRADESMAN CREW CAB 4X2 (140 in WB 5 FT 7 IN box) (DS1L98)

	Sales Code	Description	MSRP(USD)	FWP(USD)
Model:	DS1L98	1500 TRADESMAN CREW CAB 4X2 (140 in WB 5 FT 7 fN box)	32,995	31,656
Package:	22B	Customer Preferred Package 22B	0	0
	ERB	3.6L V6 24V VVT Engine	0	0
	DFL	8-Spd Auto 845RE Trans (Make)	0	0
Paint/Seat/Trim:	PXR	Brilliant Black Crystal Pearl Coat	. 0	0
	APA	Monotone Paint	0	0
	*TX	HD Vinyl 40/20/40 Split Bench Seat	0	0
	-X8	Black/Diesel Gray	0	0
Options:	XM9	Delete Spray in Bedliner	-200	-182
	5N6	Easy Order	0	0
	163	Zone 63-Dallas	0	0
	4EX	Sales Tracking	0	0
Discounts:	YGE	5 Additional Gallons of Gas	0	13
	XKN	Flex Fuel Vehicle	0	0
Destination Fees:			1,395	1,395

HB: 984 **Total Price:** FFP: 32,628

99

EP:

31,438

Order Type: Scheduling Priority: Retail

PSP Month/Week:

**Customer Name:** 

4-Dealer Order

**Build Priority:** 

**Customer Address:** 

Instructions:

Note: This is not an invoice. The prices and equipment shown on this priced order confirmation are tentative and subject to change or correction without prior notice. No claims against the content listed or prices quoted will be accepted. Refer to the vehicle invoice for final vehicle content and pricing. Orders are accepted only when the vehicle is shipped by the factory.

Page 1 of 1

32,882

34,190

ITEM	QUANTITY	DESCRIPTION
3	1	1 Ton Four Full Door 4x4 Long Bed Truck w/KUV Body
PRICE EACH: \$		
TOTAL PRICE: \$		
SPECIFIC MAKE & N	MODEL OF ENGINE OF	FFERED (INCLUDE SAE NET HP):
ENGINE OFFERED:		
*		
WARRANTY:		
	CE PROVIDER NAME:	
WARRANTY FACILI	TY ADDRESS:	
PRODUCTION CUT-	OFF DATE:	
THE PROPHOTION	OUT OFF DATE.	CAN PLACE ORDERS UNDER THIS CONTRACT WITHOUT MISSING
THAT CITY DOES N	OT AWARD A CONTRA	L ORDERS PLACED PRIOR TO THIS CUT OFF DATE. IN THE EVENT ACT PRIOR TO PRODUCTION CUT OFF DATE, CAN BIDDER PROVID D, AFTER THE PRODUCTION CUT OFF DATE?
DELIVERY: Delivery	will be made within	calendar days after issuance of purchase order.
Promot Payment Dis	scount: %	days. (If no discount is offered. Net 30 will apply.)

## Finance Department - Purchasing Division

#### Local Preference Program Identification Form

The City of San Antonio Local Preference Program, described in the San Antonio City Code Chapter 2, Article XII, establishes a local preference for specific contracting categories. Each time a bidder or respondent submits a bid for a solicitation, this Local Preference Program Identification Form must be completed and turned in with the solicitation response in order to be identified as a City Business and receive the preference described below. The City will not rely on Local Preference Program Identification Forms submitted with prior or contemporaneous bids or proposals.

The Local Preference Program allows the City to grant a preference to a business meeting the definition of *City Business* in the award of the following types of contracts, when selection is made based on price alone:

- <u>Personal Property (Goods / Supplies)</u>: The local bidder's price must be within 3% of the price of the lowest non-local bidder for contracts of \$50,000 or more;
- Non-professional Services: The local bidder's price must be within 3% of the price of the lowest non-local bidder for contracts of \$50,000 to under \$500,000;
- <u>Construction Services</u>: The local bidder's price must be within 3% of the price of the lowest non-local bidder for contracts of \$50,000 to under \$100,000, excluding contracts awarded using alternative delivery methods.

The Local Preference Program also allows the award of additional points, when multiple evaluation criteria are used in the award of professional service contracts, where the selection process is not governed by statute and in revenue generating and concession contracts. A business meeting the definition of *City Business* stated below may be awarded 10 points for being headquartered within the city, or 5 points for having a local office within the city.

