

AI-18437

2.A.

**FUEL TRANSFER
CC CONSENT**

Date: 11/10/2009
Submitted By: Angela Garcia, BUDGET & MANAGEMENT
Department: BUDGET & MANAGEMENT
Agenda Category: 2009 Intradepartmental Transfers

Information

CAPTION

2009 - DBM Budget Division (1100)

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2009 ACCT. #: 9-1100-415-14-115-001-0-XXX
FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?: N
BUDGETARY IMPACT:
339-->626 \$ 2,000.00; funds available as of 11/06/2009

Attachments

Link: [Line Item Transfer](#)

Form Routing/Status

Route Seq	Inbox	Approved By	Date	Status
1	Budget & Management	Erika Zamora	11/06/2009 08:43 AM	APRV
2	Ana Galvan	Anna Galvan	11/06/2009 02:12 PM	APRV
3	Auditor's Office		11/06/2009 05:08 PM	NEW

Form Started By: Angela Garcia
Started On: 11/06/2009 08:33 AM
Final Approval Date: 11/06/2009

INTRADEPARTMENTAL TRANSFER

DATE: November 6, 2009

DEPARTMENT HEAD: RAUL SILGUERO JR.

DEPARTMENT NAME: DBM BUDGET DIVISION

ACCOUNT NUMBER: 9-1100-415-14-115-001-0-XXX

SUBJECT: Budget Intradepartmental Transfer

Honorable Commissioner's Court of Hidalgo County:

I would like to request the following Intradepartmental Budget Transfer/s in accordance with Local Government Code, Chapter 111, Subchapter C.

FROM:		TO:		
OBJECT	OBJECT	OBJECT	OBJECT	
CODE	NAME	CODE	NAME	AMOUNT
339	OTHER PROFESSIONAL SERVICES	626	GASOLINE/DIESEL	\$ 2,000.00
			TOTAL	\$ 2,000.00

REASON: NEEDED FOR FUEL FOR 2008 FORD F-150 VEHICLE FOR COURIER.

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONERS' COURT

DATE _____

ATTEST COUNTY CLERK

AI-18430

2.B.

WIC

CC CONSENT

Date: 11/10/2009
Submitted By: Margarita Gonzalez, WIC
Department: WIC
Agenda Category: 2009 Intradepartmental Transfers

Information

CAPTION

2009 - WIC Adm. (1292)

BACKGROUND

9.1292.441.00.350.001.9.

Fiscal Impact

FISCAL YEAR: 2009 ACCT. #: 9-1292-441-00-350-001-9-XXX
FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?:
BUDGETARY IMPACT:
Available account balance as of 11/6/2009 601->581

Attachments

Link: LIT

Form Routing/Status

Route Seq	Inbox	Approved By	Date	Status
1	Budget & Management	Erika Zamora	11/05/2009 04:24 PM	APRV
2	JC Carreon	JC Carreon	11/06/2009 09:13 AM	APRV
3	Auditor's Office		11/06/2009 05:08 PM	NEW

Form Started By: Margarita Gonzalez
Started On: 11/05/2009 02:31 PM
Final Approval Date: 11/06/2009

DATE: 11/05/09
WIC DIRECTOR: NORMA LONGORIA
DEPARTMENT NAME: HIDALGO COUNTY WIC PROGRAM
ACCOUNT NUMBER: 9.1292.441.00.350.001.9.-WIC
SUBJECT: BUDGET LINE ITEM TRANSFER

Honorable Commissioners' Court of Hidalgo County:

I submit to yo for yoru consideration the following line-item transfer(s) in accordance with the Local Government Code Chapter 111, Subchapter C.

FROM		TO		
ACCOUNT NUMBER	Account Name	ACCOUNT NO.(S)	ACCOUNT NAME	AMOUNT
9.1292.441.00.350.001.9	601 Office Supplies	9.1292.441.00.350.001.9	581 In County Travel	3,350.00
Total:				3,350.00

To cover for expendiutures for FY 09

AI-18351

2.C.

HUMAN SERVICES

CC CONSENT

Date: 11/10/2009
Submitted By: Dairen Sarmiento, HEALTH & HUMAN SERVICES DEPT.
Submitted For: Dairen Sarmiento
Department: HEALTH & HUMAN SERVICES DEPT.
Agenda Category: 2009 Intradepartmental Transfers

Information

CAPTION

2009 - Human Services Division (1100)

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2009 ACCT. #: 9-1100-444-00-240-001-0-XXX
FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?: N
BUDGETARY IMPACT:
336-->631 - \$ 82.50; Funding available as of 10/30/09.

Attachments

Link: [line item](#)

Form Routing/Status

Route Seq	Inbox	Approved By	Date	Status
1	Budget & Management	Erika Zamora	10/30/2009 02:33 PM	APRV
2	Norma Silva	Norma Silva	10/30/2009 02:54 PM	APRV
3	Auditor's Office		11/06/2009 05:08 PM	NEW

Form Started By: Dairen Sarmiento
Started On: 10/30/2009 02:29 PM
Final Approval Date: 11/06/2009

DATE: 10-30-09
DEPARTMENT HEAD: Dairen Sarmiento
DEPARATMENT NAME: HUMAN SERVICES
ACCOUNT NUMBER: 9-1100-444-00-240-001-0-
SUBJECT: BUDGET LINE-ITEM TRANSFER(S)

Honorable Commissioners' Court of Hidalgo County:

I submit to you for your consideration the following line-item transfers in accordance with Local Government Code: Chapter 111, Subchapter C.:

ACCOUNT NUMBER: 9-1100-444-00-240-001-0-

FROM:		TO:			
OBJECT CODE	OBJECT NAME	OBJECT CODE	OBJECT NAME	AMOUNT	
336	COMPUTER SERVICES	631	BOTTLED WATER	\$	82.50

reason: to cover negative balance

TOTAL \$ 82.50

Department Head Signature Date

Approved Commissioners' Court Date Attest County Clerk

AI-18416

2.D.

Health Division - Adm Line Item Trf

CC CONSENT

Date: 11/10/2009
Submitted By: Dan Beltran, HEALTH & HUMAN SERVICES DEPT.
Department: HEALTH & HUMAN SERVICES DEPT.
Agenda Category: 2009 Intradepartmental Transfers

Information

CAPTION

2009 - Health & Human Services Department - Adm. (1100)

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2009 ACCT. #: 9-1100-441-00-340-001-0-XXX
FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?:
BUDGETARY IMPACT:
Available account balance as of 11-06-09

Attachments

Link: LIT

Form Routing/Status

Route Seq	Inbox	Approved By	Date	Status
1	Budget & Management	Erika Zamora	11/04/2009 04:47 PM	APRV
2	Veronica Ortiz	Veronica Ortiz	11/06/2009 11:08 AM	APRV
3	Auditor's Office		11/06/2009 05:08 PM	NEW

Form Started By: Dan Beltran
Started On: 11/04/2009 04:43 PM
Final Approval Date: 11/06/2009

Reason: Funds needed in the object codes listed above in order to meet anticipated expenditures

AI-18386

2.E.

Health Division - Adm Line Item Trf

CC CONSENT

Date: 11/10/2009
Submitted By: Dan Beltran, HEALTH & HUMAN SERVICES DEPT.
Department: HEALTH & HUMAN SERVICES DEPT.
Agenda Category: 2009 Intradepartmental Transfers

Information

CAPTION

2009 - Health & Human Services Department - Adm. (1100)

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2009 ACCT. #: 9-1100-441-00-340-001-0-XXX
FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?: N
BUDGETARY IMPACT:
609-->780 \$ 350.00; funds available as of 11/06/09

Attachments

Link: [Line Item Transfer](#)

Form Routing/Status

Route Seq	Inbox	Approved By	Date	Status
1	Budget & Management	Erika Zamora	11/04/2009 01:17 PM	APRV
2	Ana Galvan	Anna Galvan	11/06/2009 02:40 PM	APRV
3	Auditor's Office		11/06/2009 05:08 PM	NEW

Form Started By: Dan Beltran
Started On: 11/04/2009 11:07 AM
Final Approval Date: 11/06/2009

Date:	November 4, 2009
Department Head:	Eduardo Olivarez, Chief Administrative Officer
Department Name:	Hidalgo County Health & Human Services Department
Account Number:	9-1100-441-00-340-001-0 Adm.
Budget Line Item Transfer(s)	

Honorable Commissioner's Court of Hidalgo County

I submit to you for your consideration the following line-item transfers in accordance with Local Government Code, Chapter 111, Subchapter C:

FROM		TO		
ACCOUNT NUMBER	ACCOUNT NAME (OBJECT CODE)	ACCOUNT NUMBER	ACCOUNT NAME (OBJECT CODE)	AMOUNT
9-1100-441-00-340-001-0-609	Agri & Landscaping	9-1100-441-00-340-001-0-780	Capital Lease	\$ 350.00
				Amount \$ 350.00

Reason: Funds needed in the object codes listed above in order to meet anticipated expenditures.

DEPARTMENT HEAD SIGNATURE _____

APPROVED COMMISSIONERS' COURT

DATE _____

ATTEST COUNTY CLERK

AI-18372

2.F.

Health Division - TB Elimination Line Item Trf

CC CONSENT

Date: 11/10/2009
Submitted By: Dan Beltran, HEALTH & HUMAN SERVICES DEPT.
Department: HEALTH & HUMAN SERVICES DEPT.
Agenda Category: 2009 Intradepartmental Transfers

Information

CAPTION

2009 - Health & Human Services Department - TB Elimination (1293)

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2009 ACCT. #: 9-1293-441-00-340-011-0-XXX
FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?: N
BUDGETARY IMPACT:
260-->211 - \$ 3,500.00; Funding available as of 11/4/09.

Attachments

Link: [TB LIT](#)

Form Routing/Status

Route Seq	Inbox	Approved By	Date	Status
1	Budget & Management	Erika Zamora	11/03/2009 03:32 PM	APRV
2	Norma Silva	Norma Silva	11/04/2009 10:25 AM	APRV
3	Auditor's Office		11/06/2009 05:08 PM	NEW

Form Started By: Dan Beltran
Started On: 11/03/2009 03:16 PM
Final Approval Date: 11/06/2009

Date:	November 3, 2009
Department Head:	Eduardo Olivarez, Chief Administrative Officer
Department Name:	Hidalgo County Health & Human Services Department
Account Number:	9-1293-441-00-340-011-0 TB Elimination
Budget Line Item Transfer(s)	

Honorable Commissioner's Court of Hidalgo County

I submit to you for your consideration the following line-item transfers in accordance with Local Government Code, Chapter 111, Subchapter C:

[illegible]

Revenue Account		
Amount Requested:	\$	3,500.00

Reason: Funds needed in the object codes listed above in order to meet anticipated expenditures

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONER'S COURT

DATE _____

ATTEST COUNTY CLERK

AI-18436

2.G.

**HIDTA US Treasury - Line Item transfer
CC CONSENT**

Date: 11/10/2009
Submitted By: Sylvia Solis, BUDGET & MANAGEMENT
Submitted For: Nelda Olivarez
Department: BUDGET & MANAGEMENT
Agenda Category: 2009 Intradepartmental Transfers

Information

CAPTION

2009 - H.I.D.T.A. Task Force (1252)

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2009 ACCT. #: 9-1252-412-00-270-012-0-XXX
FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?: N
BUDGETARY IMPACT:
Funds available as of 11/06/09.

Attachments

Link: LIT

Form Routing/Status

Route Seq	Inbox	Approved By	Date	Status
1	Budget & Management	Erika Zamora	11/05/2009 04:57 PM	APRV
2	JC Carreon	JC Carreon	11/06/2009 08:46 AM	APRV
3	Auditor's Office		11/06/2009 05:08 PM	NEW

Form Started By: Sylvia Solis
Started On: 11/05/2009 04:40 PM

Final Approval Date: 11/06/2009

DATE: November 5, 2009

2009 Transfer



DEPARTMENT
HEAD: Raul Silguero, Jr., Budget Officer

DEPARTMENT Department of Budget & Management for
NAME: **HIDTA US Treasury**

**ACCOUNT
NUMBER:** 9-1252-412-00-270-012-0-XXX

Contact Person: Sylvia V. Solis

Ph#: (956) 292-7025 Ext. 5423

SUBJECT: **Intradepartmental transfer(s)** (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

Honorable Commissioners' Court of Hidalgo County:

I would like to request the following Intradepartmental transfer(s) (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

[illegible]

REASON:
Intradepartmental Transfer to fund current non-employee travel expenditures.

DEPARTMENT HEAD SIGNATURE

_____/_____/_____
DATE

APPROVED COMMISSIONERS' COURT

ATTEST COUNTY CLERK

AI-18361

2.H.

HIDTA Task Force - US Treasury

CC CONSENT

Date: 11/10/2009
Submitted By: Nelda Olivarez, HIDTA
Submitted For: Rene Guerra, Criminal District Attorney
Department: HIDTA
Agenda Category: 2009 Intradepartmental Transfers

Information

CAPTION

2009 - H.I.D.T.A. Task Force (1252)

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2009 ACCT. #: 9-1252-412-00-270-012-0-XXX
FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?: N

BUDGETARY IMPACT:

583-->743 \$ 5,000.00; funds available as of 11/03/2009
584-->743 \$ 2,000.00; funds available as of 11/03/2009

Attachments

Link: [Transfer # 8](#)

Form Routing/Status

Route Seq	Inbox	Approved By	Date	Status
1	Budget & Management	Erika Zamora	11/03/2009 10:01 AM	APRV
2	Ana Galvan	Anna Galvan	11/03/2009 02:22 PM	APRV
3	Auditor's Office		11/06/2009 05:08 PM	NEW

Form Started By: Nelda Olivarez
Started On: 11/02/2009 03:22 PM
Final Approval Date: 11/06/2009

AI-18361

DATE: November 2, 3009
 DEPARTMENT HEAD: Dora L. Munoz, H.I.D.T.A. Task Force Commander
 DEPARTMENT NAME: Hidalgo County HIDTA Task Force
 ACCOUNT NUMBER: 9-1252-412-00-270-012-0-xxx (U.S. Dept of Treasury)
 SUBJECT: Budget Line-Item Transfers (s)

Transfer Number: 8

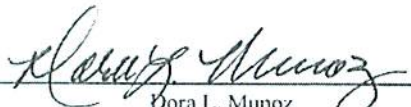


Honorable Commissioners' Court of Hidalgo County:

I submit to you for your consideration the following line-item transfer (s) in accordance with Local Government Code, Chapter 111, Subchapter C.:

FROM		TO		
ACCOUNT NO.(S)	ACCOUNT NAME	ACCOUNT NO.(S)	ACCOUNT NAME	AMOUNT
9-1252-412-00-270-012-0- 583	Travel Out of County	9-1252-412-00-270-012-0- 743	Other Furniture & Equip	5,000.00
9-1252-412-00-270-012-0- 584	Registration Fees	9-1252-412-00-270-012-0- 743	Other Furniture & Equip	2,000.00
TOTAL				7,000.00

REASON: TO FUND UNANTICIPATED EXPENDITURES


 Dora L. Munoz
 H.I.D.T.A. Task Force Commander

11/02/09
 DATE

 Attest County Clerk

____/____/____
 DATE

 Budget Officer

____/____/____
 DATE

 Approved Commissioners' Court

____/____/____
 DATE

AI-18384

2.I.

**Intra- HAVA Opportunity Access
CC CONSENT**

Date: 11/10/2009
Submitted By: Veronica Lopez, ELECTIONS DEPT.
Submitted For: Yvonne Ramon
Department: ELECTIONS DEPT.
Agenda Category: 2009 Intradepartmental Transfers

Information

CAPTION

2009 - Elections Department (1283)

BACKGROUND

HAVA Opportunity Access

Fiscal Impact

FISCAL YEAR: 2009 ACCT. #: 9-1283-414-00-130-013-7-XXX
FUNDS AVAILABLE Y/N?: Yes MATCHING FUNDS Y/N?:
BUDGETARY IMPACT:
601 --> 664 \$ \$1,213.52
Available balance as of 11/04/09

601 --> 619 \$98.00
Available balance as of 11/04/09

Attachments

Link: [Intra- HAVA Opportunity Access](#)

Form Routing/Status

Route Seq	Inbox	Approved By	Date	Status
1	Yvonne Ramon	Yvonne Ramon	11/04/2009 01:57 PM	APRV
2	Budget & Management	Erika Zamora	11/04/2009 02:16 PM	APRV
3	Norma Silva	Norma Silva	11/04/2009 02:55 PM	APRV
4	Auditor's Office		11/06/2009 05:08 PM	NEW

Form Started By: Veronica Lopez Started On: 11/04/2009 10:56 AM
Final Approval Date: 11/06/2009

AI-18387

2.J.

Intra- Elections Dept

CC CONSENT

Date: 11/10/2009
Submitted By: Veronica Lopez, ELECTIONS DEPT.
Submitted For: Yvonne Ramon
Department: ELECTIONS DEPT.
Agenda Category: 2009 Intradepartmental Transfers

Information

CAPTION

2009 - Elections Department (1100)

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2009 ACCT. #: 9-1100-414-00-130-001-0-XXX
FUNDS AVAILABLE Y/N?: Yes MATCHING FUNDS Y/N?:
BUDGETARY IMPACT:
536 --> 605 \$38.49
Available balance as of 11/04/09

536 --> 609 \$15.09
Available balance as of 11/04/09

Attachments

Link: [Line Item Transfer](#)

Form Routing/Status

Route Seq	Inbox	Approved By	Date	Status
1	Yvonne Ramon	Yvonne Ramon	11/04/2009 01:57 PM	APRV
2	Budget & Management	Erika Zamora	11/04/2009 02:18 PM	APRV
3	Ana Galvan	Anna Galvan	11/06/2009 01:25 PM	APRV
4	Auditor's Office		11/06/2009 05:08 PM	NEW

Form Started By: Veronica Lopez
Started On: 11/04/2009 11:33 AM

Final Approval Date: 11/06/2009

DATE: October 28, 2009

DEPARTMENT
HEAD: Yvonne Ramon

DEPARTMENT
NAME: Elections Department

ACCOUNT
NUMBER: 9-1100-414-00-130-001-0-XXX

Contact Person: Veronica L. Nixon

Ph#: (956) 318-2570 Ext. 5715

SUBJECT: **Intradepartmental transfer(s)** (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

Honorable Commissioners' Court of Hidalgo County:

I would like to request the following Intradepartmental transfer(s) (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

[illegible]

REASON:
Transfer needed to purchase supplies for the warehouse (boots and garden hose).

Approved by _____

/ /

DATE

APPROVED COMMISSIONERS' COURT

ATTEST COUNTY CLERK

AI-18363

2.K.

Line Item Transfer

CC CONSENT

Date: 11/10/2009
Submitted By: Emilia Uriegas, SHERIFF DEPT.
Submitted For: Anacleto Martinez
Department: SHERIFF DEPT.
Agenda Category: 2009 Intradepartmental Transfers

Information

CAPTION

2009 - Sheriff's Office TBSC Operation Linebacker (1284)

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2009 ACCT. #: 9-1284-421-00-280-038-0
FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?: N

BUDGETARY IMPACT:

#115-->#230 \$517.66; available balance as of 11/02/09 \$633.91
#117-->#220 \$30.00; available balance as of 11/02/09 \$1,063.96
#117-->#230 \$577.53; available balance as of 11/02/09 \$1,063.96
#250-->#211 \$295.00; available balance as of 11/02/09 \$777.98
#250-->#220 \$339.70; available balance as of 11/02/09 \$777.98
#260-->#113 \$4,661.59; available balance as of 11/02/09 \$4,661.59
#672-->#113 \$4,380.00; available balance as of 11/02/09 \$4,521.00
#672-->#211 \$141.00; available balance as of 11/02/09 \$4,521.00

Attachments

Link: LIT

Form Routing/Status

Route Seq	Inbox	Approved By	Date	Status
1	Anacleto Martinez	Anacleto Martinez	11/04/2009 08:23 AM	APRV
2	Budget & Management	Erika Zamora	11/04/2009 08:24 AM	APRV
3	Veronica Ortiz	Veronica Ortiz	11/06/2009 03:40 PM	APRV
4	Auditor's Office		11/06/2009 05:08 PM	NEW

Form Started By: Emilia Uriegas
Started On: 11/02/2009 04:28 PM
Final Approval Date: 11/06/2009

DATE: November 02, 2009

DEPARTMENT HEAD: Guadalupe "Lupe" Trevino

DEPARTMENT NAME: TBSC Operation Linebacker

ACCOUNT NUMBER: 9-1284-421-00-280-038-0

SUBJECT: Budget Line-Item Transfer (s)

Honorable Commissioners' Court of Hidalgo County:

I submit to you for your consideration the following line-item transfers in accordance with Local Government Code, Chapter 111, Subchapter C.:

FROM		TO		
ACCOUNT NUMBER	ACCOUNT (OBJECT) NAME		ACCOUNT (OBJECT) NAME	AMOUNT
9-1284-421-00-280-038-0-115	Longevity Pay	→	9-1284-421-00-280-038-0-230	Retirement 517.66
9-1284-421-00-280-038-0-117	Supplemental Pay	→	9-1284-421-00-280-038-0-220	FICA 30.00
9-1284-421-00-280-038-0-117	Supplemental Pay	→	9-1284-421-00-280-038-0-230	Retirement 577.53
9-1284-421-00-280-038-0-250	Unemployment Compensation	→	9-1284-421-00-280-038-0-211	Health Insurance 295.00
9-1284-421-00-280-038-0-250	Unemployment Compensation	→	9-1284-421-00-280-038-0-220	FICA 339.70
9-1284-421-00-280-038-0-260	Workers' Compensation	→	9-1284-421-00-280-038-0-113	Salary 4,661.59
9-1284-421-00-280-038-0-672	Equipment & Vehicle Repair & Maintenance Supplies	→	9-1284-421-00-280-038-0-113	Salary 4,380.00
9-1284-421-00-280-038-0-672	Equipment & Vehicle Repair & Maintenance Supplies	→	9-1284-421-00-280-038-0-211	Health Insurance 141.00
		→		
		→		
TOTAL				\$10,942.48

REASON: To provide funding for salaries and fringe benefits in order to maximize spending of the grant award monies.

Grant terminates 08/31/10.

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONERS' COURT

DATE

ATTEST COUNTY CLERK

AI-18413

2.L.

**BUDGET LINE ITEM TRF
CC CONSENT**

Date: 11/10/2009
Submitted By: Edna Kirby, IT DEPARTMENT
Submitted For: Renan Ramirez
Department: IT DEPARTMENT
Agenda Category: 2009 Intradepartmental Transfers

Information

CAPTION

2009 - I.T. Department (1100)

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2009 ACCT. #: 9-1100-415-00-200-002-0-XXX
FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?: N
BUDGETARY IMPACT:
747-->336 - \$ 3,500.00; Funding available as of 11/05/09.

Attachments

Link: LIT

Form Routing/Status

Route Seq	Inbox	Approved By	Date	Status
1	Budget & Management	Erika Zamora	11/04/2009 04:47 PM	APRV
2	Norma Silva	Norma Silva	11/05/2009 03:39 PM	APRV
3	Auditor's Office		11/06/2009 05:08 PM	NEW

Form Started By: Edna Kirby
Started On: 11/04/2009 04:33 PM
Final Approval Date: 11/06/2009

AI-18444

2.M.

Public Defender Office (1100)

CC CONSENT

Date: 11/10/2009
Submitted By: Yvette Pacheco, PUBLIC DEFENDERS
Department: PUBLIC DEFENDERS
Agenda Category: 2009 Intradepartmental Transfers

Information

CAPTION

2009 - Public Defenders' Office (1100)

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2009 ACCT. #: 9-1100-412-30-085-003-0-XXX
FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?: N
BUDGETARY IMPACT:
780-->442 4 350.00; funds available as of 11/06/09

Attachments

Link: [Line Item Transfer](#)

Form Routing/Status

Route Seq	Inbox	Approved By	Date	Status
1	Budget & Management	Erika Zamora	11/06/2009 01:07 PM	APRV
2	Norma Silva	Angela Garcia	11/06/2009 01:17 PM	APRV
3	Ana Galvan	Anna Galvan	11/06/2009 04:56 PM	APRV
4	Auditor's Office		11/06/2009 05:08 PM	NEW

Form Started By: Yvette Pacheco

Started On: 11/06/2009 11:51 AM

Final Approval Date: 11/06/2009

DATE: November 6, 2009

DEPARTMENT HEAD: Jaime Gonzalez

DEPARTMENT NAME: Public Defenders

ACCOUNT NUMBER: 9-1100-412-30-085-003-0-XXX

SUBJECT: Budget Line-Item Transfer (s)

Honorable Commissioners' Court of Hidalgo County:

I submit to you for your consideration the following line-item transfers in accordance with Local Government Code, Chapter 111, Subchapter C.:

FROM			TO		
ACCOUNT NUMBER	ACCOUNT (OBJECT) NAME		ACCOUNT NUMBER	ACCOUNT (OBJECT) NAME	AMOUNT
9-1100-412-30-085-003-0-780	Capital Leases	→	9-1100-412-30-085-003-0-442	Equip & Vehicles Rentals	\$ 350.00
		→			
		→			
		→			
		→			
		→			
		→			
		→			
		→			
		→			
TOTAL					\$ 350.00

REASON: To cover expenitures for remainder of fiscal year.

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONERS' COURT

DATE

ATTEST COUNTY CLERK

AI-18398

2.N.

Line Item Transfer

CC CONSENT

Date: 11/10/2009
Submitted By: Yolanda Orozco, EMERGENCY SERVICES DIVISION
Department: EMERGENCY SERVICES DIVISION
Agenda Category: 2009 Intradepartmental Transfers

Information

CAPTION

2009 - Fire Marshal's Department (1100).

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2009 ACCT. #: 9-1100-422-10-300-001-0-XXX
FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?:
BUDGETARY IMPACT:
Available account balance as of 11-06-09

Attachments

Link: LIT

Form Routing/Status

Route Seq	Inbox	Approved By	Date	Status
1	Budget & Management	Erika Zamora	11/04/2009 02:28 PM	APRV
2	Veronica Ortiz	Veronica Ortiz	11/06/2009 11:05 AM	APRV
3	Auditor's Office		11/06/2009 05:08 PM	NEW

Form Started By: Yolanda Orozco
Started On: 11/04/2009 02:18 PM
Final Approval Date: 11/06/2009

ATTEST COUNTY CLERK

AI-18369

2.O.

Transfer

CC CONSENT

Date: 11/10/2009
Submitted By: Alma Ybarra, GEN. GOVT. BLDGS.
Submitted For: Alma Ybarra
Department: FACILITIES MANAGEMENT
Agenda Category: 2009 Intradepartmental Transfers

Information

CAPTION

2009 - Facilities Management (1100)

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2009 ACCT. #: 9-1100-419-40-220-001-0-XXX
FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?: N
BUDGETARY IMPACT:
661-->679 \$ 5,000.00; funds available as of 11/06/2009

Attachments

Link: [Line Item Transfer](#)

Form Routing/Status

Route Seq	Inbox	Approved By	Date	Status
1	Budget & Management	Erika Zamora	11/03/2009 03:07 PM	APRV
2	Ana Galvan	Anna Galvan	11/06/2009 09:13 AM	APRV
3	Auditor's Office		11/06/2009 05:08 PM	NEW

Form Started By: Alma Ybarra
Started On: 11/03/2009 01:56 PM
Final Approval Date: 11/06/2009

INTRADEPARTMENTAL TRANSFER

DATE: November 3, 2009

DEPARTMENT HEAD: Daniel Flores

DEPARTMENT NAME: Facilities Management

ACCOUNT NUMBER: 9-1100-419-40-220-001-0-XXX

CONTACT PERSON: Daniel Flores **PHONE:** 956-289-7850

SUBJECT: Budget Intradepartmental Transfer

Honorable Commissioner's Court of Hidalgo County:

I submit to you for your consideration following Intradepartmental Budget Transfer/s in accordance with Local Government Code, Chapter 111, Subchapter C.

FROM		TO		
OBJECT CODE	OBJECT NAME	OBJECT CODE	OBJECT NAME	
661	Minor Office Furniture & Equipment	679	Other R&M Supplies	\$ 5,000.00
			TOTAL	\$ 5,000.00

REASON: Transfer is needed to fund pending projects.

DEPARTMENT HEAD SIGNATURE

CC DATE

APPROVED COMMISSIONERS' COURT

ATTEST COUNTY CLERK

AI-18456

2.P.

Intradepartmental Transfer

CC CONSENT

Date: 11/10/2009
Submitted By: Sandra De Leon, COUNTY JUDGE
Submitted For: Raul Lozano
Department: COUNTY JUDGE
Agenda Category: 2009 Intradepartmental Transfers

Information

CAPTION

2009 - County Judge's Office (1100)

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2009 ACCT. #: 9-1100-413-00-110-006-0-XXX
FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?:
BUDGETARY IMPACT:
Available account balance as of 11/6/2009

Attachments

Link: [transfer](#)

Form Routing/Status

Route Seq	Inbox	Approved By	Date	Status
1	Budget & Management	Erika Zamora	11/06/2009 04:18 PM	APRV
2	JC Carreon	JC Carreon	11/06/2009 04:36 PM	APRV
3	Auditor's Office		11/06/2009 05:08 PM	NEW

Form Started By: Sandra De Leon
Started On: 11/06/2009 04:16 PM
Final Approval Date: 11/06/2009

BUDGET INTRA-DEPARTMENTAL TRANSFER REQUEST

DATE: November 6, 2009

DEPARTMENT HEAD: **Judge Rene A. Ramirez**

DEPARTMENT NAME: County Judge's Office

ACCOUNT NUMBER: 9-1100-413-00-110-006-0

CONTACT PERSON: Sandra C De leon PHONE: 318-2600

SUBJECT: Budget Intradepartmental Transfer in Accordance with Local Government Code, Chapter 111, Subchapter C.

Honorable Commissioner's Court of Hidalgo County:

I would like to request the following Intradepartmental Budget Transfer/s in accordance with Local Government Code, Chapter 111, Subchapter C.

FROM		TO		
OBJECT CODE	OBJECT NAME	OBJECT CODE	OBJECT NAME	AMOUNT
601	Office & Computer Supplies	550	Printing and Binding	1,000.00
			TOTAL	1,000.00

REASON: Transfer needed to order new letterhead, envelopes & business cards because of change in County Judge.

DEPARTMENT HEAD SIGNATURE

6-Nov-09

CC DATE

APPROVED COMMISSIONERS COURT

ATTEST COUNTY CLERK

AI-18424

2.Q.

Intradepartmental Transfer 2009

CC CONSENT

Date: 11/10/2009
Submitted By: Gloria Rodriguez, COUNTY JUDGE
Submitted For: Gloria Rodriguez
Department: COUNTY JUDGE
Agenda Category: 2009 Intradepartmental Transfers

Information

CAPTION

2009 - County Judge's Office (1100)

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2009 ACCT. #: 9-1100-413-00-110-006-0-XXX
FUNDS AVAILABLE Y/N?: y MATCHING FUNDS Y/N?:
BUDGETARY IMPACT:
Available account balance as of 11/5/2009 581->682

Attachments

Link: [Intradepartmental Transfer](#)

Form Routing/Status

Route Seq	Inbox	Approved By	Date	Status
1	Budget & Management	Erika Zamora	11/05/2009 11:04 AM	APRV
2	JC Carreon	JC Carreon	11/05/2009 12:04 PM	APRV
3	Auditor's Office		11/06/2009 05:08 PM	NEW

Form Started By: Gloria Rodriguez
Started On: 11/05/2009 10:21 AM
Final Approval Date: 11/06/2009

BUDGET INTRA-DEPARTMENTAL TRANSFER REQUEST

5-Nov-09

DEPARTMENT HEAD: **Rene A. Ramirez, Interim County Judge**

DEPARTMENT NAME: County Judge's Office

ACCOUNT NUMBER: 9-1100-413-00-110-006-0-682_____

CONTACT PERSON: Gloria Rodriguez PHONE: 318-2600

SUBJECT: Budget Intradepartmental Transfer in Accordance with Local Government Code, Chapter 111, Subchapter C.

Honorable Commissioner's Court of Hidalgo County:

I would like to request the following Intradepartmental Budget Transfer/s in accordance with Local Government Code, Chapter 111, Subchapter C.

FROM		TO		
OBJECT CODE	OBJECT NAME	OBJECT CODE	OBJECT NAME	AMOUNT
581	Travel In County	682	Gasoline/Diesel	580.00
			TOTAL	580.00

REASON: Transfer is needed to cover gas use for the remainder of this Fiscal Year.

17-Nov-09

DEPARTMENT HEAD SIGNATURE _____

17-Nov-09

CC DATE

APPROVED COMMISSIONERS COURT

APPROVED COMMISSIONERS COURT

ATTEST COUNTY CLERK

ATTEST COUNTY CLERK

AI-18407

2.R.

2009 - D.A.'s Office - 1222 Line Item Transfer

CC CONSENT

Date: 11/10/2009
Submitted By: Roy Cazares, DISTRICT ATTORNEY
Submitted For: Roy Cazares
Department: DISTRICT ATTORNEY
Agenda Category: 2009 Intradepartmental Transfers

Information

CAPTION

2009 - District Attorney's Office (1222)

BACKGROUND

Need to pay for HotDocs software.

Fiscal Impact

FISCAL YEAR: 2009 ACCT. #: 9-1222-412-00-080-006-0-XXX
FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?: N
BUDGETARY IMPACT:
640-->667 \$ 110.00; funds available as of 11/06/2009

Attachments

Link: [DAHCLIT09](#)

Form Routing/Status

Route Seq	Inbox	Approved By	Date	Status
1	Budget & Management	Erika Zamora	11/04/2009 04:44 PM	APRV
2	Ana Galvan	Anna Galvan	11/06/2009 02:18 PM	APRV
3	Auditor's Office		11/06/2009 05:08 PM	NEW

Form Started By: Roy Cazares
Started On: 11/04/2009 04:13 PM
Final Approval Date: 11/06/2009

INTRA-DEPARTMENTAL TRANSFER

DATE: **November 10, 2009**

DEPARTMENT HEAD: **Rene Guerra, Criminal District Attorney**

DEPARTMENT NAME: **District Attorney's Office**

ACCOUNT NUMBER: **9-1222-412-00-080-006-0-XXX - BAD CHECKS ACCOUNT**

SUBJECT: Budget Line-Item Transfer(s)

CONTACT PERSON: **Roy Cazares**

PHONE: **(956) 318-2300 ext. 758**

Honorable Commissioner's Court of Hidalgo County:

I submit for your consideration the following line-item transfer(s) in accordance with Local Government Code, Chapter 111, Subchapter C.

FROM			TO		
OBJECT CODE	ACCOUNT (OBJECT) NAME		OBJECT CODE	OBJECT NAME	AMOUNT
640	Reference Material	→	667	Minor Software	\$ 110.00
		→			\$ -
		→			\$ -
		→			\$ -
		→			\$ -
		→			\$ -
		→			\$ -
		→			\$ -
		→			\$ -
		→			\$ -
TOTAL					\$ 110.00

REASON: Monies will be used to pay for computer software.



for **RENE GUERRA**
CRIMINAL DISTRICT ATTORNEY

APPROVED COMMISSIONERS' COURT

DATE

ATTEST COUNTY CLERK

AI-18365

2.S.

transfer to purchase office chairs and bottled water

CC CONSENT

Date: 11/10/2009
Submitted By: Anna Galvan, BUDGET & MANAGEMENT
Submitted For: J.P. Pct. 2, Place 2
Department: BUDGET & MANAGEMENT
Agenda Category: 2009 Intradepartmental Transfers

Information

CAPTION

2009 - J.P. 2/2 (1100)

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2009 ACCT. #: 9-1100-412-00-064-001-0-XXX
FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?:
BUDGETARY IMPACT:
Available account balance as of 11-06-09

Attachments

Link: [Line Item Transfer](#)

Form Routing/Status

Route Seq	Inbox	Approved By	Date	Status
1	Budget & Management	Erika Zamora	11/03/2009 03:07 PM	APRV
2	Veronica Ortiz	Veronica Ortiz	11/06/2009 10:58 AM	APRV
3	Auditor's Office		11/06/2009 05:08 PM	NEW

Form Started By: Anna Galvan
Started On: 11/03/2009 10:32 AM
Final Approval Date: 11/06/2009

DATE: November 3, 2009

DEPARTMENT Raul Silguero, Jr.
HEAD:

DEPARTMENT NAME: Dept. of Budget & Management for Justice of the Peace Pct. 2, Place 2

ACCOUNT
NUMBER: 9-1100-412-00-064-001-0-XXX

SUBJECT: Intradepartmental transfer(s)



I submit for your consideration the following Intradepartmental transfer(s) (increase/decrease) in accordance with Local Government Code, Chapter 111, 111.070, Item C (2).

FROM Object Code	Description	TO Object Code	Description	Amount
581	Travel in County	661	Minor Office Furniture & Equipment	\$ 500.00
583	Travel Out of County	661	Minor Office Furniture & Equipment	\$ 2,000.00
832	Jurors	631	Bottled Water	\$ 100.00
TOTAL				\$ 2,600.00

REASON: Transfer is needed to purchase new office chairs, and bottled water for the rest of the year.

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONERS' COURT

DATE _____

ATTEST COUNTY CLERK

AI-18382

2.T.

line item transfer

CC CONSENT

Date: 11/10/2009
Submitted By: Aleida Lopez, J.P. 4, 1
Submitted For: Aleida Lopez
Department: J.P. 4, 1
Agenda Category: 2009 Intradepartmental Transfers

Information

CAPTION

2009 - J.P. 4/1 (1100)

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2009 ACCT. #: 9-1100-412-00-067-001-0-XXX
FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?: N

BUDGETARY IMPACT:

581-->601 \$ 400.00; funds available as of 11/06/09
550-->584 \$ 200.00; funds available as of 11/06/09
550-->583 \$ 500.00; funds available as of 11/06/09

Attachments

Link: [Line Item Transfer](#)

Form Routing/Status

Route Seq	Inbox	Approved By	Date	Status
1	Budget & Management	Erika Zamora	11/04/2009 01:13 PM	APRV
2	Ana Galvan	Anna Galvan	11/06/2009 04:25 PM	APRV
3	Auditor's Office		11/06/2009 05:08 PM	NEW

Form Started By: Aleida Lopez
Started On: 11/04/2009 10:27 AM
Final Approval Date: 11/06/2009

BUDGET INTRADEPARTMENTAL TRANSFER**AI-18382**DATE: November 4, 2009DEPARTMENT HEAD: Charlie EspinozaDEPARTMENT NAME: Justice of the Peace Pct. 4, Pl. 1ACCOUNT NUMBER: 9-1100-412-00-067-001-0-XXXCONTACT PERSON: Aleida S. Lopez PHONE: 956-380-4473 Ext. 4103**SUBJECT: Budget Intradepartmental Transfer**

Honorable Commissioner's Court of Hidalgo County:

I would like to request the following Intradepartmental Budget Transfer/s in accordance with Local Government Code, Chapter 111, Subchapter C.

FROM		TO		
OBJECT CODE	OBJECT NAME	OBJECT CODE	OBJECT NAME	AMOUNT
581	Travel In County	601	Office & Computer Supplies	\$ 400.00
550	Printing & Binding	584	Registration Fees	\$ 200.00
550	Printing & Binding	583	Travel Out of County	\$ 500.00
			TOTAL	\$ 1,100.00

REASON: Transfer is needed to meet expenditures._____
DEPARTMENT HEAD SIGNATURE_____
CC DATE_____
APPROVED COMMISSIONERS' COURT_____
ATTEST COUNTY CLERK

AI-18432

2.U.

Commissioner Court - November 10, 2009

CC CONSENT

Date: 11/10/2009
Submitted By: Dora Lopez, 92ND DISTRICT COURT
Department: 92ND DISTRICT COURT
Agenda Category: 2009 Intradepartmental Transfers

Information

CAPTION

2009 - 92nd District Ct. (1100)

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2009 ACCT. #: 9-1100-412-00-001-0-XXX
FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?:
BUDGETARY IMPACT:
Available account balance as of 11/6/2009 664->611

Attachments

Link: LIT

Form Routing/Status

Route Seq	Inbox	Approved By	Date	Status
1	Budget & Management	Erika Zamora	11/05/2009 04:25 PM	APRV
2	JC Carreon	JC Carreon	11/06/2009 08:42 AM	APRV
3	Auditor's Office		11/06/2009 05:08 PM	NEW

Form Started By: Dora Lopez
Started On: 11/05/2009 03:35 PM
Final Approval Date: 11/06/2009

AI-18402

2.V.

Various transfer

CC CONSENT

Date: 11/10/2009
Submitted By: Angela Garcia, BUDGET & MANAGEMENT
Department: BUDGET & MANAGEMENT
Agenda Category: 2009 Intradepartmental Transfers

Information

CAPTION

2009 - County Court #2 (1100)

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2009 ACCT. #: 9-1100-412-00-022-001-0-XXX
FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?:
BUDGETARY IMPACT:
Available account balance as of 11-06-09

Attachments

Link: LIT

Form Routing/Status

Route Seq	Inbox	Approved By	Date	Status
1	Budget & Management	Erika Zamora	11/04/2009 04:43 PM	APRV
2	Veronica Ortiz	Veronica Ortiz	11/06/2009 11:06 AM	APRV
3	Auditor's Office		11/06/2009 05:08 PM	NEW

Form Started By: Angela Garcia
Started On: 11/04/2009 03:17 PM
Final Approval Date: 11/06/2009

BUDGET INTRADEPARTMENTAL TRANSFER REQUEST

DATE: 11/04/09

DEPARTMENT HEAD: JUDGE JAIME PALACIOS

DEPARTMENT NAME: COUNTY COURT #2

ACCOUNT NUMBER: 9-1100-412-00-022-001-0-XXX

SUBJECT: Budget Intradepartmental Transfer in Accordance with Local Government Code,
Chapter 111, Subchapter C.

Honorable Commissioner's Court of Hidalgo County:

I would like to request the following Intradepartmental Budget Transfer/s in accordance with Local Government Code, Chapter 111, Subchapter C.

FROM:		TO:		
OBJECT	OBJECT	OBJECT	OBJECT	
CODE	NAME	CODE	NAME	AMOUNT
583	TRAVEL OUT OF COUNTY	743	OFFICE FURN. & EQUIP.	\$1,000.00
745	COMPUTER EQUIPMENT	661	MINOR OFFICE FURN. & EQUIP.	750.00
745	COMPUTER EQUIPMENT	535	POSTAGE	1,000.00
			TOTAL	2,750.00

REASON: NEEDED FOR OFFICE & COURTROOM

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONERS COURT

DATE _____

ATTEST COUNTY CLERK

AI-18457

2.W.

transfer for postage

CC CONSENT

Date: 11/10/2009
Submitted By: Anna Galvan, BUDGET & MANAGEMENT
Submitted For: CCL # 3 (Probate Court)
Department: BUDGET & MANAGEMENT
Agenda Category: 2009 Intradepartmental Transfers

Information

CAPTION

2009 - County Court #3 (1100)

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2009 ACCT. #: 9-1100-412-00-023-001-0-XXX
FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?: N
BUDGETARY IMPACT:
523-->535 \$ 500.00; funds available as of 11/06/09

Attachments

Link: LIT

Form Routing/Status

Route Seq	Inbox	Approved By	Date	Status
1	Budget & Management	Erika Zamora	11/06/2009 04:45 PM	APRV
2	JC Carreon	JC Carreon	11/06/2009 04:54 PM	APRV
3	Veronica Ortiz	Angela Garcia	11/06/2009 05:07 PM	APRV
4	Auditor's Office		11/06/2009 05:08 PM	NEW

Form Started By: Anna Galvan
Started On: 11/06/2009 04:26 PM
Final Approval Date: 11/06/2009

Intradepartmental Transfer Request

DATE: November 6, 2009

DEPARTMENT Raul Silguero, Jr.
HEAD:

DEPARTMENT Budget & Management for Probate Court
NAME: _____

ACCOUNT
NUMBER: 9-1100-412-00-023-001-0-XXX

SUBJECT: Intradepartmental Transfer(s)

Contact: Ana Galvan
Ph#: (956) 292-7025



Honorable Commissioners' court of Hidalgo County:

I would like to request the following Intradepartmental transfer(s) (increase/decrease) in accordance with Local Government Code, Chapter 111, Subchapter C Section 111.070, Subsection C.

FROM Object Code	Description	TO Object Code	Description	Amount
523	Public Official Insurance	535	Postage	\$ 500.00
TOTAL				\$ 500.00

REASON: Transfer is needed to pay for postage expenditures.

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONERS' COURT

DATE _____

ATTEST COUNTY CLERK

AI-18419

2.X.

2009 - Pct # 1 R&B (1201)

CC CONSENT

Date: 11/10/2009
Submitted By: Robert Elizondo, COMM. PCT. #1
Department: COMM. PCT. #1
Agenda Category: 2009 Intradepartmental Transfers

Information

CAPTION

2009 - Pct. #1 R&B (1201)

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2009 ACCT. #: 9-1201-431-00-121-005-0-XXX
FUNDS AVAILABLE Y/N?: y MATCHING FUNDS Y/N?:
BUDGETARY IMPACT:
Available account balance as of 11/5/2009 346->673

Attachments

Link: LIT

Form Routing/Status

Route Seq	Inbox	Approved By	Date	Status
1	Budget & Management	Erika Zamora	11/05/2009 09:21 AM	APRV
2	JC Carreon	JC Carreon	11/05/2009 09:38 AM	APRV
3	Auditor's Office		11/06/2009 05:08 PM	NEW

Form Started By: Robert Elizondo
Started On: 11/05/2009 09:08 AM
Final Approval Date: 11/06/2009

MEETING REQUEST DATE: November 10, 2009

DEPARTMENT NAME PCT #1 ROAD & BRIDGE

ACCOUNT NUMBER 9-1201-431-00-121-005-0-xxx

Honorable Commissioners' Court of Hidalgo County:

[illegible]

ATTEST COUNTY CLERK

AI-18425

2.Y.

2009 Pct. #1 Sanitation (1100)

CC CONSENT

Date: 11/10/2009
Submitted By: Joann Gonzalez, COMM. PCT. #1
Department: COMM. PCT. #1
Agenda Category: 2009 Intradepartmental Transfers

Information

CAPTION

2009 - Pct. #1 Sanitation (1100)

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2009 ACCT. #: 9-1100-432-00-121-001-0-XXX
FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?:
BUDGETARY IMPACT:
Available account balance as of 11/5/2009

Attachments

Link: 2009 Pct. #1 Sanitation (1100)

Form Routing/Status

Route Seq	Inbox	Approved By	Date	Status
1	Budget & Management	Erika Zamora	11/05/2009 11:05 AM	APRV
2	JC Carreon	JC Carreon	11/05/2009 12:07 PM	APRV
3	Auditor's Office		11/06/2009 05:08 PM	NEW

Form Started By: Joann Gonzalez
Started On: 11/05/2009 10:23 AM
Final Approval Date: 11/06/2009

MEETING REQUEST DATE: November 10, 2009

DEPARTMENT NAME: PCT #1 SANITATION

ACCOUNT NUMBER: 9-1100-432-00-121-001-0-XXX

Honorable Commissioners' Court of Hidalgo County:

I submit to you for your consideration the following line-item transfer(s) in accordance with Local Government Code, Chapter 111, Subchapter C.

[illegible]

REASON: NEEDED TO COVER FUTURE EXPENSES

DEPARTMENT HEAD SIGNATURE _____ NOE MONTEZ

_____/_____/_____
 APPROVED COMMISSIONERS' COURT DATE ATTEST COUNTY CLERK

AI-18452

2.Z.

Pct. 1 Drainage Improvement (fund 1201, program 052)-Funding for salaries and fringes

CC CONSENT

Date: 11/10/2009
Submitted By: Ivan Cantu, BUDGET & MANAGEMENT
Submitted For: Sergio Cruz
Department: BUDGET & MANAGEMENT
Agenda Category: 2009 Intradepartmental Transfers

Information

CAPTION

2009 - Pct. #1 R&B (1201)

BACKGROUND

To fund salaries and fringes for the Pct. 1 Drainage Improvement, program #052

Fiscal Impact

FISCAL YEAR: 2009 ACCT. #: 9-1201-431-00-121-052-0-XXX

FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?:

BUDGETARY IMPACT:

To fund salaries and fringes for the Pct. 1 Drainage Improvement; funds available as of 11-6-09.

Attachments

Link: [Pct. 1 Drainage LIT](#)

Form Routing/Status

Route Seq	Inbox	Approved By	Date	Status
1	Ivan Cantu (Originator)	Ivan Cantu	11/06/2009 03:12 PM	APRV
2	Budget & Management	Erika Zamora	11/06/2009 03:21 PM	APRV
3	JC Carreon	JC Carreon	11/06/2009 04:02 PM	APRV
4	Auditor's Office		11/06/2009 05:08 PM	NEW

Form Started By: Ivan Cantu

Started On: 11/06/2009 02:47 PM

Final Approval Date: 11/06/2009

DATE: November 6, 2009

DEPARTMENT
HEAD: Raul Silguero, Jr.