Moreover, the program recognizes joint venture agreements and allows for apportioning of points based upon the percentage of ownership of joint ventures by *City Businesses* responding to solicitations for which discretionary points are applied. For solicitations where selection is made based on price alone, all members of a joint venture must be *City Businesses* for the preference to be applied.

<u>City Business</u> is defined as a business headquartered within the incorporated San Antonio city limits for one year or more OR one that meets the following conditions:

- Has an established place of business for one year or more in the incorporated limits of the City:
- (a) from which at least 100 of its employees OR at least 20% of its total full-time, part-time and contract employees are regularly based; and
- (b) from which a substantial role in the business' performance of a commercially useful function or a substantial part of its operations is conducted by those employees.

A location utilized solely as a post office box, mail drop or telephone message center or any similar combination, with no other substantial work function, is not a *City Business*.

For the purposes of this program, Headquartered is defined as the place where a business entity's officers direct, control, and coordinate the entity's activities.

NOTE: Bidders / Respondents are required to submit documentation to substantiate that the requirements of a City Business have been met. Examples of documentation may include, but are not limited to the following:

- 1. Existence of local headquarters or office: For corporations, Texas Comptroller's listing of names/addresses of officers and directors. For partnerships, partnership agreement and any documents identifying the current managing partners and their current work addresses
- 2. Evidence of local headquarters or office in existence for one year or more: Utility bills, real property lease agreements, equipment leases, personal property taxes, real property taxes
- 3. Evidence of number of employees: Organizational charts, payroll records by location

## Finance Department - Purchasing Division **Local Preference Program Identification Form**

CITY RESERVES THE RIGHT TO REQUEST ADDITIONAL INFORMATION TO VALIDATE BIDDERS'/RESPONDENTS' DESIGNATION AS A CITY BUSINESS.

COMPLETE THE FOLLOWING FORM AND SUBMIT WITH YOUR RESPONSE EVEN IF YOU ARE NOT SEEKING A LOCAL PREFERENCE. THE BIDDER / RESPONDENT MUST COMPLETE THE FOLLOWING FORM TO BE IDENTIFIED AS A CITY BUSINESS. IF BIDDER / RESPONDENT IS SUBMITTING AS A JOINT VENTURE, EACH CITY BUSINESS THAT IS A MEMBER OF THE JOINT VENTURE MUST COMPLETE AND SIGN THIS FORM.

PROVIDE THE FOLLOWING INFORMATION IF BIDDER/ RESPONDENT IS SUBMITTING AS PART OF A JOINT VENTURE. Joint Venture means a collaboration of for-profit business entities, in response to a solicitation, which is manifested by a written agreement, between two or more independently owned and controlled business firms to form a third business entity solely for purposes of undertaking distinct roles and responsibilities in the completion of a given contract. Under this business arrangement, each joint venture partner shares in the management of the joint venture and also shares in the profits or losses of the joint venture enterprise commensurately with its contribution to the venture.

STATE BIDDER'S / RESPONDENT'S PERCENTAGE OF OWNERSHIP IN THE JOINT VENTURE:%
SUBMIT A COPY OF THE JOINT VENTURE AGREEMENT. SUBMIT ANY OTHER DOCUMENTATION REQUESTED BY CITY TO SUBSTANTIATE THE EXISTANCE OF AND/OR PARTICIPATION IN THE JOINT VENTURE. NO PREFERENCE POINTS WILL BE ALLOCATED TO A JOINT VENTURE THAT FAILS TO SUBMIT REQUIRED DOCUMENTATION.
SOLICITATION NAME/NUMBER: 6/000 0 67/2

PROVIDE THE FOLLOWING INFORMATION REGARDING BIDDER'S / **RESPONDENT'S HEADQUARTERS:** 

Name of Business:	ANCIRA 1	netur com	PANY
Physical Address:	10807 IN.1	" WEST	
City, State, Zip Code:	SAN ANTONES		280
Phone Number:	210-550	- 26/2	
Email Address:	PZINSCA	NCEM., CO	Ą
Provide the total number of full-time, part-time, and contract personnel employed by Bidder / Respondent:			
Is Business headquartered within the incorporated San Antonio city limits? (circle one)			
Has the business been headquartered in the incorporated San Antonio city limits for one year or more? (circle one)			
If the answers to the questions above are "Yes", stop here. If the answer to either of the above questions is "No", provide responses to the following questions:			