DEPARTMENT NAME: Department of Budget & Management for
Pct. 1 Drainage Improvement

ACCOUNT
NUMBER: 9-1201-431-00-121-052-0-XXX

Contact Person: Ivan Cantu

Ph#: (956) 292-7025 Ext. 5425

SUBJECT: **Intradepartmental transfer(s)** (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

Honorable Commissioners' Court of Hidalgo County:

I would like to request the following Intradepartmental transfer(s) (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

FROM	OBJECT DESCRIPTION	TO	OBJECT DESCRIPTION	AMOUNT
OBJECT CODE		OBJECT CODE		
733	Pct. 1 Drain Imprv. Proj.-Drainage Ditches	113	Pct. 1 Drain Imprv. Proj.-Reg. F/T Employees	90,494.50
742	Pct. 1 Drain Imprv. Proj.-Heavy Equipment	113	Pct. 1 Drain Imprv. Proj.-Reg. F/T Employees	4,182.31
742	Pct. 1 Drain Imprv Proj.-Heavy Equipment	115	Pct. 1 Drain Imprv. Proj.-Longevity Pay	349.69
742	Pct. 1 Drain Imprv Proj.-Heavy Equipment	211	Pct. 1 Drain Imprv Proj.-Health Insurance	9,846.80
719	Pct. 1 Drain Imprv Proj-Land	211	Pct. 1 Drain Imprv Proj.-Health Insurance	447.80
719	Pct. 1 Drain Imprv Proj-Land	212	Pct. 1 Drain Imprv Proj-Life Insurance	67.32
719	Pct. 1 Drain Imprv Proj-Land	220	Pct. 1 Drain Imprv Proj-FICA	1,984.88
679	Pct. 1 Drain Imprv Proj-Other R & M Supplies	220	Pct. 1 Drain Imprv Proj-FICA	46.78
674	Pct. 1 Drain Imprv Proj-Pipes	220	Pct. 1 Drain Imprv Proj-FICA	1,142.40
673	Pct. 1 Drain Imprv Proj-R & B R & M Supp.	220	Pct. 1 Drain Imprv Proj-FICA	2,303.60
672	Pct. 1 Drain Imprv Proj-Equip & Veh R & M Supp.	220	Pct. 1 Drain Imprv Proj-FICA	1,744.68
672	Pct. 1 Drain Imprv Proj-Equip & Veh R & M Supp.	230	Pct. 1 Drain Imprv Proj-Retirement	2,455.32
664	Pct. 1 Drain Imprv Proj-Other Minor Equip	230	Pct. 1 Drain Imprv Proj-Retirement	2,280.94
260	Pct. 1 Drain Imprv Proj-Workers Comp	230	Pct. 1 Drain Imprv Proj-Retirement	3,835.06
260	Pct. 1 Drain Imprv Proj-Workers Comp	250	Pct. 1 Drain Imprv Proj-Unemployment Comp.	475.20
			TOTAL	121,657.28

REASON:

To fund salaries and fringes for Pct. 1 Drainage Improvement Project.

DEPARTMENT HEAD SIGNATURE _____

_____/_____/_____
DATE

APPROVED COMMISSIONERS' COURT

ATTEST COUNTY CLERK



AI-18426

2.AA.

2009 Pct. #1 Parks (1211)

CC CONSENT

Date: 11/10/2009
Submitted By: Joann Gonzalez, COMM. PCT. #1
Department: COMM. PCT. #1
Agenda Category: 2009 Intradepartmental Transfers

Information

CAPTION

2009 - Pct. #1 Parks (1211)

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2009 ACCT. #: 9-1211-452-00-121-013-0-XXX
FUNDS AVAILABLE Y/N?: y MATCHING FUNDS Y/N?:
BUDGETARY IMPACT:
Available account balance as of 11/5/2009

Attachments

Link: 2009 Pct. #1 Parks (1211)

Form Routing/Status

Route Seq	Inbox	Approved By	Date	Status
1	Budget & Management	Erika Zamora	11/05/2009 11:05 AM	APRV
2	JC Carreon	JC Carreon	11/05/2009 12:13 PM	APRV
3	Auditor's Office		11/06/2009 05:08 PM	NEW

Form Started By: Joann Gonzalez
Started On: 11/05/2009 10:24 AM
Final Approval Date: 11/06/2009

MEETING REQUEST DATE: November 10, 2009

DEPARTMENT NAME: PCT #1 PARKS

ACCOUNT NUMBER: 9-1211-452-00-121-013-0-XXX

Honorable Commissioners' Court of Hidalgo County:

I submit to you for your consideration the following line-item transfer(s) in accordance with Local Government Code, Chapter 111, Subchapter C.

[illegible]

REASON: NEEDED TO COVER FUTURE EXPENSES

DEPARTMENT HEAD SIGNATURE _____ NOE MONTEZ

	/ /	
APPROVED COMMISSIONERS' COURT	DATE	ATTEST COUNTY CLERK

AI-18396

2.BB.

2009-Pct#1 R&B (1201)

CC CONSENT

Date: 11/10/2009
Submitted By: Jorge Flores, COMM. PCT. #1
Department: COMM. PCT. #1
Agenda Category: 2009 Intradepartmental Transfers

Information

CAPTION

2009 - Pct. #1 R&B (1201)

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2009 ACCT. #: 9-1201-431-00-121-005-0-XXX
FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?: N

BUDGETARY IMPACT:

334-->432 - \$ 2,000.00; Funding available as of 11/4/09.
339-->432 - \$ 1,000.00; Funding available as of 11/4/09.
431-->432 - \$ 750.00; Funding available as of 11/4/09.
434-->609 - \$ 18.26; Funding available as of 11/4/09.
604-->432 - \$ 1,000.00; Funding available as of 11/4/09.
623-->432 - \$ 250.00; Funding available as of 11/4/09.
631-->748 - \$ 250.00; Funding available as of 11/4/09.
663-->609 - \$ 37.20; Funding available as of 11/4/09.
671-->432 - \$ 1,517.56; Funding available as of 11/4/09.

Attachments

Link: 2009-Pct#1 R&B (1201)

Form Routing/Status

Route Seq	Inbox	Approved By	Date	Status
1	Budget & Management	Erika Zamora	11/04/2009 02:27 PM	APRV
2	Norma Silva	Norma Silva	11/04/2009 03:40 PM	APRV
3	Auditor's Office		11/06/2009 05:08 PM	NEW

Form Started By: Jorge Flores
Started On: 11/04/2009 02:03 PM
Final Approval Date: 11/06/2009

MEETING REQUEST DATE: November 10, 2009

DEPARTMENT NAME: PCT #1 ROAD & BRIDGE

SUBJECT: Budget Line-Item Transfer(s)

I submit to you for your consideration the following line-item transfer(s) in accordance with Local Government Code, Chapter 111, Subchapter C.

[illegible]

	/ /	
APPROVED COMMISSIONERS' COURT	DATE	ATTEST COUNTY CLERK

AI-18438

2.CC.

Precinct #3 - Intradepartmental Transfer

CC CONSENT

Date: 11/10/2009
Submitted By: Perla Lopez, BUDGET & MANAGEMENT
Submitted For: Sergio Cruz
Department: BUDGET & MANAGEMENT
Agenda Category: 2009 Intradepartmental Transfers

Information

CAPTION

2009 - Pct. #3 C.O. 2009 (1339)

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2009 ACCT. #: 9-1339-431-00-123-049-0-XXX
FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?: N
BUDGETARY IMPACT:
890 - -> 742 = \$387,210.05

Available account balance as of 11/06/09.

Attachments

Link: [Intra Transfer](#)

Form Routing/Status

Route Seq	Inbox	Approved By	Date	Status
1	Budget & Management	Erika Zamora	11/06/2009 09:22 AM	APRV
2	JC Carreon	JC Carreon	11/06/2009 11:26 AM	APRV
3	Auditor's Office		11/06/2009 05:08 PM	NEW

Form Started By: Perla Lopez Started On: 11/06/2009 09:01 AM
Final Approval Date: 11/06/2009

AI-18368

2.DD.

Pct #3 Transfer

CC CONSENT

Date: 11/10/2009
Submitted By: Norma Ceballos, COMM. PCT. #3
Department: COMM. PCT. #3
Agenda Category: 2009 Intradepartmental Transfers

Information

CAPTION

2009 - Pct. #3 Sanitation (1100)

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2009 ACCT. #: 9-1100-432-00-123-001-0-XXX
FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?: N
BUDGETARY IMPACT:
431-->607 - \$ 300.00; Funding available as of 11/4/09.

Attachments

Link: LIT

Form Routing/Status

Route Seq	Inbox	Approved By	Date	Status
1	Budget & Management	Erika Zamora	11/03/2009 01:19 PM	APRV
2	Norma Silva	Norma Silva	11/04/2009 10:10 AM	APRV
3	Auditor's Office		11/06/2009 05:08 PM	NEW

Form Started By: Norma Ceballos
Started On: 11/03/2009 12:25 PM
Final Approval Date: 11/06/2009

INTRA-DEPARTMENTAL TRANSFER

DATE: November 10, 2009

DEPARTMENT HEAD: Commissioner Joe M. Flores - Pct No. 3

DEPARTMENT NAME: Hidalgo County Precinct #3 Sanitation

ACCOUNT NUMBER: 9-1100-432-00-123-001-0

CONTACT PERSON: Norma Ceballos PHONE: (956)585-4509

SUBJECT: Intra-departmental Transfer

Honorable Commissioners' Court of Hidalgo County:

I submit for your consideration the following Intra-departmental transfer(s) in accordance with Local Government Code, Chapter 111, Subchapter C.

FROM OBJECT CODE	OBJECT NAME	TO OBJECT CODE	OBJECT NAME	AMOUNT
431	R & M SERV. BUILDINGS & OTHER STRUCT.	607	Household & Janitorial Supplies	\$ 300.00
TOTAL				\$ 300.00

REASON: To cover expected expenses.

DEPARTMENT HEAD SIGNATURE

CC DATE

APPROVED COMMISSIONERS' COURT

ATTEST COUNTY CLERK

AI-18383

2.EE.

Pct. #4 R&B (1204)

CC CONSENT

Date: 11/10/2009
Submitted By: Jr. Munoz, COMM. PCT. #4
Department: COMM. PCT. #4
Agenda Category: 2009 Intradepartmental Transfers

Information

CAPTION

2009 - Pct. #4 R&B (1204)

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2009 ACCT. #: 9-1204-431-00-124-007-0-XXX
FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?: N

BUDGETARY IMPACT:

346-->442 - \$ 1,000.00; Funding available as of 11/04/09.
346-->672 - \$ 6,000.00; Funding available as of 11/04/09.

Attachments

Link: [LIT](#)

Form Routing/Status

Route Seq	Inbox	Approved By	Date	Status
1	Budget & Management	Erika Zamora	11/04/2009 01:16 PM	APRV
2	Norma Silva	Norma Silva	11/04/2009 02:49 PM	APRV
3	Auditor's Office		11/06/2009 05:08 PM	NEW

Form Started By: Jr. Munoz

Started On: 11/04/2009 10:29 AM

Final Approval Date: 11/06/2009

REASON: To cover expected expenses.

AI-18381

2.FF.

Pct. #4 Landfill (1100)

CC CONSENT

Date: 11/10/2009
Submitted By: Jr. Munoz, COMM. PCT. #4
Department: COMM. PCT. #4
Agenda Category: 2009 Intradepartmental Transfers

Information

CAPTION

2009 - Pct. #4 Landfill (1100)

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2009 ACCT. #: 9-1100-432-00-124-001-0-XXX
FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?:
BUDGETARY IMPACT:
Available account balance as of 11-06-09

Attachments

Link: LIT

Form Routing/Status

Route Seq	Inbox	Approved By	Date	Status
1	Budget & Management	Erika Zamora	11/04/2009 01:12 PM	APRV
2	Veronica Ortiz	Veronica Ortiz	11/06/2009 11:03 AM	APRV
3	Auditor's Office	Angela Garcia	11/06/2009 05:08 PM	APRV

Form Started By: Jr. Munoz

Started On: 11/04/2009 09:26 AM

Final Approval Date: 11/06/2009

ATTEST COUNTY CLERK

AI-18378

2.GG.

Pct. #4 New Adm Bldg (1301)

CC CONSENT

Date: 11/10/2009
Submitted By: Jr. Munoz, COMM. PCT. #4
Department: COMM. PCT. #4
Agenda Category: 2009 Intradepartmental Transfers

Information

CAPTION

2009 - Pct. #4 New Adm. Bldg. (1301)

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2009 ACCT. #: 9-1301-419-40-124-034-0-XXX
FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?: N
BUDGETARY IMPACT:
739-->720 - \$ 6,768.06; Funding available as of 11/4/09.

Attachments

Link: [LIT](#)

Form Routing/Status

Route Seq	Inbox	Approved By	Date	Status
1	Budget & Management	Erika Zamora	11/04/2009 08:54 AM	APRV
2	Norma Silva	Norma Silva	11/04/2009 11:02 AM	APRV
3	Auditor's Office		11/06/2009 05:08 PM	NEW

Form Started By: Jr. Munoz
Started On: 11/04/2009 08:37 AM
Final Approval Date: 11/06/2009

ATTEST COUNTY CLERK

AI-18376

2.HH.

Pct. #4 BCAP Round 3 (1312)

CC CONSENT

Date: 11/10/2009
Submitted By: Jr. Munoz, COMM. PCT. #4
Department: COMM. PCT. #4
Agenda Category: 2009 Intradepartmental Transfers

Information

CAPTION

2009 - Pct. #4 BCAP Round 3 (1312)

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2009 ACCT. #: 9-1312-431-00-124-886-0-XXX
FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?: N
BUDGETARY IMPACT:
731-->339 \$ 1,069.80; funds available as of 11/06/09

Attachments

Link: [TRANSFER](#)

Form Routing/Status

Route Seq	Inbox	Approved By	Date	Status
1	Budget & Management	Erika Zamora	11/04/2009 08:25 AM	APRV
2	Ana Galvan	Anna Galvan	11/06/2009 09:23 AM	APRV
3	Auditor's Office		11/06/2009 05:08 PM	NEW

Form Started By: Jr. Munoz
Started On: 11/04/2009 08:14 AM
Final Approval Date: 11/06/2009

AI-18366

4.A.

**Pipeline Permit
CC CONSENT**

Date: 11/10/2009
Submitted By: Sandra Garcia, RIGHT OF WAY DEPT.
Submitted For: Joe Pena
Department: RIGHT OF WAY DEPT.
Agenda Category: Right of Way

Information

CAPTION

North Alamo Water Supply:

1. Approximately 500' east of Sunflower Rd on the north side of Don Juanitos St- X Rd-
Relocating meter to front of property- Francisco Y. Vasquez

BACKGROUND

Fiscal Impact

Attachments

Link: [Don Juanitos St](#)

Form Routing/Status

Route Seq	Inbox	Approved By	Date	Status
1	Budget & Management	Erika Zamora	11/04/2009 04:42 PM	APRV
2	Olga Garza	Olga Garza	11/05/2009 08:40 AM	APRV
3	Auditor's Office		11/06/2009 05:08 PM	NEW

Form Started By: Sandra Garcia
Started On: 11/03/2009 11:13 AM
Final Approval Date: 11/06/2009

THE STATE OF TEXAS §

COUNTY OF HIDALGO §

That the County of Hidalgo, Texas, acting by and through its Commissioners' Court, by virtue of motion and resolution introduced and adopted by said Commissioners' Court on the 10th day of November, 2009 does by these presents GRANT, GIVE AND RELINQUISH TO:

The North Alamo Water Supply Corporation hereinafter called Permittee, of the County of Hidalgo, Texas, the Right, Privilege and Authority to construct, reconstruct, lay and maintain a 2" inch /water/ gas/ sewer/ irrigation line; said line to be constructed of PVC material along the following public road easement held by the Hidalgo County of Hidalgo, Texas upon the conditions, obligations, and requirements as hereinafter set forth, said public road upon which said water/ gas/ sewer/ irrigation line is to be constructed, reconstructed, laid and maintained, described as follows:

- 1. Approximately 500' east of Sunflower Rd on the north side of Don Juanitos St- X Rd- Relocating meter to front of property- Francisco Y. Vasquez

The granting, giving and authorizing of permission for the said aforementioned Permittee to so construct, reconstruct, lay and maintain a water line along the above described public road being conditioned that Permittee agrees that:

1. The Permittee will install and shall maintain said pipeline so that the top of the line will always be at least at the minimum depth of forty (40) inches below the flow line of the ditches on either side of said roadway when the pipeline is to be constructed, the Permittee shall contact the Commissioner in the Precinct in which the construction project is located and obtain written instructions, signed by said Commissioner, concerning the location and depth of said line. In this connection, it is agreed and understood that the Permittee will not cut the surface in any manner said public road or any roadway, without first obtaining the written permission of the Commissioners' Court of Hidalgo County, Texas.
2. The Permittee will employ a competent person or firm to do such installation and complete it in accordance with the covenants and conditions herein set forth.
3. Permittee shall stake its line on the location approved by the Commissioner in whose precinct the work is to be done well in advance of beginning its work. Permittee shall contact Commissioner before commencing any work.
4. The Permittee will use all proper caution in performing the work to prevent injury to all persons and property and it will indemnify Hidalgo County against all damages that may be assessed against the County by reasons of the work here permitted and the maintenance of such pipeline.
5. Notwithstanding any provision in this Agreement to the contrary, Permittee recognizes that the paramount purpose of the easement and dedication for the said public road is to provide for the establishment and operation of a roadway for the public. Recognizing this as the paramount purpose of the easement and dedication, Permittee agrees that Permittee has the unlimited and unrestricted right to establish, construct, reconstruct and maintain the said public road and to conduct all maintenance for the roadway and all related structures (including but not limited to the maintenance, construction and reconstruction of ditches, drainage pipes, bridges and paving surfaces) without incurring any liability, obligation or duty to Permittee.

AI-18357**5.A.****TAX OFFICE REFUNDS****CC CONSENT**

Date: 11/10/2009
 Submitted By: Hilda Fuentes, TAX OFFICE
 Submitted For: Hilda Fuentes
 Department: TAX OFFICE
 Agenda Category: Tax Refunds

Information**CAPTION**

ACCT#	PROPERTY OWNER	PAYER	AMT
H3945.99.002.000A.00	Valley Shamrock Inc #4	Diam Sham Ref & Mktg	\$2522.31
H3945.99.002.000A.00	Valley Shamrock #1526	Diam Sham Ref & Mktg	\$2812.18
H3945.99.002.000A.00	Valley Shamrock #1526	Diam Sham Ref & Mktg	\$2716.87
H3945.99.002.000A.00	Valley Shamrock #1526	Vlo Retail Holdings Inc	\$2537.60
H3945.99.002.000A.00	Valley Shamrock #1526	Vlo Retail Holdings Inc	\$2915.40
J2004.00.000.0002.00	Diamond Shamrock Stations Inc	Diam Sham Ref & Mktg	\$3566.94
J2004.00.000.0002.00	Big Diamond Inc	Vlo Retail Holdings Inc	\$3075.37
J2004.00.000.0002.00	Big Diamond Inc	Vlo Retail Holdings Inc	\$3218.64
M4020.00.000.0001.00	Valley Shamrock Inc	Diam Sham Ref & Mktg	\$3517.35
M4020.00.000.0001.00	Valley Shamrock Inc	Vlo Retail Holdings Inc	\$4259.60
M4020.99.000.0001.00	Valley Shamrock #1536	Diam Sham Ref & Mktg	\$3874.07
M4020.99.000.0001.00	Valley Shamrock #1536	Vlo Retail Holdings Inc	\$3391.88
N3020.01.000.0002.00	Valley Shamrock Inc	Diam Sham Ref & Mktg	\$2923.89
N3020.01.000.0002.00	Valley Shamrock Inc	Diam Sham Ref & Mktg	\$2903.46
N3020.01.000.0002.00	Valley Shamrock Inc	Diam Sham Ref & Mktg	\$2795.02
N3020.01.000.0002.00	Valley Shamrock Inc	Vlo Retail Holdings Inc	\$2574.05
N3020.01.000.0002.00	Valley Shamrock Inc	Vlo Retail Holdings Inc	\$2816.63
N3020.99.000.0002.01	Valley Shamrock #1519	Diam Sham Ref & Mktg	\$2952.60
N3020.99.000.0002.01	Valley Shamrock #1519	Diam Sham Ref & Mktg	\$3222.73
N3020.99.000.0002.01	Valley Shamrock #1519	Diam Sham Ref & Mktg	\$3122.28
N3020.99.000.0002.01	Valley Shamrock #1519	Vlo Retail Holdings Inc	\$2520.11
N3020.99.000.0002.01	Valley Shamrock #1519	Vlo Retail Holdings Inc	\$2704.33
S2950.99.000.0204.17	Valley Shamrock Inc	Diam Sham Ref & Mktg	\$2720.47
S2950.99.000.0204.17	Valley Shamrock Inc	Diam Sham Ref & Mktg	\$2768.98
S2950.99.000.0204.17	Valley Shamrock Inc	Diam Sham Ref & Mktg	\$2766.86
S2950.99.000.0204.17	Valero Corner Store 1524	Vlo Retail Holdings Inc	\$2768.49
S2950.99.000.0204.17	Valero Corner Store 1524	Vlo Retail Holdings Inc	\$2970.35
S3003.00.000.0002.00	Valley Shamrock Inc	Diam Sham Ref & Mktg	\$2762.98
S3003.00.000.0002.00	Valley Shamrock Inc	Diam Sham Ref & Mktg	\$2754.27

S3003.00.000.0002.00	Valley Shamrock Inc	Diam Sham Ref & Mktg	\$2714.01
S3003.00.000.0002.00	Valley Shamrock Inc	Vlo Retail Holdings Inc	\$2681.70
S3003.00.000.0002.00	Valley Shamrock Inc	Vlo Retail Holdings Inc	\$2709.30
S3003.99.000.0002.06	Valero Corner Store #1523	Vlo Retail Holdings Inc	\$2746.18
V1540.99.000.000A.00	Valley Shamrock #1525	Diam Sham Ref & Mktg	\$2815.92
V1540.99.000.000A.00	Valley Shamrock #1525	Diam Sham Ref & Mktg	\$2720.49

BACKGROUND

Fiscal Impact

Attachments

Link: [frnt pg](#)

Link: [accts pg 1](#)

Link: [accts pg 2](#)

Link: [V S #4 2003](#)

Link: [VS #1526](#)

Link: [VS#15262006](#)

Link: [VS #1526 2007](#)

Link: [VS #1526 2008](#)

Link: [DIAM SHAM](#)

Link: [BIG DIAM](#)

Link: [BIG DIAMOND2008](#)

Link: [VALLEY SHAMROCK 2006](#)

Link: [VALLEY SHAMROCK2008](#)

Link: [VALLEY SHAMROCK#1536](#)

Link: [VS#1536 2007](#)

Link: [VS INC 2003](#)

Link: [VS INC 2004](#)

Link: [VS INC 2006](#)

Link: [VS INC 2007](#)

Link: [VS INC 2008](#)

Link: [VS #1519](#)

Link: [VS #1519 2004](#)

Link: [VS #1519 2006](#)

Link: [VS INC #1519 2007](#)

Link: [VS INC #1519 2008](#)

Link: [VS INC 2003](#)

Link: [VS INC 2004](#)

Link: [VS INC 2006](#)

Link: [VCS 1524 2007](#)

Link: [VCS 1524 2008](#)

Link: [VSI 2003](#)

Link: [VSI 2004](#)

Link: [VSI 2006](#)

Link: [VSI 2007](#)

Link: [VSI 2008](#)

Link: [VCS #1523 2008](#)

Link: [VS#1525 2004](#)

Link: [VS #1525 2006](#)

Form Routing/Status

Route Seq	Inbox	Approved By	Date	Status
1	Budget & Management	Erika Zamora	11/03/2009 10:00 AM	APRV
2	Perla Lopez	Perla Lopez	11/03/2009 11:29 AM	APRV
3	Auditor's Office	Linda Fong	11/06/2009 04:57 PM	APRV

Form Started By: Hilda Fuentes

Started On: 11/02/2009 08:19 AM

Final Approval Date: 11/06/2009

Office of Tax Assessor-Collector

COUNTY of HIDALGO



Armando Barrera Jr. RTA

ASSESSOR AND COLLECTOR

EDINBURG, TEXAS 78540-0178

P.O. Box 178

(956) 318-2160

FAX (956) 318-2733

October 30, 2009

The Honorable Rene Ramirez
Hidalgo County Commissioners
Edinburg, Texas 78539

Re: See attached list

Gentlemen:

As per Section 31.11 of the Property Tax Code, the governing body of each taxing unit must authorize refunds of overpayments or erroneous payments over \$ 2500.00 dollars.

I respectfully request that the Commissioner's Court approve the enclosed application for a tax refund based on an adjustment approved by the Hidalgo County Appraisal District Office.

When completed, please return the attached to this office.

Thanking you for your assistance in this matter, I remain.

Very truly yours,

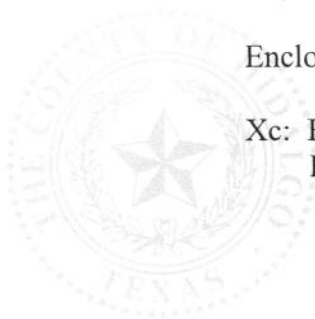
A handwritten signature in dark ink, appearing to read 'Armando Barrera, Jr.' with a stylized flourish at the end.

Armando Barrera, Jr. RTA

Abj: mm

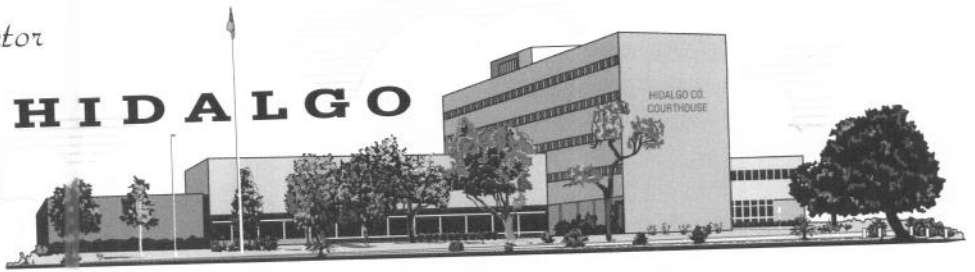
Enclosure

Xc: Hidalgo County Auditor
Raymundo Eufracio, CPA



Office of Tax Assessor-Collector

COUNTY of HIDALGO



EDINBURG, TEXAS 78540-0178

P.O. Box 178

(956) 318-2160

FAX (956) 318-2733

Armando Barrera Jr. RJA

ASSESSOR AND COLLECTOR

ACCOUNT NUMBER	PROPERTY OWNER	PAYER	AMOUNT
1.H3945.99.002.000A.00	VALLEY SHAMROCK INC #4	DIAM SHAM REF & MKTG	\$ 2,522.31
2.H3945.99.002.000A.00	VALLEY SHAMROCK #1526	DIAM SHAM REF & MKTG	\$ 2,812.18
3.H3945.99.002.000A.00	VALLEY SHAMROCK #1526	DIAM SHAM REF & MKTG	\$ 2,716.87
4.H3945.99.002.000A.00	VALLEY SHAMROCK #1526	VLO RETAIL HOLDINGS INC	\$ 2,537.60
5.H3945.99.002.000A.00	VALLEY SHAMROCK #1526	VLO RETAIL HOLDINGS INC	\$ 2,915.40
6.J2004.00.000.0002.00	DIAMOND SHAMROCK STATIONS INC	DIAM SHAM REF & MKTG	\$ 3,566.94
7.J2004.00.000.0002.00	BIG DIAMOND INC	VLO RETAIL HOLDINGS INC	\$ 3,075.37
8.J2004.00.000.0002.00	BIG DIAMOND INC	VLO RETAIL HOLDINGS INC	\$ 3,218.64
9.M4020.00.000.0001.00	VALLEY SHAMROCK INC	DIAM SHAM REF & MKTG	\$ 3,517.35
10.M4020.00.000.0001.00	VALLEY SHAMROCK INC	VLO RETAIL HOLDINGS INC	\$ 4,259.60
11.M4020.99.000.0001.00	VALLEY SHAMROCK INC #1536	DIAM SHAM REF & MKTG	\$ 3,874.07
12.M4020.99.000.0001.00	VALLEY SHAMROCK INC #1536	VLO RETAIL HOLDINGS INC	\$ 3,391.88
13.N3020.01.000.0002.00	VALLEY SHAMROCK INC	DIAM SHAM REF & MKTG	\$ 2,923.89
14.N3020.01.000.0002.00	VALLEY SHAMROCK INC	DIAM SHAM REF & MKTG	\$ 2,903.46
15.N3020.01.000.0002.00	VALLEY SHAMROCK INC	DIAM SHAM REF & MKTG	\$ 2,795.02
16.N3020.01.000.0002.00	VALLEY SHAMROCK INC	VLO RETAIL HOLDINGS INC	\$ 2,574.05
17.N3020.01.000.0002.00	VALLEY SHAMROCK INC	VLO RETAIL HOLDINGS INC	\$ 2,816.63
18.N3020.99.000.0002.01	VALLEY SHAMROCK #1519	DIAM SHAM REF & MKTG	\$ 2,952.60
19.N3020.99.000.0002.01	VALLEY SHAMROCK #1519	DIAM SHAM REF & MKTG	\$ 3,222.73
20.N3020.99.000.0002.01	VALLEY SHAMROCK #1519	DIAM SHAM REF & MKTG	\$ 3,122.28



Office of Tax Assessor-Collector

COUNTY of HIDALGO



Armando Barrera Jr. RJA

ASSESSOR AND COLLECTOR

EDINBURG, TEXAS 78540-0178

P.O. Box 178
(956) 318-2160
FAX (956) 318-2733

21.N3020.99.000.0002.01	VALLEY SHAMROCK INC #1519	VLO RETAIL HOLDINGS INC	\$	2,520.11
22.N3020.99.000.0002.01	VALLEY SHAMROCK INC #1519	VLO RETAIL HOLDINGS INC	\$	2,704.33
23.S2950.99.000.0204.17	VALLEY SHAMROCK INC	DIAM SHAM REF & MKTG	\$	2,720.47
24.S2950.99.000.0204.17	VALLEY SHAMROCK INC	DIAM SHAM REF & MKTG	\$	2,768.98
25.S2950.99.000.0204.17	VALLEY SHAMROCK INC	DIAM SHAM REF & MKTG	\$	2,766.86
26.S2950.99.000.0204.17	VALERO CORNER STORE 1524	VLO RETAIL HOLDINGS INC	\$	2,768.49
27.S2950.99.000.0204.17	VALERO CORNER STORE 1524	VLO RETAIL HOLDINGS INC	\$	2,970.35
28.S3003.00.000.0002.00	VALLEY SHAMROCK INC	DIAM SHAM REF & MKTG	\$	2,762.98
29.S3003.00.000.0002.00	VALLEY SHAMROCK INC	DIAM SHAM REF & MKTG	\$	2,754.27
30.S3003.00.000.0002.00	VALLEY SHAMROCK INC	DIAM SHAM REF & MKTG	\$	2,714.01
31.S3003.00.000.0002.00	VALLEY SHAMROCK INC	VLO RETAIL HOLDINGS INC	\$	2,681.70
32.S3003.00.000.0002.00	VALLEY SHAMROCK INC	VLO RETAIL HOLDINGS INC	\$	2,709.30
33.S3003.99.000.0002.06	VALERO CORNER STORE #1523	VLO RETAIL HOLDINGS INC	\$	2,746.18
34.V1540.99.000.000A.00	VALLEY SHAMROCK #1525	DIAM SHAM REF & MKTG	\$	2,815.92
35.V1540.99.000.000A.00	VALLEY SHAMROCK #1525	DIAM SHAM REF & MKTG	\$	2,720.49



APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE	Collecting tax for: (Tax Units) GHD-SST-DR1-FD1-FD2-FD3-FD4-CAN- CLV-CMS-CPN-CPO-CWL-SEB-SLV- SML-SMS-SSL-SWL-JCC
Present mailing address (number and street) P O BOX 178	
City, town or post office, state, ZIP code EDINBURG TX 78540-0178	Phone (area code and number) (956) 318-2157

To apply for a tax refund, the taxpayer must complete the following

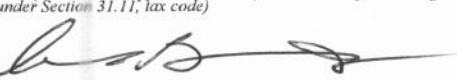
Step 1: Owner's name and address	Owner's name VALLEY SHAMROCK, INC #4 PAYOR: DIAM SHAM REF & MKTG	
	Present mailing address (number and street) P O BOX 696000	
	City, town or post office, state, ZIP code SAN ANTONIO, TX 78269	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **INVENTORY FIXTURES & EQUIPMENT 900 WEST**

Step 2: Describe the property	FERGUSON NEW ACCT 1990 / #17422925812	
	Address or location of property:	
	P343453	
	Account number of property:	Tax receipt number:
	H3945.99.002.000A.00 OR	

Step 3: Give the tax payment information	Name Of Taxing Unit from Which Refund is Requested	Year for Which Refund is Requested	Date of the Tax Payment	Amount of Taxes Paid	Amount of Tax Refund Requested
	1. ALL ENTITIES	2003	1/30 / 2004	\$ 1942.09 +	\$
	2. CPR	2003	1/31 / 2004	\$ 1567.25 +	\$
	3. PSJA	2003	1/31 / 2004	\$ 3697.29 +	\$
	4.		/	\$	\$
	5. TOTAL		/ Total	\$ 7206.63	\$ 2522.31 +
	Taxpayer's reason for refund (attach supporting documentation): COURT ORDER C-2301-03-F +				
HF					

Step 4: sign the form	"I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct."	
	Signature sign here 	Date of application for tax refund
	If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under Texas Penal Code Section 37.10.	

Step 5: Tax refund Determination	This tax refund is ☒ Approved ☐ Disapproved		AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: JE 10-22-09
	Authorized officer sign here 	Date 10/29/09	
	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.11, tax code) sign here 	Date 9/28/09	

10/22

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE	Collecting tax for: (Tax Units) GHD-SST-DR1-FD1-FD2-FD3-FD4-CAN-CLV-CMS-CPN-CPO-CWL-SEB-SLV-SML-SMS-SSL-SWL-JCC
Present mailing address (number and street) P O BOX 178	
City, town or post office, state, ZIP code EDINBURG TX 78540-0178	Phone (area code and number) (956) 318-2157

To apply for a tax refund, the taxpayer must complete the following

Step 1: Owner's name and address	Owner's name VALLEY SHAMROCK, INC ^{#1526} PAYER: DIAM. SHAM REF & MKTG ⁺	
	Present mailing address (number and street) PO BOX 690110	
	City, town or post office, state, ZIP code SAN ANTONIO, TX 78269	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **INVENTORY FIXTURES & EQUIP**

Step 2: Describe the property	Address or location of property:	
	P343453 +	
	Account number of property:	Tax receipt number:
	H3945.99.002.000A.00 +	OR

Step 3: Give the tax payment information	Name Of Taxing Unit from Which Refund is Requested	Year for Which Refund is Requested	Date of the Tax Payment	Amount of Taxes Paid	Amount of Tax Refund Requested
	1. ALL ENTITIES	2004 ⁺	1/31 / 05	\$ 2146.85 ⁺	\$
	2. PSJA	2004 ⁺	1/31 / 05	\$ 1751.32 ⁺	\$
	3. CPR	2004 ⁺	1/31 / 05	\$ 4136.63 ⁺	\$
	4.		/	\$	\$
	5. TOTAL		/	\$	\$ 2812.18 ⁺
	Taxpayer's reason for refund (attach supporting documentation): COURT ORDER C-1712-04-B + Supp 51				
HF					

Step 4: sign the form	"I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct."	
	Signature sign here 	Date of application for tax refund
	If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under Texas Penal Code Section 37.10.	

Step 5: Tax refund Determination	This tax refund is ☒ Approved ☐ Disapproved		AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: JE 10-22-09
	Authorized officer sign here 	Date 10/24/09	
	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.11, tax code) sign here 	Date 9/28/09	

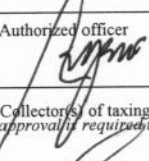
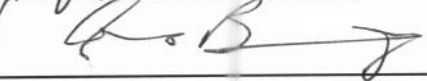
16122

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE		Collecting tax for: (Tax Units) GHD-SST-DR1-FD1-FD2-FD3-FD4-CAN-CLV-CMS-CPN-CPO-CWL-SEB-SLV-SML-SMS-SSL-SWL-JCC					
Present mailing address (number and street) P O BOX 178		Phone (area code and number) (956) 318-2157					
City, town or post office, state, ZIP code EDINBURG TX 78540-0178							
To apply for a tax refund, the taxpayer must complete the following							
Step 1: Owner's name and address	Owner's name #1526 VALLEY SHAMROCK INC PAYER:DIAM.SHAM REF & MKTG						
	Present mailing address (number and street) PO BOX 690110						
	City, town or post office, state, ZIP code SAN ANTONIO, TX 78269-0110		Phone (area code and number)				
Legal description (or attach copy of the tax bill or tax receipt): INVENTORY FIXTURES & EQUIP							
Step 2: Describe the property	Address or location of property:						
	P343453						
	Account number of property:		Tax receipt number:				
	H3945.99.002.000A.00		OR				
Step 3: Give the tax payment information	Name Of Taxing Unit from Which Refund is Requested		Year for Which Refund is Requested	Date of the Tax Payment	Amount of Taxes Paid	Amount of Tax Refund Requested	
	1. ALL ENTITIES		2006 +	1/31	/ 2007	\$ 6011.13 +	\$ 2716.87 +
	2. CPR		2006 +	1/29	/ 2007	\$ 1751.32	\$
	3.				/	\$	\$
	4.				/	\$	\$
	5. TOTAL				/ Total	\$ 7762.45	\$ 2716.87 +
	Taxpayer's reason for refund (attach supporting documentation): COURT ORDER C-1972-06-E + supp 33						
	\$2716.87						
	HF						
Step 4: sign the form	"I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct."						
	Signature sign here 				Date of application for tax refund		
	If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under Texas Penal Code Section 37.10.						
Step 5: Tax refund Determination	This tax refund is ☒ Approved ☐ Disapproved				AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: JE 10-23-09		
	Authorized officer sign here 				Date 10/29/09		
	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 34-1, tax code) sign here 				Date 9/28/09		

10/22

APPLICATION FOR TAX REFUND

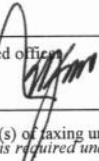
Collection office name HIDALGO COUNTY TAX OFFICE		Collecting tax for: (Tax Units) GHD-SST-DR1-FD1-FD2-FD3-FD4-CAN- CLV-CMS-CPN-CPO-CWL-SEB-SLV- SML-SMS-SSL-SWL-JCC					
Present mailing address (number and street) P O BOX 178		Phone (area code and number) (956) 318-2157					
City, town or post office, state, ZIP code EDINBURG TX 78540-0178							
To apply for a tax refund, the taxpayer must complete the following							
Step 1: Owner's name and address	Owner's name VALLEY SHAMROCK #1526⁺ PAYER: VLO RETAIL HOLDINGS INC⁺						
	Present mailing address (number and street) PO BOX 690110						
	City, town or post office, state, ZIP code SAN ANTONIO, TX 78269		Phone (area code and number)				
Legal description (or attach copy of the tax bill or tax receipt): INVENTORY FIXTURES & EQUIP							
Step 2: Describe the property	Address or location of property:						
	P343453⁺						
	Account number of property: H3945.99.002.000A.00⁺		Tax receipt number:				
	OR						
Step 3: Give the tax payment information	Name Of Taxing Unit from Which Refund is Requested		Year for Which Refund is Requested	Date of the Tax Payment	Amount of Taxes Paid	Amount of Tax Refund Requested	
	1. ALL ENTITIES		2007 ⁺	1/31	/ 2008	\$ 5440.60 ⁺	\$
	2. CPR		2007 ⁺	1/31	/ 2008	\$ 1809.70 ⁺	\$
	3.				/	\$	\$
	4.				/	\$	\$
	5. TOTAL				/ Total	\$ 7250.30	\$ 2537.60 ⁺
	Taxpayer's reason for refund (attach supporting documentation): COURT ORDER ~~C-1942-06-E~~						
	C-2107-07-A / Supp 24						
	HF						
Step 4: sign the form	"I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct."						
	Signature sign here 					Date of application for tax refund	
	If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under Texas Penal Code Section 37.10.						
Step 5: Tax refund Determination	This tax refund is ☒ Approved ☐ Disapproved					AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: JE 10-23-09	
	Authorized officer sign here 					Date 10/29/09	
	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.11, tax code) sign here 					Date 7/28/09	

10/22

APPLICATION FOR TAX REFUND

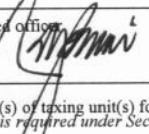
Collection office name HIDALGO COUNTY TAX OFFICE	Collecting tax for: (Tax Units) GHD-SST-DR1-FD1-FD2-FD3-FD4-CAN- CLV-CMS-CPN-CPO-CWL-SEB-SLV- SML-SMS-SSL-SWL-JCC
Present mailing address (number and street) P O BOX 178	
City, town or post office, state, ZIP code EDINBURG TX 78540-0178	Phone (area code and number) (956) 318-2157

To apply for a tax refund, the taxpayer must complete the following

Step 1: Owner's name and address	Owner's name VALLEY SHAMROCK #1526⁺ PAYER: VLO RETAIL HOLDINGS INC⁺									
	Present mailing address (number and street) PO BOX 690110									
	City, town or post office, state, ZIP code SAN ANTONIO, TX 78269				Phone (area code and number)					
Legal description (or attach copy of the tax bill or tax receipt): INVENTORY FIXTURES & EQUIP										
Step 2: Describe the property	Address or location of property:									
	P343453⁺									
	Account number of property:			Tax receipt number:						
	H3945.99.002.000A.00⁺			OR						
Step 3: Give the tax payment information	Name Of Taxing Unit from Which Refund is Requested		Year for Which Refund is Requested		Date of the Tax Payment		Amount of Taxes Paid		Amount of Tax Refund Requested	
	1. ALL ENTITIES		2008 ⁺		1/30 / 2009		\$ 8329.74 ⁺		\$ 2915.40 ⁺	
	2.				/		\$		\$	
	3.				/		\$		\$	
	4.				/		\$		\$	
	5. TOTAL				/		\$		\$ 2915.40 ⁺	
	Taxpayer's reason for refund (attach supporting documentation): COURT ORDER C-1972-08-E⁺ Supp 12									
	HF									
Step 4: sign the form	"I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct."									
	Signature sign here 							Date of application for tax refund		
	If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under Texas Penal Code Section 37.10.									
Step 5: Tax refund Determination	This tax refund is ☒ Approved ☐ Disapproved									
	AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: SE 10-23-09									
	Authorized officer sign here 							Date 10/29/09		
	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.11, tax code) sign here 							Date 9/28/09		

10/22

APPLICATION FOR TAX REFUND

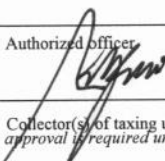
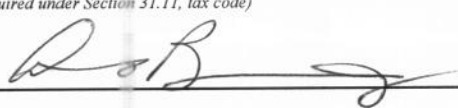
Collection office name HIDALGO COUNTY TAX OFFICE		Collecting tax for: (Tax Units) GHD-SST-DR1-FD1-FD2-FD3-FD4-CAN-CLV-CMS-CPN-CPO-CWL-SEB-SLV-SML-SMS-SSL-SWL-JCC					
Present mailing address (number and street) P O BOX 178		Phone (area code and number) (956) 318-2157					
City, town or post office, state, ZIP code EDINBURG TX 78540-0178							
To apply for a tax refund, the taxpayer must complete the following							
Step 1: Owner's name and address	Owner's name DIAMOND SHAMROCK STATIONS INC +		PAYER:DIAM.SHAM REF & MKTG +				
	Present mailing address (number and street) ONE VALERO WAY						
	City, town or post office, state, ZIP code SAN ANTONIO, TX 78249-1616		Phone (area code and number)				
Legal description (or attach copy of the tax bill or tax receipt): JACKSON CORNER LT 2							
Step 2: Describe the property	Address or location of property:						
	R691724 +						
	Account number of property:		Tax receipt number:				
	J2004.00.000.0002.00 +		OR				
Step 3: Give the tax payment information	Name Of Taxing Unit from Which Refund is Requested		Year for Which Refund is Requested	Date of the Tax Payment	Amount of Taxes Paid	Amount of Tax Refund Requested	
	1. ALL ENTITIES		2006 +	1/31	/ 2007	\$ 23779.52 +	\$ 3566.94 +
	2.				/	\$	\$
	3.				/	\$	\$
	4.				/	\$	\$
	5. TOTAL				/	\$	\$ 3566.94 +
	Taxpayer's reason for refund (attach supporting documentation): COURT ORDER C-1972-06-E +						
HF							
Step 4: sign the form	"I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct."						
	Signature sign here 					Date of application for tax refund	
If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under Texas Penal Code Section 37.10.							
Step 5: Tax refund Determination	This tax refund is ☒ Approved ☐ Disapproved						
	Authorized officer sign here 					Date 10/29/09	
	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.11, tax code) sign here 					Date 9/28/09	

10/22

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE	Collecting tax for: (Tax Units) GHD-SST-DR1-FD1-FD2-FD3-FD4-CAN- CLV-CMS-CPN-CPO-CWL-SEB-SLV- SML-SMS-SSL-SWL-JCC
Present mailing address (number and street) P O BOX 178	
City, town or post office, state, ZIP code EDINBURG TX 78540-0178	Phone (area code and number) (956) 318-2157

To apply for a tax refund, the taxpayer must complete the following

Step 1: Owner's name and address	Owner's name D BIG DIAMON¹INC PAYER: VLO RETAIL HOLDINGS INC +						
	Present mailing address (number and street) ONE VALERO WAY						
	City, town or post office, state, ZIP code SAN ANTONIO, TX 78249				Phone (area code and number)		
Legal description (or attach copy of the tax bill or tax receipt): JACKSON CORNER LT 2							
Step 2: Describe the property	Address or location of property:						
	R691724 +						
	Account number of property:			Tax receipt number:			
	J2004.00.000.0002.00 +			OR			
Step 3: Give the tax payment information	Name Of Taxing Unit from Which Refund is Requested		Year for Which Refund is Requested		Date of the Tax Payment	Amount of Taxes Paid	Amount of Tax Refund Requested
	1. ALL ENTITIES		2007 1		1/31 / 2008	\$ 20502.43 +	\$
	2.				/	\$	\$
	3.				/	\$	\$
	4.				/	\$	\$
	5. TOTAL				/	\$	\$ 3075.37 +
	Taxpayer's reason for refund (attach supporting documentation): COURT ORDER ~~C-1942-06-E~~						
	C-2107-07-A						
	HF						
Step 4: sign the form	"I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct."						
	Signature sign here 					Date of application for tax refund	
	If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under Texas Penal Code Section 37.10.						
Step 5: Tax refund Determination	This tax refund is ☒ Approved ☐ Disapproved						AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: JE 10-23-09
	Authorized officer sign here 					Date 10/29/09	
	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.11, tax code) sign here 					Date 9/28/09	

10/22

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE	Collecting tax for: (Tax Units) GHD-SST-DR1-FD1-FD2-FD3-FD4-CAN- CLV-CMS-CPN-CPO-CWL-SEB-SLV- SML-SMS-SSL-SWL-JCC
Present mailing address (number and street) P O BOX 178	
City, town or post office, state, ZIP code EDINBURG TX 78540-0178	Phone (area code and number) (956) 318-2157

To apply for a tax refund, the taxpayer must complete the following

Step 1: Owner's name and address	Owner's name BIG DIAMON INC PAYER: VLO RETAIL HOLDINGS INC 7	
	Present mailing address (number and street) ONE VALERO WAY	
	City, town or post office, state, ZIP code SAN ANTONIO, TX 78249	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **JACKSON CORNER LT 2**

Step 2: Describe the property	Address or location of property:	
	R691724	
	Account number of property: J2004.00.000.0002.00	Tax receipt number:
	OR	

Step 3: Give the tax payment information	Name Of Taxing Unit from Which Refund is Requested	Year for Which Refund is Requested	Date of the Tax Payment	Amount of Taxes Paid	Amount of Tax Refund Requested
	1. ALL ENTITIES	2008	1/30	\$ 21457.59	\$ 3218.64
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5. TOTAL		/	\$	\$ 3218.64
	Taxpayer's reason for refund (attach supporting documentation): COURT ORDER C-1972-08-E				
HF					

Step 4: sign the form	"I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct."	
	Signature sign here	Date of application for tax refund
	If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under Texas Penal Code Section 37.10.	