## Finance Department - Purchasing Division Local Preference Program Identification Form

PROVIDE THE FOLLOWING INFORMATION REGARDING BIDDER'S / RESPONDENT'S LOCAL OFFICE (IF APPLICABLE):

Name of Business:			
Physical Address:			
City, State, Zip Code:			=
Phone Number:			
Email Address:			
Provide the total number of full-time, part Bidder / Respondent in the local office:	t-time, and contrac	t personnel e	mployed by
Is the business located in the incorporated limits? (circle one)	San Antonio city	Yes	No
Has the business been located in the in Antonio city limits for one year or more? (ci		Yes	No
Are at least 100 full-time, part-time or corregularly based in the San Antonio office?		Yes	No
Are at least 20% of the business' total full-time, part-time or contract employees regularly based in the San Antonio office? (circle one)		Yes	No
Do the employees in the San Antonio office perform a substantial role in the business' performance of a		No	

#### **Veteran-Owned Small Business Program Tracking Form**

Authority. San Antonio City Code Chapter 2, Article XI describes the City's veteran-owned small business preference program.

Tracking. This solicitation is not eligible for a preference based on status as a veteran-owned small business (VOSB). Nevertheless, in order to determine whether the program can be expanded at a later date, the City tracks VOSB participation at both prime contract and subcontract levels.

**Certification**. The City relies on inclusion in the database of veteran-owned small businesses (VOSB) maintained by the U.S. Small Business Administration to verify VOSB status; however, veteran status may also be confirmed by certification by another public or private entity that uses similar certification procedures.

#### Definitions.

The program uses the federal definitions of veteran and veteran-owned small business found in 38 CFR Part 74.

- The term "veteran" means a person who served on active duty with the U.S. Army, Air Force, Navy, Marine Corps, Coast Guard, for any length of time and at any place and who was discharged or released under conditions other than dishonorable. Reservists or members of the National Guard called to federal active duty or disabled from a disease or injury incurred or aggravated in line of duty or while in training status.
- A veteran-owned small business is a business that is not less than 51 percent owned by one or more veterans, or in the case of any publicly owned business, not less than 51 percent of the stock of which is owned by one or more veterans; the management and daily business operations of which are controlled by one or more veterans and qualifies as "small" for Federal business size stand purposes.

The program uses the below definition of joint venture.

Joint Venture means a collaboration of for-profit business entities, in response to a solicitation, which
is manifested by a written agreement, between two or more independently owned and controlled
business firms to form a third business entity solely for purposes of undertaking distinct roles and
responsibilities in the completion of a given contract. Under this business arrangement, each joint
venture partner shares in the management of the joint venture and also shares in the profits or
losses of the joint venture enterprise commensurately with its contribution to the venture.

The program does not distinguish between a veteran and a service-disabled veteran-owned business and is not limited geographically.

COMPLETE THE FOLLOWING FORM AND SUBMIT WITH YOUR BID/PROPOSAL.

#### INSTRUCTIONS

- IF SUBMITTING AS A PRIME CONTRACTOR ONLY, COMPLETE SECTION 1 OF THIS FORM.
- IF SUBMITTING AS A PRIME CONTRACTOR UTILIZING A SUBCONTRACTOR, COMPLETE SECTIONS 1 AND 2 OF THIS FORM.