Step 5: Tax refund Determination	This tax refund is ☒ Approved ☐ Disapproved		AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: JE 10-23-09
	Authorized officer sign here	Date 10/29/09	
	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.11, tax code) sign here	Date 9/28/09	

10/22

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE	Collecting tax for: (Tax Units) GHD-SST-DR1-FD1-FD2-FD3-FD4-CAN- CLV-CMS-CPN-CPO-CWL-SEB-SLV- SML-SMS-SSL-SWL-JCC
Present mailing address (number and street) P O BOX 178	
City, town or post office, state, ZIP code EDINBURG TX 78540-0178	Phone (area code and number) (956) 318-2157

To apply for a tax refund, the taxpayer must complete the following

Step 1: Owner's name and address	Owner's name INC * VALLEY SHAMROCK #1518	PAYER: DIAM SHAM. REF & MKTG ↑
	Present mailing address (number and street) PO BOX 690110	
	City, town or post office, state, ZIP code SAN ANTONIO, TX 78269	

Legal description (or attach copy of the tax bill or tax receipt): **MID-VALLEY INTRAN'L BUS PARK**

Step 2: Describe the property	Address or location of property:	
	R570906 ↑	
	Account number of property:	Tax receipt number:
	M4020.00.000.0001.00 ↑	OR

Step 3: Give the tax payment information	Name Of Taxing Unit from Which Refund is Requested	Year for Which Refund is Requested		Date of the Tax Payment	Amount of Taxes Paid	Amount of Tax Refund Requested
	1. ALL ENTITIES	2006 *	1/31	/ 07	\$ 23448.91 ↑	\$
	2.			/	\$	\$
	3.			/	\$	\$
	4.			/	\$	\$
	5. TOTAL			/	\$	\$ 3517.35 ↑
	Taxpayer's reason for refund (attach supporting documentation): COURT ORDER C-1942-06-E ↑					
HF						

Step 4: sign the form	"I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct."	
	Signature sign here [Signature]	Date of application for tax refund
	If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under Texas Penal Code Section 37.10.	

Step 5: Tax refund Determination	This tax refund is ☒ Approved ☐ Disapproved		AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: JE 10-22-09
	Authorized signature sign here [Signature]	Date 10/29/09	
	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.11, tax code) sign here [Signature]	Date 9/28/09	

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE	Collecting tax for: (Tax Units) GHD-SST-DR1-FD1-FD2-FD3-FD4-CAN- CLV-CMS-CPN-CPO-CWL-SEB-SLV- SML-SMS-SSL-SWL-JCC
Present mailing address (number and street) P O BOX 178	
City, town or post office, state, ZIP code EDINBURG TX 78540-0178	Phone (area code and number) (956) 318-2157

To apply for a tax refund, the taxpayer must complete the following

Step 1: Owner's name and address	Owner's name VALLEY SHAMROCK INC PAYER:VLO RETAIL HOLDINGS INC	
	Present mailing address (number and street) PO BOX 690110	
	City, town or post office, state, ZIP code SAN ANTONIO, TX 78249	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **MID VALLEYINTRN'L BUS PARK LT 1**

Step 2: Describe the property	Address or location of property:	
	R570906	
	Account number of property: M4020.00.000.0001.00	Tax receipt number:
	OR	

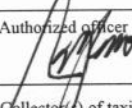
Step 3: Give the tax payment information	Name Of Taxing Unit from Which Refund is Requested	Year for Which Refund is Requested	Date of the Tax Payment	Amount of Taxes Paid	Amount of Tax Refund Requested
	1. ALL ENTITIES	2008	1/30 / 2009	\$ 28397.33	\$ 4259.60
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5. TOTAL		/	\$	\$ 4259.60
	Taxpayer's reason for refund (attach supporting documentation): COURT ORDER C-1972-08-E				
HF					

Step 4: sign the form	"I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct."	
	Signature sign here	Date of application for tax refund
	If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under Texas Penal Code Section 37.10.	

Step 5: Tax refund Determination	This tax refund is ☒ Approved ☐ Disapproved		AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: JE 10-23-09
	Authorized officer sign here	Date 10/29/09	
	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.11, tax code)	Date	
	sign here	9/28/09	

10/22

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE		Collecting tax for: (Tax Units) GHD-SST-DR1-FD1-FD2-FD3-FD4-CAN- CLV-CMS-CPN-CPO-CWL-SEB-SLV- SML-SMS-SSL-SWL-JCC					
Present mailing address (number and street) P O BOX 178		Phone (area code and number) (956) 318-2157					
City, town or post office, state, ZIP code EDINBURG TX 78540-0178							
To apply for a tax refund, the taxpayer must complete the following							
Step 1: Owner's name and address	Owner's name 1536 VALLEY SHAMROCK #1518 PAYER: DIAM SHAM. REF & MKTG +						
	Present mailing address (number and street) PO BOX 696000						
	City, town or post office, state, ZIP code SAN ANTONIO, TX 78269		Phone (area code and number)				
Legal description (or attach copy of the tax bill or tax receipt): INVENTORY FURNITURE FIXTURES							
Step 2: Describe the property	Address or location of property:						
	P685056 T						
	Account number of property:		Tax receipt number:				
	M4020.99.000.0001.00 + OR						
Step 3: Give the tax payment information	Name Of Taxing Unit from Which Refund is Requested		Year for Which Refund is Requested	Date of the Tax Payment	Amount of Taxes Paid	Amount of Tax Refund Requested	
	1. ALL ENTITIES		2006 +	1/31	/ 07	\$ 11068.76 +	\$
	2.				/	\$	\$
	3.				/	\$	\$
	4.				/	\$	\$
	5. TOTAL				/	\$	\$ 3874.07 +
	Taxpayer's reason for refund (attach supporting documentation): COURT ORDER C-1942-06-E +						
	HF						
Step 4: sign the form	"I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct."						
	Signature sign here 					Date of application for tax refund	
	If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under Texas Penal Code Section 37.10.						
Step 5: Tax refund Determination	This tax refund is ☒ Approved ☐ Disapproved						
	AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: JE 10-22-09						
	Authorized officer sign here 					Date 10/29/09	
	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.11, tax code) sign here 					Date 9/28/09	

10/22

APPLICATION FOR TAX REFUND

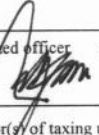
Collection office name HIDALGO COUNTY TAX OFFICE		Collecting tax for: (Tax Units) GHD-SST-DR1-FD1-FD2-FD3-FD4-CAN-CLV-CMS-CPN-CPO-CWL-SEB-SLV-SML-SMS-SSL-SWL-JCC					
Present mailing address (number and street) P O BOX 178							
City, town or post office, state, ZIP code EDINBURG TX 78540-0178		Phone (area code and number) (956) 318-2157					
To apply for a tax refund, the taxpayer must complete the following							
Step 1: Owner's name and address	Owner's name VALLEY SHAMROCK #1536 PAYER: VLO RETAIL HOLDINGS INC						
	Present mailing address (number and street) PO BOX 690110						
	City, town or post office, state, ZIP code SAN ANTONIO, TX 78269		Phone (area code and number)				
Legal description (or attach copy of the tax bill or tax receipt): INVENTORY FURNITURE FIXTURES							
Step 2: Describe the property	Address or location of property:						
	P685056						
	Account number of property:		Tax receipt number:				
	M4020.99.000.0001.00		OR				
Step 3: Give the tax payment information	Name Of Taxing Unit from Which Refund is Requested		Year for Which Refund is Requested	Date of the Tax Payment	Amount of Taxes Paid	Amount of Tax Refund Requested	
	1. ALL ENTITIES		2007	01/31	/ 2008	\$ 10508.57	\$ 3391.88
	2.				/	\$	\$
	3.				/	\$	\$
	4.				/	\$	\$
	5. TOTAL				/	\$	\$ 3391.88
	Taxpayer's reason for refund (attach supporting documentation): COURT ORDER C-2107-07-A						
	HF						
Step 4: sign the form	"I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct."						
	Signature sign here					Date of application for tax refund	
	If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under Texas Penal Code Section 37.10.						
Step 5: Tax refund Determination	This tax refund is ☒ Approved ☐ Disapproved		AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: JE 10.23.09				
	Authorized officer sign here					Date 10/24/09	
	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.11, tax code) sign here					Date 9/28/09	

10/22

APPLICATION FOR TAX REFUND

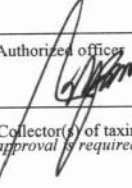
Collection office name HIDALGO COUNTY TAX OFFICE		Collecting tax for: (Tax Units) GHD-SST-DR1-FD1-FD2-FD3-FD4-CAN-CLV-CMS-CPN-CPO-CWL-SEB-SLV-SML-SMS-SSL-SWL-JCC	
Present mailing address (number and street) P O BOX 178		Phone (area code and number) (956) 318-2157	
City, town or post office, state, ZIP code EDINBURG TX 78540-0178			

To apply for a tax refund, the taxpayer must complete the following

Step 1: Owner's name and address	Owner's name VALLEY SHAMROCK, INC. † PAYOR: DIAM SHAM REF & MKTG †				
	Present mailing address (number and street) P O BOX 1494				
	City, town or post office, state, ZIP code SAN ANTONIO, TX 78295	Phone (area code and number)			
Legal description (or attach copy of the tax bill or tax receipt): NOLANA TOWN CENTER PH 1 LOT 2					
Step 2: Describe the property	Address or location of property:				
	R561947 †				
	Account number of property: N3020.01.000.0002.00 †	Tax receipt number:			
	OR				
Step 3: Give the tax payment information	Name Of Taxing Unit from Which Refund is Requested	Year for Which Refund is Requested	Date of the Tax Payment	Amount of Taxes Paid	Amount of Tax Refund Requested
	1. ALL ENTITIES	2003 †	1/30 / 2004	\$ 19492.39 †	\$ 2923.89 †
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5. TOTAL		/	\$	\$ 2923.89 †
	Taxpayer's reason for refund (attach supporting documentation): COURT ORDER C-2301-03-F †				
	HF				
Step 4: sign the form	"I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct."				
	Signature sign here 			Date of application for tax refund	
	If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under Texas Penal Code Section 37.10.				
Step 5: Tax refund Determination	This tax refund is ☒ Approved ☐ Disapproved				
	Authorized officer sign here 			Date 10/29/09	
	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.11, tax code) sign here 			Date 9/28/09	

10/22

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE		Collecting tax for: (Tax Units) GHD-SST-DR1-FD1-FD2-FD3-FD4-CAN- CLV-CMS-CPN-CPO-CWL-SEB-SLV- SML-SMS-SSL-SWL-JCC				
Present mailing address (number and street) P O BOX 178		Phone (area code and number) (956) 318-2157				
City, town or post office, state, ZIP code EDINBURG TX 78540-0178						
To apply for a tax refund, the taxpayer must complete the following						
Step 1: Owner's name and address	Owner's name VALLEY SHAMROCK, INC + PAYER: DIAM. SHAM REF & MKTG +					
	Present mailing address (number and street) PO BOX 690110					
	City, town or post office, state, ZIP code SAN ANTONIO, TX 78269		Phone (area code and number)			
Legal description (or attach copy of the tax bill or tax receipt): NOLANA TOWN CENTER PH 1 LT 2						
Step 2: Describe the property	Address or location of property:					
	R561947 +					
	Account number of property:		Tax receipt number:			
	N3020.01.000.0002.00 +		OR			
Step 3: Give the tax payment information	Name Of Taxing Unit from Which Refund is Requested		Year for Which Refund is Requested	Date of the Tax Payment	Amount of Taxes Paid	Amount of Tax Refund Requested
	1. ALL ENTITIES		2004 +	1/31 / 05	\$ 19356.35 +	\$
	2.			/	\$	\$
	3.			/	\$	\$
	4.			/	\$	\$
	5. TOTAL			/	\$	\$ 2903.46 +
	Taxpayer's reason for refund (attach supporting documentation): COURT ORDER C-1712-04-B +					
	HF					
Step 4: sign the form	"I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct."					
	Signature sign here 				Date of application for tax refund	
	If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under Texas Penal Code Section 37.10.					
Step 5: Tax refund Determination	This tax refund is ☒ Approved ☐ Disapproved			AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: JE 10-22-09		
	Authorized officer sign here 				Date 10/29/09	
	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.11, tax code) sign here 				Date 9/28/09	

10/22

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE		Collecting tax for: (Tax Units) GHD-SST-DR1-FD1-FD2-FD3-FD4-CAN- CLV-CMS-CPN-CPO-CWL-SEB-SLV- SML-SMS-SSL-SWL-JCC				
Present mailing address (number and street) P O BOX 178						
City, town or post office, state, ZIP code EDINBURG TX 78540-0178		Phone (area code and number) (956) 318-2157				
To apply for a tax refund, the taxpayer must complete the following						
Step 1: Owner's name and address	Owner's name VALLEY SHAMROCK ~~#1518~~ PAYER: DIAM SHAM. REF & MKTG					
	Present mailing address (number and street) PO BOX 690110					
	City, town or post office, state, ZIP code SAN ANTONIO, TX 78269		Phone (area code and number)			
Legal description (or attach copy of the tax bill or tax receipt): NOLANA TOWN CENTER PH 1 LT 2						
Step 2: Describe the property	Address or location of property:					
	R561947					
	Account number of property:		Tax receipt number:			
	N3020.01.000.0002.00 OR					
Step 3: Give the tax payment information	Name Of Taxing Unit from Which Refund is Requested	Year for Which Refund is Requested	Date of the Tax Payment	Amount of Taxes Paid	Amount of Tax Refund Requested	
	1. ALL ENTITIES	2006	1/31	/ 07	\$ 18633.46	\$
	2.			/	\$	\$
	3.			/	\$	\$
	4.			/	\$	\$
	5. TOTAL			/	\$	\$ 2795.02
	Taxpayer's reason for refund (attach supporting documentation): COURT ORDER C-1942-06-E					
	HF					
Step 4: sign the form	"I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct."					
	Signature sign here			Date of application for tax refund		
	If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under Texas Penal Code Section 37.10.					
Step 5: Tax refund Determination	This tax refund is ☒ Approved ☐ Disapproved		AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: 10-22-09			
	Authorized officer sign here			Date 10/29/09		
	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.11, tax code) sign here			Date 9/28/09		

10/22

APPLICATION FOR TAX REFUND

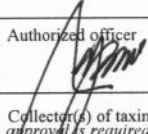
Collection office name HIDALGO COUNTY TAX OFFICE		Collecting tax for: (Tax Units) GHD-SST-DR1-FD1-FD2-FD3-FD4-CAN-CLV-CMS-CPN-CPO-CWL-SEB-SLV-SML-SMS-SSL-SWL-JCC			
Present mailing address (number and street) P O BOX 178					
City, town or post office, state, ZIP code EDINBURG TX 78540-0178		Phone (area code and number) (956) 318-2157			
To apply for a tax refund, the taxpayer must complete the following					
Step 1: Owner's name and address	Owner's name VALLEY SHAMROCK INC PAYER:VLO RETAIL HOLDINGS INC				
	Present mailing address (number and street) PO BOX 690110				
	City, town or post office, state, ZIP code SAN ANTONIO, TX 78269		Phone (area code and number)		
Legal description (or attach copy of the tax bill or tax receipt): NOLANA TOWN CIENTER PH 1 LT 2					
Step 2: Describe the property	Address or location of property:				
	R561947				
	Account number of property:		Tax receipt number:		
	N3020.01.000.0002.00		OR		
Step 3: Give the tax payment information	Name Of Taxing Unit from Which Refund is Requested	Year for Which Refund is Requested	Date of the Tax Payment	Amount of Taxes Paid	Amount of Tax Refund Requested
	1. ALL ENTITIES	2007	01/31 / 2008	\$ 17160.26	\$ 2574.05
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5. TOTAL		/	\$	\$ 2574.05
	Taxpayer's reason for refund (attach supporting documentation): COURT ORDER C-2107-07-A				
	HF				
Step 4: sign the form	"I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct."				
	Signature sign here			Date of application for tax refund	
	If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under Texas Penal Code Section 37.10.				
Step 5: Tax refund Determination	This tax refund is ☒ Approved ☐ Disapproved				
	Authorized officer sign here			Date 10/29/09	
	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.11, tax code) sign here			Date 9/28/09	
	AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: JE 10-23-09				

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE		Collecting tax for: (Tax Units) GHD-SST-DR1-FD1-FD2-FD3-FD4-CAN-CLV-CMS-CPN-CPO-CWL-SEB-SLV-SML-SMS-SSL-SWL-JCC			
Present mailing address (number and street) P O BOX 178					
City, town or post office, state, ZIP code EDINBURG TX 78540-0178		Phone (area code and number) (956) 318-2157			
To apply for a tax refund, the taxpayer must complete the following					
Step 1: Owner's name and address	Owner's name VALLEY SHAMROCK INC + PAYER:VLO RETAIL HOLDINGS INC +				
	Present mailing address (number and street) PO BOX 690110				
	City, town or post office, state, ZIP code SAN ANTONIO, TX 78249		Phone (area code and number)		
Legal description (or attach copy of the tax bill or tax receipt): NOLANA TOWN CENTER PH 1 LT 2					
Step 2: Describe the property	Address or location of property:				
	R561947 +				
	Account number of property:		Tax receipt number:		
	N3020.01.000.0002.00 +		OR		
Step 3: Give the tax payment information	Name Of Taxing Unit from Which Refund is Requested	Year for Which Refund is Requested	Date of the Tax Payment	Amount of Taxes Paid	Amount of Tax Refund Requested
	1. ALL ENTITIES	2008 +	1/30 / 2009	\$ 18777.44 +	\$ 2816.63 +
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5. TOTAL		/	\$	\$ 2816.63 +
	Taxpayer's reason for refund (attach supporting documentation): COURT ORDER C-1972-08-E +				
	HF				
Step 4: sign the form	"I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct."				
	Signature sign here +			Date of application for tax refund	
	If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under Texas Penal Code Section 37.10.				
Step 5: Tax refund Determination	This tax refund is ☒ Approved ☐ Disapproved				
	AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: JE 10-23-09				
	Authorized officer sign here +			Date 10/29/09	
	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.11, tax code) sign here +			Date 9/28/09	

10/22

APPLICATION FOR TAX REFUND

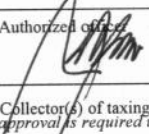
Collection office name HIDALGO COUNTY TAX OFFICE		Collecting tax for: (Tax Units) GHD-SST-DR1-FD1-FD2-FD3-FD4-CAN- CLV-CMS-CPN-CPO-CWL-SEB-SLV- SML-SMS-SSL-SWL-JCC			
Present mailing address (number and street) P O BOX 178		Phone (area code and number) (956) 318-2157			
City, town or post office, state, ZIP code EDINBURG TX 78540-0178					
To apply for a tax refund, the taxpayer must complete the following					
Step 1: Owner's name and address	Owner's name VALLEY SHAMROCK #1519 ✦ PAYOR: DIAM SHAM REF & MKTG				
	Present mailing address (number and street) P O BOX 1494				
	City, town or post office, state, ZIP code SAN ANTONIO, TX 78295		Phone (area code and number)		
Legal description (or attach copy of the tax bill or tax receipt): INVENTORY FURNITURE FIXTURES & EQUIPMENT					
Step 2: Describe the property	AT 3912 NORTH MCCOLL / NEW ACCT 1998				
	Address or location of property:				
	P579269 ✦				
	Account number of property:		Tax receipt number:		
	N3020.99.000.0002.01 ✦		OR		
Step 3: Give the tax payment information	Name Of Taxing Unit from Which Refund is Requested	Year for Which Refund is Requested	Date of the Tax Payment	Amount of Taxes Paid	Amount of Tax Refund Requested
	1. ALL ENTITIES	2003 ✦	1/30 / 2004	\$ 8436.00 ✦	\$ 2952.60 ✦
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5. TOTAL		/	\$	\$ 2952.60 ✦
	Taxpayer's reason for refund (attach supporting documentation): COURT ORDER C-2301-03-F ✦				
	HF				
Step 4: sign the form	"I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct."				
	Signature sign here 			Date of application for tax refund	
	If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under Texas Penal Code Section 37.10.				
Step 5: Tax refund Determination	This tax refund is ☒ Approved ☐ Disapproved				
	Authorized officer sign here 			Date 10/24/09	
	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.11, tax code)			Date	
	sign here 				

10/22

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE	Collecting tax for: (Tax Units) GHD-SST-DR1-FD1-FD2-FD3-FD4-CAN- CLV-CMS-CPN-CPO-CWL-SEB-SLV- SML-SMS-SSL-SWL-JCC
Present mailing address (number and street) P O BOX 178	
City, town or post office, state, ZIP code EDINBURG TX 78540-0178	Phone (area code and number) (956) 318-2157

To apply for a tax refund, the taxpayer must complete the following

Step 1: Owner's name and address	Owner's name #1519 VALLEY SHAMROCK, INC. PAYER: DIAM. SHAM REF & MKTG +				
	Present mailing address (number and street) PO BOX 690110				
	City, town or post office, state, ZIP code SAN ANTONIO, TX 78269				Phone (area code and number)
Legal description (or attach copy of the tax bill or tax receipt): INVENTORY FURNITURE FIXTURES					
Step 2: Describe the property	Address or location of property:				
	P579269 +				
	Account number of property:			Tax receipt number:	
	N3020.99.000.0002.01 +			OR	
Step 3: Give the tax payment information	Name Of Taxing Unit from Which Refund is Requested	Year for Which Refund is Requested	Date of the Tax Payment	Amount of Taxes Paid	Amount of Tax Refund Requested
	1. ALL ENTITIES	2004 +	1/31 / 05	\$ 9207.79 +	\$
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5. TOTAL		/	\$	\$ 3222.73 +
	Taxpayer's reason for refund (attach supporting documentation): COURT ORDER C-1712-04-B + Sup 51				
	HF				
Step 4: sign the form	"I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct."				
	Signature sign here 				Date of application for tax refund
	If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under Texas Penal Code Section 37.10.				
Step 5: Tax refund Determination	This tax refund is ☒ Approved ☐ Disapproved				
	AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: JE 10.22.09				
	Authorized officer sign here 				Date 10/29/09
	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.11, tax code) sign here 				Date 9/28/09

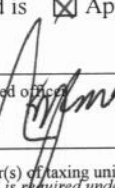
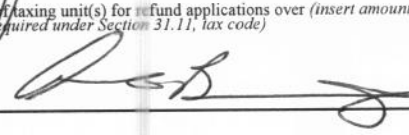
10/22

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE		Collecting tax for: (Tax Units) GHD-SST-DR1-FD1-FD2-FD3-FD4-CAN- CLV-CMS-CPN-CPO-CWL-SEB-SLV- SML-SMS-SSL-SWL-JCC				
Present mailing address (number and street) P O BOX 178						
City, town or post office, state, ZIP code EDINBURG TX 78540-0178		Phone (area code and number) (956) 318-2157				
To apply for a tax refund, the taxpayer must complete the following						
Step 1: Owner's name and address	Owner's name VALLEY SHAMROCK #1518 + PAYER: DIAM SHAM. REF & MKTG +					
	Present mailing address (number and street) PO BOX 690110					
	City, town or post office, state, ZIP code SAN ANTONIO, TX 78269		Phone (area code and number)			
Legal description (or attach copy of the tax bill or tax receipt): INVENTORY FURNTURE FIXTURES						
Step 2: Describe the property	Address or location of property:					
	P579269 +					
	Account number of property: N3020.99.000.0002.01 +		Tax receipt number:			
	OR					
Step 3: Give the tax payment information	Name Of Taxing Unit from Which Refund is Requested		Year for Which Refund is Requested	Date of the Tax Payment	Amount of Taxes Paid	Amount of Tax Refund Requested
	1. ALL ENTITIES		2006 +	1/31 / 07	\$ 8920.80 +	\$
	2.			/	\$	\$
	3.			/	\$	\$
	4.			/	\$	\$
	5. TOTAL			/	\$	\$ 3122.28 +
	Taxpayer's reason for refund (attach supporting documentation): COURT ORDER C-1942-06-E + Supp 33					
	HF					
Step 4: sign the form	"I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct."					
	Signature sign here 				Date of application for tax refund	
	If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under Texas Penal Code Section 37.10.					
Step 5: Tax refund Determination	This tax refund is ☒ Approved ☐ Disapproved					AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: JE 10-23-09
	Authorized officer sign here 				Date 10/29/09	
	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.11, tax code)				Date	
	sign here 					

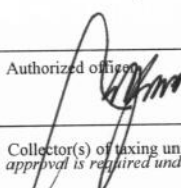
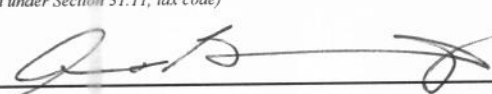
10/22

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE		Collecting tax for: (Tax Units) GHD-SST-DR1-FD1-FD2-FD3-FD4-CAN- CLV-CMS-CPN-CPO-CWL-SEB-SLV- SML-SMS-SSL-SWL-JCC					
Present mailing address (number and street) P O BOX 178		Phone (area code and number) (956) 318-2157					
City, town or post office, state, ZIP code EDINBURG TX 78540-0178							
To apply for a tax refund, the taxpayer must complete the following							
Step 1: Owner's name and address	Owner's name VALLEY SHAMROCK INC #1519⁺ PAYER:VLO RETAIL HOLDINGS INC⁺						
	Present mailing address (number and street) PO BOX 690110						
	City, town or post office, state, ZIP code SAN ANTONIO, TX 78269		Phone (area code and number)				
Legal description (or attach copy of the tax bill or tax receipt): INVENTORY FURNITURE FIXTUERS							
Step 2: Describe the property	Address or location of property:						
	P579269⁺						
	Account number of property:		Tax receipt number:				
	N3020.99.000.0002.01⁺		OR				
Step 3: Give the tax payment information	Name Of Taxing Unit from Which Refund is Requested		Year for Which Refund is Requested	Date of the Tax Payment	Amount of Taxes Paid	Amount of Tax Refund Requested	
	1. ALL ENTITIES		2007 ⁺	01/31	/ 2008	\$ 6992.61 ⁺	\$
	2.				/	\$	\$
	3.				/	\$	\$
	4.				/	\$	\$
	5. TOTAL				/	\$	\$ 2520.11
	Taxpayer's reason for refund (attach supporting documentation): COURT ORDER C-2107-07-A⁺						
	\$2,520.11						
	HF						
Step 4: sign the form	"I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct."						
	Signature sign here 					Date of application for tax refund	
	If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under Texas Penal Code Section 37.10.						
Step 5: Tax refund Determination	This tax refund is ☒ Approved ☐ Disapproved						
	Authorized officer sign here 					Date 10/29/09	
	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.11, tax code) sign here 					Date 9/24/09	
	AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: JE 10-26-09						

10/22

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE		Collecting tax for: (Tax Units) GHD-SST-DR1-FD1-FD2-FD3-FD4-CAN- CLV-CMS-CPN-CPO-CWL-SEB-SLV- SML-SMS-SSL-SWL-JCC					
Present mailing address (number and street) P O BOX 178		Phone (area code and number) (956) 318-2157					
City, town or post office, state, ZIP code EDINBURG TX 78540-0178							
To apply for a tax refund, the taxpayer must complete the following							
Step 1: Owner's name and address	Owner's name VALLEY SHAMROCK INC #1519 ↑ PAYER: VLO RETAIL HOLDINGS INC ↑						
	Present mailing address (number and street) PO BOX 690110						
	City, town or post office, state, ZIP code SAN ANTONIO, TX 78249		Phone (area code and number)				
Legal description (or attach copy of the tax bill or tax receipt): INVENTORY FURNITURE							
Step 2: Describe the property	Address or location of property:						
	P579269 ↑						
	Account number of property:		Tax receipt number:				
	N3020.99:000.0002.01 ↑		OR				
Step 3: Give the tax payment information	Name Of Taxing Unit from Which Refund is Requested		Year for Which Refund is Requested	Date of the Tax Payment	Amount of Taxes Paid	Amount of Tax Refund Requested	
	1. ALL ENTITIES		2008 ↑	1/30	/ 2009	\$ 7506.21 ↑	
	2.				/	\$	\$
	3.				/	\$	\$
	4.				/	\$	\$
	5. TOTAL				/	\$	2704.33
	Taxpayer's reason for refund (attach supporting documentation): COURT ORDER C-1972-08-E ↑ suppl 2						
	\$ 2704.33						
	HF						
Step 4: sign the form	"I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct."						
	Signature sign here 					Date of application for tax refund	
	If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under Texas Penal Code Section 37.10.						
Step 5: Tax refund Determination	This tax refund is ☒ Approved ☐ Disapproved						
	Authorized officer sign here 					Date 10/29/09	
	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.11, tax code) sign here 					Date 9/30/09	
	AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: JE 10-26-09						

10/22

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE		Collecting tax for: (Tax Units) GHD-SST-DR1-FD1-FD2-FD3-FD4-CAN- CLV-CMS-CPN-CPO-CWL-SEB-SLV- SML-SMS-SSL-SWL-JCC			
Present mailing address (number and street) P O BOX 178		Phone (area code and number) (956) 318-2157			
City, town or post office, state, ZIP code EDINBURG TX 78540-0178					
To apply for a tax refund, the taxpayer must complete the following					
Step 1: Owner's name and address	Owner's name VALLEY SHAMROCK, INC PAYOR: DIAM SHAM REF & MKTG				
	Present mailing address (number and street) P O BOX 691490				
	City, town or post office, state, ZIP code SAN ANTONIO, TX 78269		Phone (area code and number)		
Legal description (or attach copy of the tax bill or tax receipt): INVENTORY FURNITURE FIXTURES & EQUIPMENT					
Step 2: Describe the property	AT 2220 EAST BUS HWY 83 / NEW ACCT 2001				
	Address or location of property:				
	P619994				
	Account number of property:		Tax receipt number:		
	S2950.99.000.0204.17		OR		
Step 3: Give the tax payment information	Name Of Taxing Unit from Which Refund is Requested	Year for Which Refund is Requested	Date of the Tax Payment	Amount of Taxes Paid	Amount of Tax Refund Requested
	1. ALL ENTITIES	2003	1/30 / 2004	\$ 7772.75	\$ 2720.47
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5. TOTAL		/	\$	\$ 2720.47
	Taxpayer's reason for refund (attach supporting documentation): COURT ORDER C-2301-03-F				
	HF				
Step 4: sign the form	"I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct."				
	Signature sign here			Date of application for tax refund	
	If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under Texas Penal Code Section 37.10.				
Step 5: Tax refund Determination	This tax refund is ☒ Approved ☐ Disapproved				
	Authorized officer sign here			Date 10/24/09	
	Collectors of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.11, tax code) sign here			Date 9/28/09	

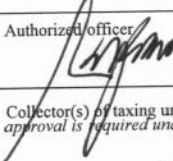
10/22

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE		Collecting tax for: (Tax Units) GHD-SST-DR1-FD1-FD2-FD3-FD4-CAN- CLV-CMS-CPN-CPO-CWL-SEB-SLV- SML-SMS-SSL-SWL-JCC					
Present mailing address (number and street) P O BOX 178		Phone (area code and number) (956) 318-2157					
City, town or post office, state, ZIP code EDINBURG TX 78540-0178							
To apply for a tax refund, the taxpayer must complete the following							
Step 1: Owner's name and address	Owner's name VALLEY SHAMROCK, INC. PAYER: DIAM. SHAM, REF. & MKTG ^T						
	Present mailing address (number and street) PO BOX 691490						
	City, town or post office, state, ZIP code SAN ANTONIO, TX 78269		Phone (area code and number)				
Legal description (or attach copy of the tax bill or tax receipt): INVENTORY FURNITURE FIXTURES							
Step 2: Describe the property	Address or location of property:						
	P619994 ⁺						
	Account number of property:		Tax receipt number:				
	S2950.99.000.0204.17 ⁺		OR				
Step 3: Give the tax payment information	Name Of Taxing Unit from Which Refund is Requested		Year for Which Refund is Requested	Date of the Tax Payment	Amount of Taxes Paid	Amount of Tax Refund Requested	
	1. ALL ENTITIES		2004 ⁺	1/31	/ 05	\$ 7911.35 ⁺	\$
	2.				/	\$	\$
	3.				/	\$	\$
	4.				/	\$	\$
	5. TOTAL				/	\$	\$ 2768.98 ⁺
	Taxpayer's reason for refund (attach supporting documentation): COURT ORDER C-1712-04-B ⁺						
	HF						
Step 4: sign the form	"I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct."						
	Signature sign here 				Date of application for tax refund		
	If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under Texas Penal Code Section 37.10.						
Step 5: Tax refund Determination	This tax refund is ☒ Approved ☐ Disapproved						
	AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: JE 10-22-09						
	Authorized officer sign here 				Date 10/29/09		
	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.11, tax code) sign here 				Date 9/28/09		

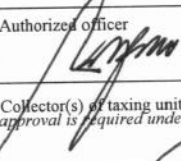
10/22

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE		Collecting tax for: (Tax Units) GHD-SST-DR1-FD1-FD2-FD3-FD4-CAN-CLV-CMS-CPN-CPO-CWL-SEB-SLV-SML-SMS-SSL-SWL-JCC					
Present mailing address (number and street) P O BOX 178		Phone (area code and number) (956) 318-2157					
City, town or post office, state, ZIP code EDINBURG TX 78540-0178							
To apply for a tax refund, the taxpayer must complete the following							
Step 1: Owner's name and address	Owner's name VALLEY SHAMROCK #1518 Inc +		PAYER: DIAM SHAM. REF & MKTG +				
	Present mailing address (number and street) PO BOX 69600						
	City, town or post office, state, ZIP code SAN ANTONIO, TX 78269						
	Phone (area code and number)						
Legal description (or attach copy of the tax bill or tax receipt): INVENTORY FURNITURE							
Step 2: Describe the property	Address or location of property:						
	P619994 +						
	Account number of property:		Tax receipt number:				
	S2950.99.000.0204.17 +		OR				
Step 3: Give the tax payment information	Name Of Taxing Unit from Which Refund is Requested		Year for Which Refund is Requested	Date of the Tax Payment	Amount of Taxes Paid	Amount of Tax Refund Requested	
	1. ALL ENTITIES		2006 +	1/31	/ 07	\$ 7905.30 +	\$
	2.				/	\$	\$
	3.				/	\$	\$
	4.				/	\$	\$
	5. TOTAL				/	\$	\$ 2766.86 +
	Taxpayer's reason for refund (attach supporting documentation): COURT ORDER C-1942-06-E + Supp 33						
	HF						
Step 4: sign the form	"I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct."						
	Signature sign here 					Date of application for tax refund	
	If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under Texas Penal Code Section 37.10.						
Step 5: Tax refund Determination	This tax refund is ☒ Approved ☐ Disapproved						
	AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: JE 10-23-09						
	Authorized officer sign here 					Date 10/29/09	
	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.11, tax code) sign here 					Date 9/28/09	

10/22

APPLICATION FOR TAX REFUND

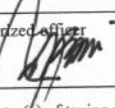
Collection office name HIDALGO COUNTY TAX OFFICE		Collecting tax for: (Tax Units) GHD-SST-DR1-FD1-FD2-FD3-FD4-CAN- CLV-CMS-CPN-CPO-CWL-SEB-SLV- SML-SMS-SSL-SWL-JCC				
Present mailing address (number and street) P O BOX 178		Phone (area code and number) (956) 318-2157				
City, town or post office, state, ZIP code EDINBURG TX 78540-0178						
To apply for a tax refund, the taxpayer must complete the following						
Step 1: Owner's name and address	Owner's name VALERO CORNER STORE 1524⁺ PAYER:VLO RETAIL HOLDINGS INC⁺					
	Present mailing address (number and street) PO BOX 690110					
	City, town or post office, state, ZIP code SAN ANTONIO, TX 78269		Phone (area code and number)			
Legal description (or attach copy of the tax bill or tax receipt): INVENTORY FURNITURES FIXTURES						
Step 2: Describe the property	Address or location of property:					
	P619994⁺					
	Account number of property:		Tax receipt number:			
	S2950.99.000.0204.17⁺ OR					
Step 3: Give the tax payment information	Name Of Taxing Unit from Which Refund is Requested		Year for Which Refund is Requested	Date of the Tax Payment	Amount of Taxes Paid	Amount of Tax Refund Requested
	1. ALL ENTITIES		2007 ⁺	01/31 / 2008	\$ 7909.99 ⁺	\$ 2768.49 ⁺
	2.			/	\$	\$
	3.			/	\$	\$
	4.			/	\$	\$
	5. TOTAL			/	\$	\$ 2768.49 ⁺
	Taxpayer's reason for refund (attach supporting documentation): COURT ORDER C-2107-07-A⁺ 5pp 24					
	HF					
Step 4: sign the form	"I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct."					
	Signature sign here 				Date of application for tax refund	
	If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under Texas Penal Code Section 37.10.					
Step 5: Tax refund Determination	This tax refund is ☒ Approved ☐ Disapproved					
	AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: JE 10-23-09					
	Authorized officer sign here 				Date 10/29/09	
	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.11, tax code) sign here 				Date 9/29/09	

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE		Collecting tax for: (Tax Units) GHD-SST-DR1-FD1-FD2-FD3-FD4-CAN- CLV-CMS-CPN-CPO-CWL-SEB-SLV- SML-SMS-SSL-SWL-JCC					
Present mailing address (number and street) P O BOX 178		Phone (area code and number) (956) 318-2157					
City, town or post office, state, ZIP code EDINBURG TX 78540-0178							
To apply for a tax refund, the taxpayer must complete the following							
Step 1: Owner's name and address	Owner's name VALERO CORNER STORE 1524 + PAYER: VLO RETAIL HOLDINGS INC +						
	Present mailing address (number and street) PO BOX 690110						
	City, town or post office, state, ZIP code SAN ANTONIO, TX 78249		Phone (area code and number)				
Legal description (or attach copy of the tax bill or tax receipt): INVENTORY FURNITURE FIXTURE							
Step 2: Describe the property	Address or location of property:						
	P619994 +						
	Account number of property:		Tax receipt number:				
	S2950.99.000.0204.17 +		OR				
Step 3: Give the tax payment information	Name Of Taxing Unit from Which Refund is Requested		Year for Which Refund is Requested	Date of the Tax Payment	Amount of Taxes Paid	Amount of Tax Refund Requested	
	1. ALL ENTITIES		2008 +	1/30	/ 2009	\$ 8486.76 +	\$ 2970.35 +
	2.				/	\$	\$
	3.				/	\$	\$
	4.				/	\$	\$
	5. TOTAL				/	\$	\$ 2970.35 +
	Taxpayer's reason for refund (attach supporting documentation): COURT ORDER C-1972-08-E + Supp 12						
	HF						
Step 4: sign the form	"I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct."						
	Signature sign here					Date of application for tax refund	
	If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under Texas Penal Code Section 37.10.						
Step 5: Tax refund Determination	This tax refund is ☒ Approved ☐ Disapproved						
	AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: JE 10-23-09					Date 10/29/09	
	Authorized officer sign here					Date	
Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.11, tax code) sign here					Date		

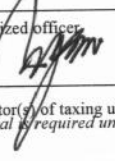
10/22

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE		Collecting tax for: (Tax Units) GHD-SST-DR1-FD1-FD2-FD3-FD4-CAN- CLV-CMS-CPN-CPO-CWL-SEB-SLV- SML-SMS-SSL-SWL-JCC					
Present mailing address (number and street) P O BOX 178		Phone (area code and number) (956) 318-2157					
City, town or post office, state, ZIP code EDINBURG TX 78540-0178							
To apply for a tax refund, the taxpayer must complete the following							
Step 1: Owner's name and address	Owner's name VALLEY SHAMROCK, INC + PAYER: DIAM. SHAM REF & MKTG +						
	Present mailing address (number and street) PO BOX 1494						
	City, town or post office, state, ZIP code SAN ANTONIO, TX 78295		Phone (area code and number)				
Step 2: Describe the property	Legal description (or attach copy of the tax bill or tax receipt): SHARYLAND PLACE LT 2						
	Address or location of property:						
	R505362 +						
	Account number of property: S3003.00.000.0002.00 +		Tax receipt number:				
	OR						
Step 3: Give the tax payment information	Name Of Taxing Unit from Which Refund is Requested		Year for Which Refund is Requested	Date of the Tax Payment	Amount of Taxes Paid	Amount of Tax Refund Requested	
	1. ALL ENTITIES		2003 +	1/30/	/ 04	\$ 18419.87 +	\$ 2762.98 +
	2.				/	\$	\$
	3.				/	\$	\$
	4.				/	\$	\$
	5. TOTAL				/	\$	\$ 2762.98 +
	Taxpayer's reason for refund (attach supporting documentation): COURT ORDER C-2301-03-F +						
	HF						
Step 4: sign the form	"I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct."						
	Signature sign here 				Date of application for tax refund		
	If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under Texas Penal Code Section 37.10.						
Step 5: Tax refund Determination	This tax refund is ☒ Approved ☐ Disapproved						
	AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: JE 10-22-09						
	Authorized officer sign here 				Date 6/29/09		
	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.11, tax code) sign here 				Date 9/28/09		

10122

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE		Collecting tax for: (Tax Units) GHD-SST-DR1-FD1-FD2-FD3-FD4-CAN- CLV-CMS-CPN-CPO-CWL-SEB-SLV- SML-SMS-SSL-SWL-JCC					
Present mailing address (number and street) P O BOX 178		Phone (area code and number) (956) 318-2157					
City, town or post office, state, ZIP code EDINBURG TX 78540-0178							
To apply for a tax refund, the taxpayer must complete the following							
Step 1: Owner's name and address	Owner's name VALLEY SHAMROCK, INC + PAYER: DIAM. SHAM REF & MKTG +						
	Present mailing address (number and street) PO BOX 690110						
	City, town or post office, state, ZIP code SAN ANTONIO, TX 78269		Phone (area code and number)				
Legal description (or attach copy of the tax bill or tax receipt): SHARYLAND PLACE LT 2							
Step 2: Describe the property	Address or location of property:						
	R505362+						
	Account number of property:		Tax receipt number:				
	S3003.00.000.0002.00 +		OR				
Step 3: Give the tax payment information	Name Of Taxing Unit from Which Refund is Requested		Year for Which Refund is Requested	Date of the Tax Payment	Amount of Taxes Paid	Amount of Tax Refund Requested	
	1. ALL ENTITIES		2004 +	1/31	/ 05	\$ 18361.83 +	\$
	2.				/	\$	\$
	3.				/	\$	\$
	4.				/	\$	\$
	5. TOTAL				/	\$	\$ 2754.27 +
	Taxpayer's reason for refund (attach supporting documentation): COURT ORDER C-1712-04-B +						
	HF						
Step 4: sign the form	"I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct."						
	Signature sign here 				Date of application for tax refund		
	If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under Texas Penal Code Section 37.10.						
Step 5: Tax refund Determination	This tax refund is ☒ Approved ☐ Disapproved					AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: JE 10-22-09	
	Authorized officer sign here 				Date 10/29/09		
	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.11, tax code) sign here 				Date 9/28/09		

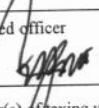
10/22

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE		Collecting tax for: (Tax Units) GHD-SST-DR1-FD1-FD2-FD3-FD4-CAN- CLV-CMS-CPN-CPO-CWL-SEB-SLV- SML-SMS-SSL-SWL-JCC					
Present mailing address (number and street) P O BOX 178		Phone (area code and number) (956) 318-2157					
City, town or post office, state, ZIP code EDINBURG TX 78540-0178							
To apply for a tax refund, the taxpayer must complete the following							
Step 1: Owner's name and address	Owner's name VALLEY SHAMROCK #1518 ^{Inc} PAYER: DIAM SHAM. REF & MKTG						
	Present mailing address (number and street) PO BOX 690110						
	City, town or post office, state, ZIP code SAN ANTONIO, TX 78269		Phone (area code and number)				
Step 2: Describe the property	Legal description (or attach copy of the tax bill or tax receipt): SHARYLAND PLACE LT 2						
	Address or location of property:						
	R505362						
	Account number of property:		Tax receipt number:				
	S3003.00.000.0002.00		OR				
Step 3: Give the tax payment information	Name Of Taxing Unit from Which Refund is Requested		Year for Which Refund is Requested	Date of the Tax Payment	Amount of Taxes Paid	Amount of Tax Refund Requested	
	1. ALL ENTITIES		2006	1/31	/ 07	\$ 18093.29	\$
	2.				/	\$	\$
	3.				/	\$	\$
	4.				/	\$	\$
	5. TOTAL				/	\$	\$ 2714.01
	Taxpayer's reason for refund (attach supporting documentation): COURT ORDER C-1942-06-E						
	HF						
Step 4: sign the form	"I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct."						
	Signature sign here				Date of application for tax refund		
	If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under Texas Penal Code Section 37.10.						
Step 5: Tax refund Determination	This tax refund is ☒ Approved ☐ Disapproved			AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: JE 11-22-09			
	Authorized officer sign here				Date 10/29/09		
	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.11, tax code) sign here				Date 9/28/09		

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APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE		Collecting tax for: (Tax Units) GHD-SST-DR1-FD1-FD2-FD3-FD4-CAN- CLV-CMS-CPN-CPO-CWL-SEB-SLV- SML-SMS-SSL-SWL-JCC					
Present mailing address (number and street) P O BOX 178		Phone (area code and number) (956) 318-2157					
City, town or post office, state, ZIP code EDINBURG TX 78540-0178							
To apply for a tax refund, the taxpayer must complete the following							
Step 1: Owner's name and address	Owner's name VALLEY SHAMROCK INC PAYER: VLO RETAIL HOLDINGS INC ↑						
	Present mailing address (number and street) PO BOX 690110						
	City, town or post office, state, ZIP code SAN ANTONIO, TX 78269		Phone (area code and number)				
Legal description (or attach copy of the tax bill or tax receipt): SHARYLAND PLACE LT 2							
Step 2: Describe the property	Address or location of property:						
	R505362 ↗						
	Account number of property:		Tax receipt number:				
	S3003.00.000.0002.00 ↗		OR				
Step 3: Give the tax payment information	Name Of Taxing Unit from Which Refund is Requested		Year for Which Refund is Requested	Date of the Tax Payment	Amount of Taxes Paid	Amount of Tax Refund Requested	
	1. ALL ENTITIES		2007 ↗	01/31	/ 2008	\$ 17877.85 ↗	\$ 2681.70 ↗
	2.				/	\$	\$
	3.				/	\$	\$
	4.				/	\$	\$
	5. TOTAL				/	\$	\$ 2681.70 ↗
	Taxpayer's reason for refund (attach supporting documentation): COURT ORDER C-2107-07-A ↗						
	HF						
Step 4: sign the form	"I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct."						
	Signature sign here 					Date of application for tax refund	
If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under Texas Penal Code Section 37.10.							
Step 5: Tax refund Determination	This tax refund is ☒ Approved ☐ Disapproved						
	Authorized officer sign here 					Date 10/29/09	
	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.11, tax code) sign here 					Date 9/28/09	

10/22

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE	Collecting tax for: (Tax Units) GHD-SST-DR1-FD1-FD2-FD3-FD4-CAN- CLV-CMS-CPN-CPO-CWL-SEB-SLV- SML-SMS-SSL-SWL-JCC
Present mailing address (number and street) P O BOX 178	
City, town or post office, state, ZIP code EDINBURG TX 78540-0178	Phone (area code and number) (956) 318-2157

To apply for a tax refund, the taxpayer must complete the following

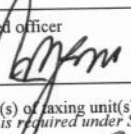
Step 1: Owner's name and address	Owner's name VALLEY SHAMROCK, INC [†] PAYER:VLO RETAIL HOLDINGS INC [†]	
	Present mailing address (number and street) PO BOX 690110	
	City, town or post office, state, ZIP code SAN ANTONIO, TX 78249	Phone (area code and number)

Legal description (or attach copy of the tax bill or tax receipt): **SHARYLAND PLACE LT 2**

Step 2: Describe the property	Address or location of property:	
	R505362 [†]	
	Account number of property: S3003.00.000.0002.00 [†]	Tax receipt number:
	OR	

Step 3: Give the tax payment information	Name Of Taxing Unit from Which Refund is Requested	Year for Which Refund is Requested	Date of the Tax Payment	Amount of Taxes Paid	Amount of Tax Refund Requested
	1. ALL ENTITIES	2008 [†]	1/30 / 2009	\$ 18061.89 [†]	\$ 2709.30 [†]
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5. TOTAL		/	\$	\$ 2709.30 [†]
	Taxpayer's reason for refund (attach supporting documentation): COURT ORDER C-1972-08-E [†]				
HF					

Step 4: sign the form	"I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct."	
	Signature sign here 	Date of application for tax refund
	If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under Texas Penal Code Section 37.10.	