## Veteran-Owned Small Business Program Tracking Form

Name of Respondent:	4	
Physical Address:	ANCINA MOTOR COMPANY  10807 IH. 10 WEST  SANANTON IN TA 78230  210-558, 1500	
	10807 IH. 10 WEST	
City, State, Zip Code:	SAN ANTON IN	1 7x 78230
Phone Number:	210-558	1500
Email Address:	THRANDECI	ANCERA, SOM
Is Respondent certified as a VOSB with the U.S. Small Business Administration?	Yes	No 3
(circle one)		
If yes, provide the SBA Certification #		
If not certified by the SBA, is Respondent certified as a VOSB by another public or private entity that uses similar certification procedures? (circle one)	Yes	No
If yes, provide the name of the entity who has certified Respondent as a VOSB. Include any identifying certification numbers.		
Participation Percentage:		
Participation Dollar Amount:		_
Is Respondent subcontracting with a business that is certified as a VOSB? (circle one)	Yes	No )
Name of SUBCONTRACTOR Veteran-Owned Small Business:		
Physical Address:		
City, State, Zip Code:		
Phone Number:		
Email Address:		
Is SUBCONTRACTOR certified as a VOSB with the U.S. Small Business Administration? (circle one) If yes, provide the SBA Certification #	Yes	No No
If not certified by the SBA, is <b>SUBCONTRACTOR</b> certified as a VOSB by another public or private entity that uses similar certification procedures? (circle one)	Yes	No
If yes, provide the name of the entity who has certified SUBCONTRACTOR as a VOSB. Include any identifying certification numbers.		
Participation Percentage:		,
Participation Dollar Amount		

#### **Veteran-Owned Small Business Program Tracking Form**

#### **ACKNOWLEDGEMENT**

#### THE STATE OF TEXAS

I certify that my responses and the information provided on this Veteran-Owned Small Business Preference Program Identification Form are true and correct to the best of my personal knowledge and belief and that I have made no willful misrepresentations on this form, nor have I withheld any relevant information in my statements and answers to questions. I am aware that any information given by me on this Veteran-Owned Small Business Preference Program Identification Form may be investigated and I hereby give my full permission for any such investigation, including the inspection of business records and site visits by City or its authorized representative. I fully acknowledge that any misrepresentations or omissions in my responses and information may cause my offer to be rejected or contract to be terminated. I further acknowledge that providing false information is grounds for debarment.

RIDDI	ER/RESPONDENT'S FULL NAME:
	PAUL FENE
(Print	Name) Authorized Representative of Bidder/Respondent
10	
(Signa	ature) Authorized Représentative of Bidder/Respondent
	FLEET MANAGEN
Title	
	4/21/17
Date	

This Veteran-Owned Small Business Program Tracking Form must be submitted with the Bidder/Respondent's bid/proposal.

## Finance Department - Purchasing Division Local Preference Program Identification Form

#### **ACKNOWLEDGEMENT**

#### THE STATE OF TEXAS

I certify that my responses and the information provided on this Local Preference Program Identification Form are true and correct to the best of my personal knowledge and belief and that I have made no willful misrepresentations on this form, nor have I withheld any relevant information in my statements and answers to questions. I am aware that any information given by me on this Local Preference Program Identification Form may be investigated and I hereby give my full permission for any such investigation, including the inspection of business records and site visits by City or its authorized representative. I fully acknowledge that any misrepresentations or omissions in my responses and information may cause my offer to be rejected or contract to be terminated. I further acknowledge that providing false information is grounds for debarment.

BIDDER'S / RESPONDENT'S FULL NAME:
PAUL ZINI
(Print Name) Authorized Representative of Bidder / Respondent
(Signature) Authorized Representative of Bidder / Respondent
FUEET MANAGEN
Title
2/2/17
Date

This Local Preference Identification Form must be submitted with the bidder's / respondent's bid/proposal response.

#### Veteran-Owned Small Business (VOSB) Preference Program Identification Form

Authority. San Antonio City Code Chapter 2, Article XI describes the City's veteran-owned small business preference program.

Certification. The City relies on inclusion in the database of veteran-owned small businesses maintained by the U.S. Small Business Administration to verify VOSB status; however, veteran status may also be confirmed by certification by another public or private entity that uses similar certification procedures.

Preference. The VOSB preference applies to procurements of discretionary expenditure and revenue contracts for goods, services, and concessions, where the selection criteria are not limited by state or federal law. The preference consists of 5% of the evaluation points for a business that is certified as a Veteran-Owned Small Business. Moreover, the program recognizes joint venture agreements and allows for apportioning of points based upon the percentage of VOSB ownership of a joint venture responding to solicitations for which discretionary points are applied. There are no points available for VOSB subcontractors.

**Tracking.** In order to determine whether the program can be expanded at a later date, the City tracks VOSB participation at both the primary contract and subcontract levels.

**Exclusions**. This program does not apply to any expenditure or revenue contract with a value that is less than the amount that is required to be bid pursuant to state law (Chapter 252, Texas Local Government Code, as amended), currently \$50,000 or less, or where limited by state or federal law.