Step 5: Tax refund Determination	This tax refund is ☒ Approved ☐ Disapproved		AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: JE 10-23-09
	Authorized officer sign here 	Date 10/29/09	
	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.11, tax code) sign here 	Date	

10/22

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE	Collecting tax for: (Tax Units) GHD-SST-DR1-FD1-FD2-FD3-FD4-CAN- CLV-CMS-CPN-CPO-CWL-SEB-SLV- SML-SMS-SSL-SWL-JCC
Present mailing address (number and street) P O BOX 178	
City, town or post office, state, ZIP code EDINBURG TX 78540-0178	Phone (area code and number) (956) 318-2157

To apply for a tax refund, the taxpayer must complete the following

Step 1: Owner's name and address	Owner's name VALERO CORNER STORE #1523 PAYER: VLO RETAIL HOLDINGS INC	
	Present mailing address (number and street) PO BOX 690110	
	City, town or post office, state, ZIP code SAN ANTONIO, TX 78249	Phone (area code and number)

Step 2: Describe the property	Legal description (or attach copy of the tax bill or tax receipt): INVENTORY FURNITURES FIXTURES	
	Address or location of property:	
	P618149	
	Account number of property: S3003.99.000.0002.06	Tax receipt number:
	OR	

Step 3: Give the tax payment information	Name Of Taxing Unit from Which Refund is Requested	Year for Which Refund is Requested	Date of the Tax Payment	Amount of Taxes Paid	Amount of Tax Refund Requested
	1. ALL ENTITIES	2008	1/30 / 2009	\$ 7615.87	
	2.		/	\$	\$
	3.		/	\$	\$
	4.		/	\$	\$
	5. TOTAL		/	\$	\$ 2746.18
	Taxpayer's reason for refund (attach supporting documentation): COURT ORDER C-1972-08-E supp 12 \$2746.18				
HF					

Step 4: sign the form	"I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct."	
	Signature sign here	Date of application for tax refund
	If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under Texas Penal Code Section 37.10.	

Step 5: Tax refund Determination	This tax refund is ☒ Approved ☐ Disapproved		AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: JE 10-26-09
	Authorized officer sign here	Date 10/29/09	
	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.11, tax code) sign here	Date 9/28/09	

10/22

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE	Collecting tax for: (Tax Units) GHD-SST-DR1-FD1-FD2-FD3-FD4-CAN- CLV-CMS-CPN-CPO-CWL-SEB-SLV- SML-SMS-SSL-SWL-JCC
Present mailing address (number and street) P O BOX 178	
City, town or post office, state, ZIP code EDINBURG TX 78540-0178	Phone (area code and number) (956) 318-2157

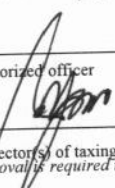
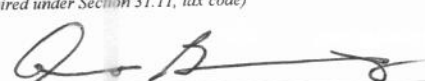
To apply for a tax refund, the taxpayer must complete the following

Step 1: Owner's name and address	Owner's name VALLEY SHAMROCK, INC. #1525 PAYER: DIAM SHAM REF & MKTG ⁺
	Present mailing address (number and street) PO BOX 690110
	City, town or post office, state, ZIP code SAN ANTONIO, TX 78269
	Phone (area code and number)

Step 2: Describe the property	Legal description (or attach copy of the tax bill or tax receipt): INVENTORY FURNITURE FIXTURES	
	Address or location of property:	
	P648037 +	
	Account number of property: V1540.99.000.000A.00 +	Tax receipt number:
	OR	

Step 3: Give the tax payment information	Name Of Taxing Unit from Which Refund is Requested	Year for Which Refund is Requested	Date of the Tax Payment	Amount of Taxes Paid	Amount of Tax Refund Requested
	1. ALL ENTITIES	2004 ⁺	1/31	/ 05	\$ 2149.70 ⁺
	2. PSJA	2004 ⁺	1/31/	/ 05	\$ 4142.14 ⁺
	3. CPR	2004 ⁺	1/27	/ 05	\$ 1753.65 ⁺
	4.			/	\$
	5. TOTAL			Total	\$ 8045.49
	Taxpayer's reason for refund (attach supporting documentation): COURT ORDER C-1712-04-B + Supp 51				
HF					

Step 4: sign the form	"I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct."	
	Signature sign here 	Date of application for tax refund
	If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under Texas Penal Code Section 37.10.	

Step 5: Tax refund Determination	This tax refund is ☒ Approved ☐ Disapproved	
	AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: JE 10-22-09	
	Authorized officer sign here 	Date 10/22/09
	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.11, tax code) sign here 	Date 9/28/07

10/22

APPLICATION FOR TAX REFUND

Collection office name HIDALGO COUNTY TAX OFFICE		Collecting tax for: (Tax Units) GHD-SST-DR1-FD1-FD2-FD3-FD4-CAN- CLV-CMS-CPN-CPO-CWL-SEB-SLV- SML-SMS-SSL-SWL-JCC				
Present mailing address (number and street) P O BOX 178		Phone (area code and number) (956) 318-2157				
City, town or post office, state, ZIP code EDINBURG TX 78540-0178						
To apply for a tax refund, the taxpayer must complete the following						
Step 1: Owner's name and address	Owner's name VALLEY SHAMROCK #1518 PAYER: DIAM SHAM. REF & MKTG +					
	Present mailing address (number and street) PO BOX 690110					
	City, town or post office, state, ZIP code SAN ANTONIO, TX 78269		Phone (area code and number)			
Legal description (or attach copy of the tax bill or tax receipt): ZERO 2007 GONE 6/30/06						
Step 2: Describe the property	Address or location of property:					
	P648037 +					
	Account number of property:		Tax receipt number:			
	V1540.99.000.000A.00 + OR					
Step 3: Give the tax payment information	Name Of Taxing Unit from Which Refund is Requested		Year for Which Refund is Requested	Date of the Tax Payment	Amount of Taxes Paid	Amount of Tax Refund Requested
	1. ALL ENTITIES		2006 +	1/31 / 07	\$ 6019.12 +	\$
	2. CPR		2006 +	1/29 / 07	\$ 1753.65 +	\$
	3.			/	\$	\$
	4.			/	\$	\$
	5. TOTAL			/	\$	\$ 2720.49 +
	Taxpayer's reason for refund (attach supporting documentation): COURT ORDER C-1942-06-E + \$2720.49					
	5,1133					
	HF					
Step 4: sign the form	"I hereby apply for the refund of the above-described taxes and certify that the information I have given on this form is true and correct."					
	Signature sign here				Date of application for tax refund	
	If you make a false statement on this application, you could be found guilty of a Class A misdemeanor or a state jail felony under Texas Penal Code Section 37.10.					
Step 5: Tax refund Determination	This tax refund is ☒ Approved ☐ Disapproved					AUDITED BY: THE HIDALGO COUNTY AUDITOR'S OFFICE DATE: JE 10-22-09
	Authorized officer sign here				Date 10/24/09	
	Collector(s) of taxing unit(s) for refund applications over (insert amount for which governing body approval is required under Section 31.11, tax code)				Date	
	sign here				7/28/09	

10/22

Home Rehab applicants**CC CONSENT**

Date: 11/10/2009
 Submitted By: Estella Webber, URBAN COUNTY
 Department: URBAN COUNTY
 Agenda Category: Urban County

Information**CAPTION**

Request for approval of one (1) applicant in the City of San Juan and one (1) in the Countywide area under the HOME Homeowner Occupied Housing Rehabilitation Program.

BACKGROUND

The following families are being recommended for approval to receive assistance under the HOME Homeowner Occupied Housing Rehabilitation Program:

APPLICANT	CASE NUMBER	CITY	FUNDING YEAR	LOCATION OF PROPERTY
Maria Ramos Deferred Loan 40% Loan 60% Reconstruct	SJ 75-09-03	San Juan Precinct #2	HOME 2008	Lot 144, San Juan East II Phase II Mobile Home Phase 2, Subdivision, Hidalgo County, Texas.
Aida Gomez Deferred Loan - Disabled Reconstruct	CW 85-09-13	Countywide Precinct #1	HOME 2008	All of Lot 135, and all of Lot 136 of the Townsite of Heidelberg in Hidalgo County, Texas.

The amount of assistance to the family will be determined after receipt of bids through the procurement process. Thereafter, selection of bidders will be presented to County Commissioner's Court. Funding is available through the HOME 2008 Budget. The Urban County Program staff recommends approval of applicants.

Fiscal Impact

FISCAL YEAR: ACCT. #: Urban County Funds
 FUNDS AVAILABLE Y/N?: MATCHING FUNDS Y/N?:
 BUDGETARY IMPACT:
 Utilizing Urban County HOME funds under the 2008 budget.

Attachments

Link: [family rehab assistance](#)

Form Routing/Status

Route Seq	Inbox	Approved By	Date	Status
1	Budget & Management	Erika Zamora	11/04/2009 04:43 PM	APRV
2	Perla Lopez	Perla Lopez	11/05/2009 08:42 AM	APRV

3

Auditor's Office

11/06/2009 05:08 PM NEW

Form Started By: Estella Webber

Started On: 11/04/2009 02:27
PM

Final Approval Date: 11/06/2009

Housing Rehab Program

ENTITY: City of San Juan

PROJECT: Approval for Assistance under the HOME Homeowner Occupied Housing Rehabilitation Program.

FUNDING YEAR: HOME 2008

SYNOPSIS:

The family is being recommended for applicant approval under the HOME Homeowner Occupied Housing Rehabilitation Program. The applicant has been on the Countywide Waitlist since February 2009 all of the program requirements for assistance under the HOME Homeowner Housing Rehabilitation Grant Program. The following is a profile of the project

Maria Ramos	Family of one (1)
	Applicant's age is 57.
	Title Search: No Abstract & Liens
	Flood Zone: No-Zone B
	Insurance: N/A
	Structures: 1
	Taxes: current
	Assets & Deposits: \$560.00
	Debt to Income Ratio: 18%
	Pay Back: Yes – 60% payback & 40 % Deferred
	Number of Bedrooms: 2
	Square Feet: 864
	Total annual household income: \$ 18,096.00
	HUD Income Limits (family of 1): \$ 25,550.00

Existing Dwelling: 3 bedrooms frame home, built in 1994.

RECOMMENDATION:

The HOME Staff recommends approval for assistance under the Housing Rehabilitation Program by the County Commissioner's Court.

INITIAL INSPECTION

Date: 8/20/09 City: San Juan If County Wide, Precinct #: 2
Name of Applicant: M. Ramos Inspector: A. Garcia
Address: 906 Blanca Blvd. Year House was Built: 1980's

EXTERIOR

1. **Foundation Condition:** Good [] Repair [] Replace [☒]
Foundation Type: Piers [☒] Concrete []
Is the foundation sound and free from hazards?
Notes: Floor has many holes.
2. **Exterior Walls:** Good [] Repair [] Replace [☒]
Are the exterior surfaces sound and free from hazards?
Notes: Walls are coming unattached from framing.
3. **Windows:** Good [] Repair [] Replace [☒]
Notes: Broken and won't lock
4. **Trim:** Good [] Repair [] Replace [☒]
Notes: OK
5. **Overhang / Trim:** Good [] Repair [] Replace []
Notes: OK
6. **Roof Shingles:** Good [] Repair [] Replace []
Notes: OK

7. Roof: Good ☒ Repair ☐ Replace ☐
Front Porch Roof Good ☒ Repair ☐ Replace ☐
Rear Porch Roof Good ☒ Repair ☐ Replace ☐

Is the roof sound and free from hazards?

Notes: Recently replaced.

8. Other Exterior Structural Observations (stairs, rails, ramps, etc.): Stairs
shaky.

9. Sewer Connected to City Main Line ☐
Yard Line: Good ☒ Repair ☐ Replace ☐

Notes: OK

10. Septic Tank: N/A Good ☐ Repair ☐ Replace ☐
Sewer Connected to Septic System ☐
of years with current Septic System: _____

Is plumbing free from sewer back up? _____

- Yard Line & Drain Field: Good ☒ Repair ☐ Replace ☐

Notes: _____

11. Water Line: Good ☐ Repair ☐ Replace ☒

Notes: Low pressure

12. Gas Line: Good ☐ Repair ☐ Replace ☐
LP Gas Line & Tank to Code Relocate ☐ Replace ☐

Notes: NONE

13. Doors (front & back): Good ☐ Repair ☐ Replace ☐

Notes: _____
14. Other observations about all Exterior Plumbing / Drains / Sewer: _____

several leaks under fixtures

14. Electrical Lines: Good [] Repair [] Replace [☒]

Electrical Hazards - is the exterior of unit free from electrical hazards?:

Yes [] No [☒]

Location(s): All over

Notes: Some exposed wiring, outlets not working

INTERIOR

15. Describe Flooring Conditions for Entire Dwelling: Very bad

Describe Specific Floor Problem Areas: All over

Is Floor Reparable Yes [] No [☒]

Notes: _____

16. Condition of Kitchen Cabinets: Good [] Repair [] Replace [☒]

Notes: _____

17. Ceiling Coverings: Good [] Repair [] Replace [☒]

Notes: _____

18. Wall Coverings: Good [] Repair [] Replace [☒]

Interior Trim Good [] Repair [] Replace [☒]

Interior Finish (Wall Texture) Good [] Repair [] Replace [☒]

Notes: _____

19. Water Heater: No hot water Good [] Repair [] Replace [☒]
Is hot water heater located and equipped in a safe manner and free of hazards?

Plumbing: Good [] Repair [] Replace [☒]
Is plumbing free from major leaks or corrosion that causes serious and persistent levels of rust or contamination of the drinking water?

Notes: _____

20. Insulation: None Good [] Repair [] Replace [☒]

Are the attic and walls appropriately insulated for regional conditions?

Notes: _____

21. Lead Base Paint Assessment Required [] Not Required [☒]

22. Infestation – Is the unit free from rats or severe infestation by mice or vermin?

Yes [] No [☒]

Notes: _____

23. Electrical Hazards – are the rooms free from electrical hazards?:

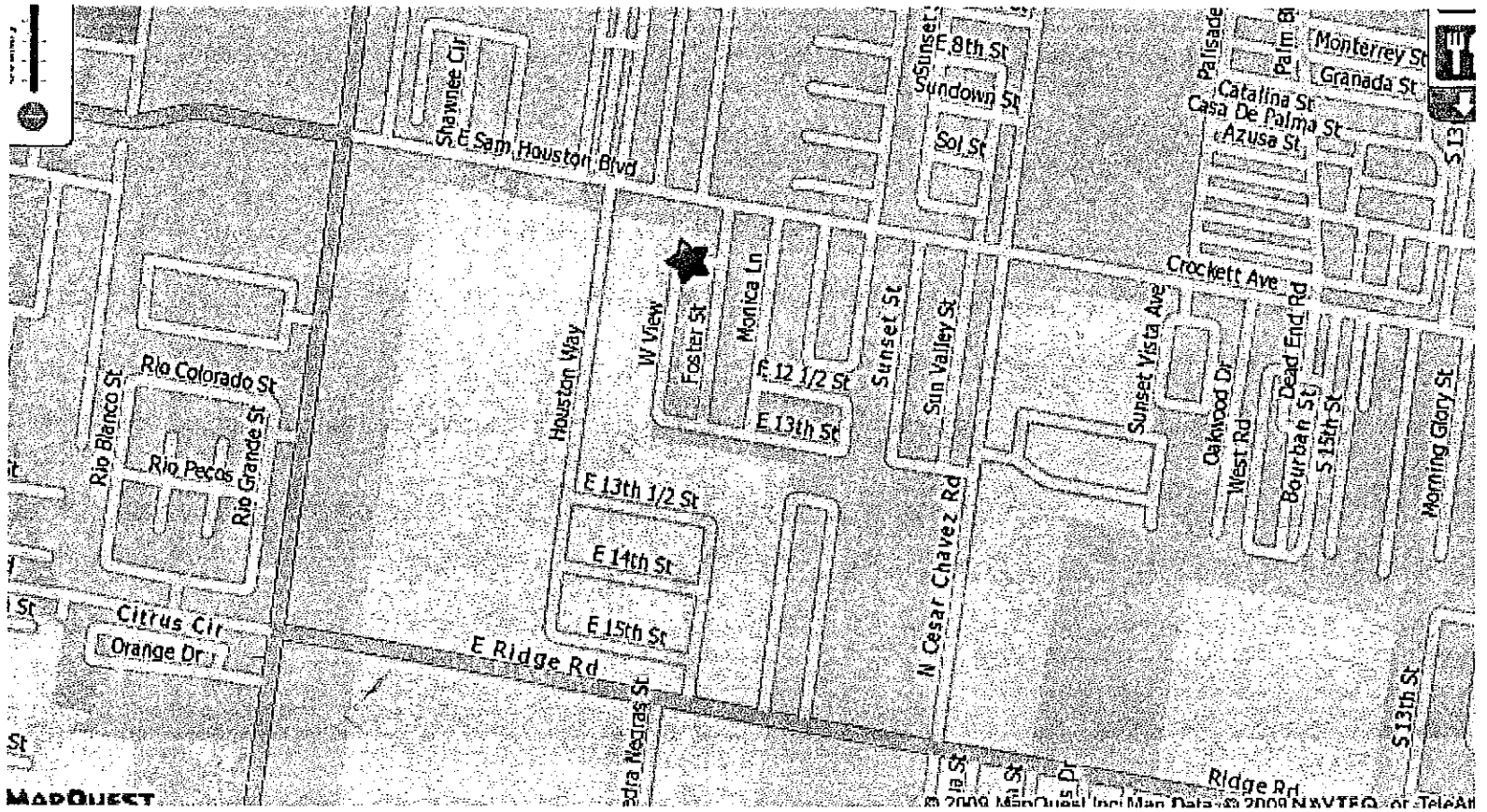
Yes [] No [☒]

Location(s): all over

Notes: _____

24. INSPECTORS FINAL RECOMMENDATION (Rehab. or Recon. – list reasoning for recommendation): Rebuild

Maria Ramos 900 Blanca Blvd. San Juan, TX. 961-5675, 784-9925



Housing Rehab Program

ENTITY: Countywide

PROJECT: Approval for Assistance under the HOME Homeowner Occupied Housing Rehabilitation Program.

FUNDING YEAR: HOME 2008

SYNOPSIS:

The family is being recommended for applicant approval under the HOME Homeowner Occupied Housing Rehabilitation Program. The applicant has been on the Countywide Waitlist since January 2009 all of the program requirements for assistance under the HOME Homeowner Housing Rehabilitation Grant Program. The following is a profile of the project

Aida Gomez

Family of one (1)	
Applicant's age is 52	
Title Search:	No Abstract & Liens
Flood Zone:	No-Zone AH
Insurance:	N/A
Structures:	1
Taxes:	current
Assets & Deposits:	\$349.64
Debt to Income Ratio:	N/A
Pay Back:	No – Deferred Loan -Disabled
Number of Bedrooms:	2
Square Feet:	864
Total annual household income:	\$ 8,088.00
HUD Income Limits (family of 1):	\$ 25,550.00

Existing Dwelling: 3 bedrooms frame home, built in 1960.

RECOMMENDATION:

The HOME Staff recommends approval for assistance under the Housing Rehabilitation Program by the County Commissioner's Court.

INITIAL INSPECTION

Date: 9-14-05 City: Mercedes If County Wide, Precinct #: _____

Name of Applicant: Aida Gomo Inspector: Monica Guerra

Address: 11730 Orange Grove Year House was Built: 1950's

EXTERIOR

1. **Foundation Condition:** Good [] Repair [] Replace []
Foundation Type: Piers ☒ Concrete []
Is the foundation sound and free from hazards?

Notes: Has sunken into ground. Termites.

2. **Exterior Walls:** Good [] Repair [] Replace ☒
Are the exterior surfaces sound and free from hazards?

Notes: Termite infested & rotted wood throughout

3. **Windows:** Good [] Repair [] Replace ☒

Notes: Some are hard to open: have warped. As old as house.

4. **Doors:** Good [] Repair [] Replace ☒

Notes: Has warped & can no longer lock the door

5. **Overhang / Trim:** Good [] Repair [] Replace ☒

Notes: Rotted completely in various areas.

6. **Roof Shingles:** Good [] Repair [] Replace ☒

Notes: As old as home. Never replace.

Is the roof sound and free from hazards?

Notes: _____

7. **Other Exterior Structural Observations (stairs, rails, ramps, etc.):** _____

8. **Sewer Connected to City Main Line** ☒ **Yard Line:** Good [] Repair [] Replace []

Notes: No problems w/ city sewer.

9. **Septic Tank:** No Good [] Repair [] Replace []
Sewer Connected to Septic System []
of years with current Septic System: _____

Is plumbing free from sewer back up? _____

Yard Line & Drain Fiel: Good [] Repair [] Replace []

Notes: OK.

10. **Water Line:** Good [] Repair [] Replace []

Notes: OK.

11. **Gas Line:** Good [] Repair [] Replace []
LP Gas Line & Tank to Code Relocate [] Replace []

Notes: butan tank. Put new lines about 10 years ago.

12. **Other observations about all Exterior Plumbing / Drains / Sewer:** exposed
pipes from outside

13. **Electrical Lines:** Good [] Repair [] Replace []

Electrical Hazards – is the exterior of unit free from electrical hazards?:

Location(s): Outside Yes [☒] No []

Notes: Electrical line is hanging very low and is almost resting on top of roof.

INTERIOR

14. Describe **Flooring Conditions** for Entire Dwelling: areas throughout home.

Describe Specific Floor **Problem Areas:** Living room, bedrooms, kitchen.

Is Floor Repairable

Yes []

No [☒]

Notes: too warped & structurally unsound.

15. Condition of **Kitchen Cabinets:** Good [] Repair [] Replace [☒]

Notes: old. under sink has rotted because of leaks.

16. **Ceiling Coverings:** Good [] Repair [] Replace []

Notes: sheetrock is falling in bedroom.

17. **Wall Coverings:** Good [] Repair [] Replace []

Interior Trim Good [] Repair [] Replace []

Interior Finish (Wall Texture) Good [] Repair [] Replace []

Notes:

18. **Water Heater:** has years on it more than 20 Good [] Repair [] Replace [☒]
Is hot water heater located and equipped in a safe manner and free of hazards?

Plumbing:Good ☐ Repair ☐ Replace ☐

Is plumbing free from major leaks or corrosion that causes serious and persistent levels of rust or contamination of the drinking water?

Notes: shower & sink leaks. this had patch work.

19. **Insulation:** Good ☐ Repair ☐ Replace ☐

Are the attic and walls appropriately insulated for regional conditions?

Notes: No insulation.

20. **Lead Base Paint Assessment** Required ☐ Not Required ☐

21. **Infestation** – Is the unit free from rats or severe infestation by mice or vermin?

Yes ☒ No ☐

Notes: rats & termites & roaches & garden snake & scorpions,
& tarantulas.

22. **Electrical Hazards** – are the rooms free from electrical hazards?:

Yes ☐ No ☐

Location(s): living room & bedroom.

Notes: exposed wiring in living room fan. Outlet in Bedroom
gets hot.

23. **INSPECTORS FINAL RECOMMENDATION (Rehab. or Recon. – list reasoning for recommendation):**

Recommended Recon

- Note - If more room is needed, attach additional sheet.

AI-18159

7.A.

Recertification for Leticia Saenz, CPPB

CC CONSENT

Date: 11/10/2009
Submitted By: Nielda Cavazos, PURCHASING DEPT.
Submitted For: Nielda Cavazos
Department: PURCHASING DEPT.
Agenda Category: Purchasing Department

Information

CAPTION

Approval to submit application of re-certification to The Universal Public Purchasing Certification Council (UPPCC) for Leticia Saenz, CPPB Contract Manager in the amount of \$ 200.00 Req # 163315.

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2009 ACCT. #: 9-1100-415-18-160-001-0-810
FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?: N

BUDGETARY IMPACT:

Amount available in Requisition# 163315 in the amount of \$200.00 for Universal Public Purchasing.

Attachments

Link: [Application](#)

Form Routing/Status

Route Seq	Inbox	Approved By	Date	Status
1	Purchasing Department (Originator)	Marty Salazar	11/06/2009 11:20 AM	APRV
2	Budget & Management	Erika Zamora	11/06/2009 01:06 PM	APRV
3	Erika Zamora	Erika Zamora	11/06/2009 03:47 PM	APRV
4	Auditor's Office		11/06/2009 05:08 PM	NEW

Form Started By: Nielda Cavazos
Started On: 10/21/2009 04:32 PM
Final Approval Date: 11/06/2009

APPLICATION FOR RECERTIFICATION – 2009 EDITION

Please complete ALL sections of this application. ***Illegible or incomplete applications will be returned.***

Do not include original certificates or other materials of personal value as they will not be returned. Copies of original documentation will suffice with the exception of official sealed college/university transcripts to document courses taken at the higher education level (*if applicable*). The UPPCC does not maintain supplementary documentation. Once an application is approved, all supplementary documentation is destroyed and only the application is retained.