#### Definitions.

The program uses the federal definitions of veteran and veteran-owned small business found in 38 CFR Part 74.

- The term "veteran" means a person who served on active duty with the U.S. Army, Air Force, Navy, Marine Corps, Coast Guard, for any length of time and at any place and who was discharged or released under conditions other than dishonorable. Reservists or members of the National Guard called to federal active duty or disabled from a disease or injury incurred or aggravated in line of duty or while in training status.
- A veteran-owned small business is a business that is not less than 51 percent owned by one or more veterans, or in the case of any publicly owned business, not less than 51 percent of the stock of which is owned by one or more veterans; the management and daily business operations of which are controlled by one or more veterans and qualifies as "small" for Federal business size stand purposes.

The program uses the below definition of joint venture.

Joint Venture means a collaboration of for-profit business entities, in response to a solicitation, which
is manifested by a written agreement, between two or more independently owned and controlled
business firms to form a third business entity solely for purposes of undertaking distinct roles and
responsibilities in the completion of a given contract. Under this business arrangement, each joint
venture partner shares in the management of the joint venture and also shares in the profits or
losses of the joint venture enterprise commensurately with its contribution to the venture.

The program does not distinguish between a veteran and a service-disabled veteran-owned business and is not limited geographically.

COMPLETE THE FOLLOWING FORM AND SUBMIT WITH YOUR RESPONSE EVEN IF YOU ARE NOT SEEKING A VETERAN'S PREFERENCE. THE RESPONDENT MUST COMPLETE AND SUBMIT THE FOLLOWING FORM TO BE IDENTIFIED AS A VETERAN-OWNED SMALL BUSINESS. IF RESPONDENT IS SUBMITTING AS A JOINT VENTURE, EACH VOSB MEMBER OF A JOINT VENTURE MUST COMPLETE AND SIGN THIS FORM.

#### Veteran-Owned Small Business (VOSB) Preference Program Identification Form

PROVIDE THE FOLLOWING INFORMATION IF RESPONDENT IS SUBMITTING AS PART OF A JOINT VENTURE.

SUBMIT A COPY OF THE JOINT VENTURE AGREEMENT AND ANY OTHER DOCUMENTATION TO SUBSTANTIATE THE EXISTANCE OF AND/OR PARTICIPATION IN THE JOINT VENTURE. NO PREFERENCE POINTS WILL BE ALLOCATED TO A JOINT VENTURE THAT FAILS TO SUBMIT REQUIRED DOCUMENTATION.

#### **INSTRUCTIONS**

- IF SUBMITTING AS A PRIME CONTRACTOR ONLY, COMPLETE SECTION 1 OF THIS FORM.
- IF SUBMITTING AS A PRIME CONTRACTOR UTILIZING A SUBCONTRACTOR, COMPLETE SECTIONS 1 AND 2 OF THIS FORM.
- IF SUBMITTING AS PART OF A JOINT VENTURE, COMPLETE SECTION 3 OF THIS FORM.
- IF SUBMITTING AS A JOINT VENTURE UTILIZING A SUBCONTRACTOR, COMPLETE SECTIONS 2 AND 3 OF THIS FORM.

## Veteran-Owned Small Business (VOSB) Preference Program Identification Form

SOLICITATION NAME/NUMBER: 6/0000 F7/2		
Section 1: Prime Contractor  Name of PRIME CONTRACTOR:	1 4 . 4 . 4	
	ANCINA MOTOR	company
Physical Address:	JOGOF IN.	10 MELL
City, State, Zip Code:	SAN ANTONZO	7 78730
Phone Number:	210,55%.	500
Email Address:	TBRANDTO	ANCINA COM
Is PRIME CONTRACTOR certified as a VOSB with the U.S. Small Business Administration? (circle one)	Yes	No
If yes, provide the SBA Certification #		*
If not certified by the SBA, is PRIME CONTRACTOR certified as a VOSB by another public or private entity that uses similar certification procedures? (circle one)	Yes	No 3
If yes, provide the name of the entity who has certified PRIME CONTRACTOR as a VOSB. Include any identifying certification numbers.		
Participation Percentage:		
Participation Dollar Amount:		
Section 2: Subcontractor  Is PRIME CONTRACTOR subcontracting with a business that is certified as a VOSB? (circle one)	Yes	No
Name of SUBCONTRACTOR Veteran-Owned Small Business:		•
Physical Address:		
City, State, Zip Code:		
Phone Number:		
Email Address:		
Is SUBCONTRACTOR certified as a VOSB with the U.S. Small Business Administration? (circle one)	Yes	(6N)
If yes, provide the SBA Certification #		
If not certified by the SBA, is <b>SUBCONTRACTOR</b> certified as a VOSB by another public or private entity that uses similar certification procedures? (circle one)	Yes	No
If yes, provide the name of the entity who has certified SUBCONTRACTOR as a VOSB. Include any identifying certification numbers.		
Participation Percentage:		
Participation Dollar Amount:		

### Veteran-Owned Small Business (VOSB) Preference Program Identification Form

Section 3: Joint Ventures		
Is Respondent submitting as part of a joint venture? (circle one)	Yes	(No)
Name of Joint Venture VOSB Member:		
Physical Address:		*
City, State, Zip Code:		
Phone Number:		
Email Address:		
Percentage of Ownership of Joint Venture by VOSB Member:	(4)	
Is Joint Venture VOSB Member certified as a VOSB with the U.S. Small Business Administration?  (circle one)	Yes	No
If yes, provide the SBA Certification #		
If not certified by the SBA, is Joint Venture VOSB Member certified as a VOSB by another public or private entity that uses similar certification procedures? (circle one)	Yes	No
If yes, provide the name of the entity who has certified Joint Venture VOSB Member as a VOSB. Include any identifying certification numbers.		
VOSB Member's Percentage Share in Profits / Loss of Joint Venture		

#### Veteran-Owned Small Business (VOSB) Preference Program Identification Form

#### **ACKNOWLEDGEMENT**

#### THE STATE OF TEXAS

I certify that my responses and the information provided on this Veteran-Owned Small Business Preference Program Identification Form are true and correct to the best of my personal knowledge and belief and that I have made no willful misrepresentations on this form, nor have I withheld any relevant information in my statements and answers to questions. I am aware that any information given by me on this Veteran-Owned Small Business Preference Program Identification Form may be investigated and I hereby give my full permission for any such investigation, including the inspection of business records and site visits by City or its authorized representative. I fully acknowledge that any misrepresentations or omissions in my responses and information may cause my offer to be rejected or contract to be terminated. I further acknowledge that providing false information is grounds for debarment.

RESPONDENT'S FULL NAME:	
PAUL FINI	
(Print Name) Authorized Representative of Respondent	
(Signature) Authorized Representative of Respondent	
FIEET MANAGEN	
Title	
4/21/17	
Data	

This Veteran-Owned Small Business Preference Program Identification Form must be submitted with the Respondent's proposal.

CERTIFICATE OF INTERESTED PAR	TIES	FOR	м 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			
Name of business entity filing form, and the city, state and country of the business entity's place		Certificate Number:			
of business.		2017-195259			
Ancira Chrysler Jeep and Dodge		]			
San Antonio, TX United States  Name of governmental entity or state agency that is a party to the contract for which the form is		Date Filed: 04/19/2017			
Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is	04/15/2017			
City of San Antonio		Date Acknowledged:			
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.					
6100008712 Purchase of Public Safety Light Duty Trucks					
	<u> </u>	Nature o	f interest		
Name of Interested Party	City, State, Country (place of busin	ess) (check a	oplicable)		
		Controlling	Intermediary		
Brandt, Tom	San Antonio, TX United States		х		
Zini, Paul	San Antonio, TX United States		x		
5 Check only if there is NO Interested Party.	<u> </u>				
6 AFFIDAVIT I swear, or	affirm, under penalty of perjury, that the	above disclosure is tru	e and correct.		
PATRICIA H. CARRANZA	A				
Notary Public X					
X M XX IF   State of Texas   P					
My Comm. Exp. 05-16-2017 Signature of authorized agent of contracting business entity					
AFFIX NOTARY STAMP / SEAL ABOVE					
Sworn to and subscribed before me, by the said Paul Zini, this the 215th day of April.					
Sworn to and subscribed before me, by the said					
tatt Can a Patricia H Carranza Notary					
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					
Forms provided by Texas Ethics Commission www.eti	nics.state.tx.us	Ve	ersion V1.0.883		