SECTION I: APPLICANT INFORMATION

PART A: Applicants Name

☐ Mr. ☐ Ms. ☐ Mrs. ☐ Dr.

Full Name: _____
(Last) (First) (Middle Initial)

Other Certifications/Designations earned: _____ Date of Birth: _____
(mm/dd/yyyy)

➤ If any documentation appears under another name, please provide the name here: _____

PART B: Contact Information - Work

Organization/Agency: _____ Department: _____

Official Position/Title: _____ Working Title (*if different*): _____

Work Address: _____

City: _____ State/Province: _____

Zip/Postal Code & Country: _____ Phone: _____

Fax: _____ Work e-mail: _____

Work Web Address (URL): _____

PART C: Contact Information - Home

Street Address: _____ Apt #: _____

City: _____ State/Province: _____

Zip/Postal Code & Country: _____ Phone: _____

Personal e-mail: _____

SECTION II: AFFIRMATION STATEMENT

I affirm that the statements and information set herein this application are true and correct, and that any falsification or willful misstatements or omissions intended to mislead the Board of Examiners will forfeit my right to certification as a CPPB or CPPO. I further agree to abide by the UPPCC Code of Ethics. Any violation of the UPPCC Code of Ethics may result in the permanent revocation of the CPPB or CPPO certification.

Applicant's Signature: _____ Date: _____

SECTION III: TYPE OF RECERTIFICATION

PART A: Certification Program

Please indicate the certification(s) for which you are recertifying (*check one application type*):

☐ CPPB Recertification

☐ CPPO Recertification

☐ Dual Recertification

PART B: Lifetime Status

➤ UPPCC Certified individuals in good standing who have reached the age of sixty-two (62) **OR** have officially retired after a minimum of fifteen (15) years of purchasing experience in the public sector are eligible to recertify under lifetime status. Individuals applying for recertification under lifetime status are required to complete only Sections I, II & V of this application. No recertification points are required to recertify under lifetime status. The applicant need only submit the application with the appropriate payment and documentation of meeting the age requirement (copy of a valid government issued i.d., certificate of birth, passport, etc.) **OR** provide documentation of his/her retirement and a minimum of fifteen (15) years of purchasing experience in the public sector. Once an individual recertifies under lifetime status, his/her new certificate will not expire. Individuals who have allowed their certification to lapse or expire are not eligible to recertify under lifetime status. Please indicate by checking the box below if this application is for consideration under lifetime status. There is no additional fee for lifetime status recertification.

☐ I am recertifying under "lifetime status" and have included the required documents as indicated above.

SECTION IV: RECERTIFICATION REQUIREMENTS

➤ **General Recertification Requirements** - Current CPPOs are required to earn a minimum of fifteen (15) points in at least two (2) of the three (3) categories of the application while current CPPBs are required to earn a minimum of ten (10) points. Those who recertify both certifications simultaneously as a dual recertification are required to earn a minimum of fifteen (15) points.

➤ **The Recertification Period** – Points to be used towards recertification must be earned during a specific 5-year time frame. Although certificants may file an application as soon as he/she meets the recertification requirements, points can only be earned during the current certification period. For example, if an individual is due to recertify by January 2009, but files an early recertification in July 2008, any activities the individual participated in between July 2008 and January 2009 could not be counted towards the next recertification cycle. The new certificate printed for this individual would be January 2014 and points for that next renewal date must have been earned between January 2009 and January 2014.

➤ **Lapsed Status Requirements** Additional points and fees are required for individuals who allow their certifications to lapse. Lapsed status refers to the period of time immediately following the expiration date of the current certificate and ending one (1) year following. Although lapsed certificants are not permitted to use the CPPO and/or CPPB certifications, they are still eligible to recertify. CPPOs in lapsed status and those recertifying under dual status when both certifications have lapsed must earn a minimum of eighteen (18) points in at least two (2) of the three (3) categories of the application while CPPBs in lapsed status are required to earn a minimum of twelve (12) points. Once the lapsed status has ended, the individual's certification is officially expired and the individual must officially reinstate the certification which includes retesting.

PART A: Continuing Education and Training

Points may be earned for attending purchasing conferences and meetings as a full-time delegate. Large national events such as NIGP Annual Forum include a product expo/trade show as part of the event. The UPPCC allows credit for trade shows held as part of larger events that include training. Trade shows, reverse trade shows, product expos, etc. held as individual events are not considered by the UPPCC for Recertification credit. Other events that you attend that include a tradeshow will qualify for recertification credit if there is no more than two (2) hours in an eight hour period that includes an expo, while the 6 remaining hours are devoted to educational programming. Points may also be earned by attending individual purchasing-related and non purchasing-related courses, meetings, seminars and training sessions. Documentation is required for all activities recorded in this section. Each eight (8) hours of classroom training earns one (1) recertification point.

	Points per activity	Max points allowed	Points Earned
CONFERENCES AS A FULL-TIME DELEGATE			
1. National NIGP Annual Forum (reflects 24 contact hours including Products Expo)	3	9	
2. National NASPO Annual Conference (reflects 16 contact hours including a Trade Show)	2	6	
3. National Purchasing Association Conferences (1 point per each 8 contact hours)	2	6	
4. Chapter/Regional Conferences (1 point per each 8 contact hours)	2	6	
EDUCATIONAL AND TRAINING SEMINARS: PURCHASING RELATED			
5. National NIGP Seminars (1 point per instructional day)	3	10	
6. National Purchasing Assn. Seminars (1 point per instructional day)	2	6	
7. Chapter/Regional Seminars (1 point per instructional day)	2	6	
8. Continuing Education Seminars - Purchasing Related (1 point per instructional day)	2	6	
9. Continuing Education Courses offered by higher ed. institution (1 point per credit hour)	2	6	
PROFESSIONAL DEVELOPMENT SEMINARS: NOT PURCHASING RELATED			
10. Seminars offered by a reputable training program (1 point per instructional day)	2	5	
MEETINGS			
11. National, Chapter or regional meetings (1 point per every aggregate 8 hours of attendance)	2	5	
Total Points Earned in Part A			
<i>Transfer total points earned in Part A to Part D: Summary of Points</i>			

PART B: Professional Contributions & UPPCC Support Activities

Points may be earned for a variety of activities all of which are contributions to the profession and/or UPPCC. For leadership activities at the national, chapter or regional level, the number of points per activity refers to the number of points you earn per term of service, not per year. Documentation must be submitted with your application for any activity to be considered for points. To submit documentation for a publication, please submit a formatted copy or a re-print of the article or publication. Applicants should not submit original documents as the UPPCC does not return documentation to the applicant.

	Points per activity	Max points allowed	Points Earned
LEADERSHIP			
1. National Officer: NIGP, NASPO, UPPCC or other qualifying national purchasing association	4	8	
2. National Board Member (other than Officer): NIGP, NASPO, UPPCC or purchasing assn.	3	6	
3. National Committee Member (other than Board): NIGP, NASPO, UPPCC BOE or other qualifying purchasing assn.	2	6	
4. Chapter or Regional Officer: NIGP Chapters, regional purchasing associations	3	6	
5. Chapter or Regional Board Member (other than Officer) NIGP Chapters, regional associations	2	6	
6. Chapter or Regional Committee Member (other than Board): NIGP Chapters, regional assns.	2	4	
7. Advisory Board Member for Purchasing Related Activities	2	4	
PRESENTATIONS (Includes presentations via Webinar; minimum 1 hour presentation)			
8. National NIGP Forum or qualifying Purchasing Conference workshop speaker	2	6	
9. National NIGP Forum or qualifying Purchasing Conference session moderator/facilitator	1	3	
10. Local, Chapter or Regional Purchasing Conference workshop speaker	2	4	
11. Local, Chapter or Regional Purchasing Conference session moderator/facilitator	1	2	
12. Local, Chapter or Regional Meeting speaker (includes keynote or luncheon speaker)	1	2	
INSTRUCTION			
13. Instructor for College Credit Course on Purchasing-Related Subject	3	9	
14. NIGP Certified Instructor for NIGP seminars (1 point per instructional day)	3	9	
15. Instructor for other national purchasing seminars (1 point per instructional day)	2	6	
SERVICE			
16. Item (Question) Writing Workshop Participant	2	6	
17. Item (Question) Writing Committee Contributor	2	6	
18. Job Analysis Task Force Member	2	2	
19. Job Analysis Test Specifications Task Force Member	2	2	
20. Job Analysis Pilot Survey Participant	1	1	
21. Job Analysis Survey Participant	1	1	
22. Oral Examiner for CPPO Board (.5 point per oral board)	.5	3	
23. Text Reviewer for purchasing-related texts	1	3	
24. NIGP – PMAP Consultant (1 point per 16 billable hour project)	2	4	
25. Quality Control Team Member or Local Planning Committee for NIGP Forum	1	2	
26. Contributor to the NIGP Specification Library (1 point per 25 electronic documents)	1	3	
PUBLICATIONS			
27. Published article on purchasing-related topic in a national publication or web site	2	4	
28. Published article on purchasing-related topic in a local or regional publication or web site	1	4	
29. Published manuscript in the Journal of Public Procurement	3	6	
AWARDS AND RECOGNITION			
30. International/National awards received from national purchasing associations	2	4	
31. Chapter/Regional awards received from chapter/regional purchasing associations	1	2	
Total Points Earned in Part B			
<i>Transfer total points earned in Part B to Part D: Summary of Points</i>			

PART C: Professional Memberships with Purchasing Organizations

You may claim credit for membership with a professional procurement organization for each year you have held a membership since your initial certification or last recertification period. **You may claim a combination of points for both chapter level and national level memberships over the last five (5) year period, but you may not claim credit for both a chapter and a national membership held in the same year.** The maximum number of combined points allowed in Part C is five (5).

	Points per year	Max points allowed	Points Earned
PROFESSIONAL MEMBERSHIPS			
National Membership with a qualifying purchasing association	1	5	
Chapter or Regional Membership: NIGP chapters, regional purchasing associations, etc.	.75	3.75	
Total Points Earned in Part C			
<i>Transfer total points earned in Part C to Part D: Summary of Points</i>			

PART D: Summary of Points

Total the number of points prior to submitting your application for UPPCC Recertification. Transfer the total points earned in each section to the Summary of Points table below and add all three totals together. **Do not submit the application to UPPCC if you are short the required number of points.** You may research upcoming scheduled educational opportunities available through our educational partners. UPPCC Educational Partners are listed on the Resource page of the UPPCC Website and includes links to each organizations website. You may consider taking a course to earn additional recertification points prior to submitting your application.

UPPCC Certified Professionals are required to recertify every 5th year following their initial certification. Points must be earned in two (2) of three (3) application categories. Current CPPOs are required to earn a minimum of fifteen (15) points in at least two (2) of the three (3) categories of the application while current CPPBs are required to earn a minimum of ten (10) points. Those who recertify both certifications simultaneously as a dual recertification are required to earn a minimum of fifteen (15) points. Additional points are required if the certification has lapsed. Individuals in lapsed or expired status should consult the current edition of the UPPCC Certification Handbook for information.

SUMMARY OF POINTS	
Part A Total: Continuing Education and Training	
Part B Total: Professional Contributions & UPPCC Support Activities	
Part C Total: Professional Memberships	
Total Recertification Points Earned <i>Total combined points from all sections of the application (Part A + Part B + Part C = Total Points)</i>	

SECTION V: APPLICATION CHECKLIST

CHECK IF YOU HAVE:

- ☐ Completed all sections of the application completely, clearly and accurately.
- ☐ Enclosed completion, attendance or participation certificates, official transcripts, etc. to document completion of professional development courses, training, meetings, etc.
- ☐ Enclosed an official sealed transcript to document continuing education at the higher education level (*if applicable*).
- ☐ Included payment information and document(s) if paying by purchase order, check or money order made payable to the UPPCC.
- ☐ Signed the application and agree to subscribe to the ethical principles as stated in the **UPPCC CODE OF ETHICS**. Furthermore, I understand that if I am found to be in breach of

the **UPPCC CODE OF ETHICS**, at any time, that the UPPCC may permanently revoke my certification as a CPPO or CPPB.

- ☐ Made a photocopy of the complete application and documentation for personal records.
- ☐ Addressed application package to the following mailing, fax or email address:

UPPCC
Attn: Recertification Department
151 Spring Street
Herndon, Virginia 20170 USA
Facsimile: +1-703-796-9611
E-mail: certification@uppcc.org

SECTION VI: CERTIFICATION FEE PAYMENT

UPPCC Tax ID #: 54-1929791

➤ All forms of payment (check, money order, Visa, MasterCard, AMEX, or Purchase Order) must be made payable to the UPPCC in US currency. Please note that purchase orders are an acceptable form of payment if the purchase order document is included. Although a purchase order is an acceptable form of payment to initiate the recertification process, a new certificate will not be released until the PO is paid in full. **RECERTIFICATION FEES ARE NON-REFUNDABLE**.

	SCHEDULE OF FEES FOR RECERTIFICATION	
	<i><u>NIGP/NASPO Nat'l Members</u></i>	<i><u>Non-Members</u></i>
CPPO or CPPB Recertification:	\$200	\$225
Dual Recertification:	\$300	\$325
CPPO or CPPB Lapsed Recertification:	\$350	\$375
Dual Recertification (1 certification lapsed)	\$450	\$475
Dual Recertification (both certifications lapsed)	\$600	\$625

PAYMENT INFORMATION (*Please print clearly.*)

APPLICANT'S NAME: _____

METHOD OF PAYMENT: ☐ CHECK/MONEY ORDER # _____ ☐ PURCHASE ORDER # _____ ☐ VISA ☐ MASTERCARD ☐ AMEX

CREDIT CARD #: _____ EXP: _____ AMOUNT: \$ _____ (USD)

CVV (For Visa/MC it is the last 3-digits on the back of the card or for AMEX it is the last 4-digits): _____

CARD HOLDER'S NAME: _____ CARD HOLDER'S PHONE: _____

CREDIT CARD BILLING ADDRESS: _____

AI-18362

7.B.

**BCAP Application for Payment No. 2 Citriana Village Subdivision Pct. No.2
CC CONSENT**

Date: 11/10/2009
Submitted By: Marcie Jackson, COLONIA ACCESS PROGRAM
Submitted For: Agapito Vargas
Department: COLONIA ACCESS PROGRAM
Agenda Category: Purchasing Department

Information

CAPTION

Approval of Application for Payment No. 2 in the amount of \$17,977.50 from Closner Construction Co., LC contracted vendor for Citriana Village Subdivision as reviewed and submitted by project engineer Cruz-Hogan Consultants, Inc. (C-CAP-2009-183-05-19).

BACKGROUND

Fiscal Impact

FISCAL YEAR: 9 ACCT. #: 9-1312-431-00-122-154-0-733/841
FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?:

BUDGETARY IMPACT:

P.O.# 630113 available balances:
obj.733 - 56,540.00
obj.841 - 205,388.69

Attachments

Link: [Application for payment no.2 Citriana Subd](#)

Form Routing/Status

Route Seq	Inbox	Approved By	Date	Status
1	Yvette Islas	Yvette Islas	11/03/2009 02:39 PM	APRV
2	Purchasing Department		11/06/2009 05:08 PM	PEND
3	Budget & Management	Erika Zamora	11/04/2009 02:15 PM	APRV
4	Roland Garcia	Rolando Garcia	11/06/2009 09:02 AM	APRV
5	Auditor's Office		11/06/2009 05:08 PM	NEW

Form Started By: Marcie Jackson
Started On: 11/02/2009 03:28 PM
Final Approval Date: 11/06/2009

AI-1862 11/10/09

APPLICATION FOR PAYMENT NO. 2

To: Hidalgo County (OWNER)
 From: Closner Construction Co., L.C. (CONTRACTOR)
 Contract: _____
 Project: Citriana Village Subdivision
 Owner's Contract No. C-CAP-2009-183-05-19 Engineer's Project No. _____
 For Work accomplished through the date of: October 23, 2009

1. Original Contract Price:	\$ 322,888.69
2. Net change by Change Order and Written Agreements(+or-):	\$ -
3. Current Contract Price (1 plus 2):	\$ 322,888.69
4. Total completed and stored to date:	\$ 80,935.00
5. Retainage (per Agreement):	
10% of completed Work:	\$ 8,093.50
of stored material	
Total Retainage:	\$ 8,093.50
6. Total completed and stored to date less retainage (4 minus 5)	\$ 72,841.50
7. Less previous Application for Payments:	\$ 54,864.00
8. AMOUNT DUE THIS APPLICATION (6 MINUS 7)	\$ 17,977.50

Accompanying Documentation:

REQ# 163887 P.O.# 630113
 9-1312-431-00-122-154-0-733→\$3,700.00
 <-370.00>=\$3,330.00

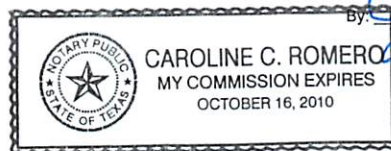
REQ# 163887 P.O.# 630113
 9-1312-431-00-122-154-0-841→\$16,275.00
 <-1,627.59>=\$14,647.50

CONTRACTOR'S Certification:

The undersigned CONTRACTOR certifies that (1) all previous progress payments received from OWNER on account of Work done under the Contract referred to above have been applied on account to discharge CONTRACTOR'S legitimate obligations incurred in connection with Work covered by prior Applications for Payment numbered 1 through 2 inclusive; (2) title of all Work, materials and equipment incorporated in said Work or otherwise listed in or covered by this Application for Payment will pass to OWNER at time of payment free and clear of all Liens, security interests and encumbrances (except such as are covered by a Bond acceptable to OWNER indemnifying OWNER against any such Lien, security interest or encumbrance); and (3) all Work covered by this Application for Payments is in accordance with the Contract Documents and not defective.

Date 10/23/09
 State of Texas
 County of Hidalgo
 Subscribed and sworn to before me this 23rd day of October, 2009

Caroline C. Romero
 Notary Public
 My Commission expires: 10/16/2010



Closner Construction Co., L.C.
 CONTRACTOR

By: [Signature]

Payment of the above AMOUNT DUE THIS APPLICATION is recommended.

Date 10/30/09

CRUZ-HOGAN Consultants, Inc.
 ENGINEER

By: [Signature]

INVOICE RECEIVED BY: [Signature] ON 10/30/09
 GOODS/SERVICES RECEIVED BY: [Signature] ON 10/30/09

Closner Construction Co., L.C.	Contractor Name
August 3, 2009	Starting Date
	Project Ending Date
10%	Retainage Percent

Application No.: 2
 Application Date: September 4, 2009
 Period To: October 20, 2009
 Engineer Firm: CRUZ-HOGAN Consultants, Inc.

Summary												
CSJ#	PROJECT NAME	Original Schedule Value	Revised Schedule Value	Payment Application No 1	Payment Application No 2	Payment Application No 3	Total To Date	Balance To Finish	Retainage	Net	Payment To Date	Payment Due
CSJ-3C1080154	Citriana Village Subdivision	\$ 322,888.69		\$ 60,960.00	\$ 19,975.00	\$ -	\$ 80,935.00	\$ 241,953.69	\$ 8,093.50	\$ 72,841.50	\$ 54,864.00	\$ 17,977.50

Estimate Quantity Update Worksheet

Date: October 26, 2009

Colonia: Citriana Village Subdivision
 Roadway: CSJ-3C1080154
 Project No: C-CAP-2009-183-05-19
 County: Hidalgo
 Est. No: 2

Contractor: Closner Construction Co., L.C.
 Contract Price: \$322,888.69
 Work Done this Mo.: \$80,935.00
 % Complete: 25.07%

Date Began: August 3, 2009
 Contract Time: 120
 Time Charged: 13
 % Time Used: 10.83%

Work Type: Paving & Drainage

Limits:

From:
 To:

						FIRST MONTH			SECOND MONTH			THIRD MONTH		
ITEM NO.	DESCRIPTION	UNIT	PROJECT QTY	Unit Price	Project Amount	MONTHLY QUANTITY	QTY to Date	Item Cost (Monthly)	MONTHLY QUANTITY	QTY to Date	Item Cost (Monthly)	MONTHLY QUANTITY	QTY to Date	Item Cost (Monthly)
(901)ADMINISTRATIVE														
(902) PRELIMINARY ENGINEERING														
(903) CONSTRUCTION ENGINEERING														
(904) RIGHT-OF-WAY														
(905) ROADWAY CONSTRUCTION														
100	PREP ROW	Sta.	35	\$100.00	\$3,500.00	35.000	35.000	\$3,500.00	0.000	0	\$0.00		0	0.00
340	TYPE "D" H.M.A.C. (1.5")	SY	10,500	\$5.65	\$59,325.00	0.000	0	\$0.00		0	\$0.00		0	0.00
247	8" FLEX BASE TYPE "D" GRADE 6	SY	12,500	\$4.85	\$60,625.00	0.000	0	\$0.00		0	\$0.00		0	0.00
260	6" LIME STABILIZATION OF SUBGRADE	SY	12,500	\$2.35	\$29,375.00	0.000	0	\$0.00	6500.000	6500.00	\$15,275.00		0	0.00
310	PRIME COAT (MC-30)	GAL	2,100	\$7.50	\$15,750.00	0.000	0	\$0.00		0	\$0.00		0	0.00
502	BARRICADES, SIGNS, AND TRAFFIC HANDLING	MO	4	\$500.00	\$2,000.00	1.000	1.000	\$500.00	1.000	2.00	\$500.00		0	0.00
530	DRIVEWAYS AND TURNOUTS (ASPHALT)	SY	114	\$14.25	\$1,624.50	0.000	0	\$0.00		0	\$0.00		0	0.00
530	DRIVEWAYS AND TURNOUTS (CONCRETE)	SY	965	\$33.00	\$31,845.00	0.000	0	\$0.00		0	\$0.00		0	0.00
531	SIDEWALKS	SY	89	\$29.71	\$2,644.19	0.000	0	\$0.00		0	\$0.00		0	0.00
360	4'X4'X4" CONCRETE TOP ON EXISTING SEWER MAHOLES	EA	11	\$200.00	\$2,200.00	0.000	0	\$0.00		0	\$0.00		0	0.00
506	SOIL EROSION AND SEDIMENT CONTROL	LS	1	\$1,000.00	\$1,000.00	0.500	0.500	\$500.00	0.500	1.000	\$500.00		0	0.00
							0			0	\$0.00		0	0.00
(906) DRAINAGE														
529	18" CURB AND GUTTER	LF	6600	\$6.50	\$42,900.00	0.000	0	\$0.00		0	\$0.00		0	0.00
465	TYPE "A" INLET	EA	12	\$1,325.00	\$15,900.00	12.000	12.000	\$15,900.00		0	\$0.00		0	0.00
465	STORM SEWER MANHOLE	EA	3	\$2,135.00	\$6,405.00	3.000	3.000	\$6,405.00		0	\$0.00		0	0.00
464	18" RCP CLASS III	LF	880	\$18.50	\$16,280.00	680.000	680.000	\$12,580.00	200.000	880.00	\$3,700.00		0	0.00
464	24" RCP CLASS III	LF	750	\$28.50	\$21,375.00	750.000	750.000	\$21,375.00		0	\$0.00		0	0.00
402	TRENCH EXCAVATION PROTECTION	LF	200	\$1.00	\$200.00	200.000	200.000	\$200.00		0	\$0.00		0	0.00
529	6' CONCRETE VALLEY GUTTER	LF	355	\$28.00	\$9,940.00	0.000	0	\$0.00		0	\$0.00		0	0.00

Monthly Totals:	\$60,960.00	\$19,975.00	0.00
ADMINISTRATIVE (901)			
PRELIMINARY ENGINEERING (902)			
CONSTRUCTION ENGINEERING (903)			
RIGHT-OF-WAY (904)			
Roadway (905):	\$4,500.00	\$16,275.00	0.00
Drainage (906):	\$56,460.00	\$3,700.00	0.00

Total to Date

Roadway (905): \$20,775.00
 Drainage (906): \$60,160.00
 Total \$80,935.00

Prepared and Checked By:

Signature:

Printed Name:

Ronnie Cruz, P.E.

Date:

10/30/09

AI-18414

7.C.

Approval-Payment #12-Alcocer Garcia Associates, Inc.

CC CONSENT

Date: 11/10/2009
Submitted By: Rocio Villarreal, PURCHASING DEPT.
Submitted For: Rocio Villarreal
Department: PURCHASING DEPT.
Agenda Category: Purchasing Department

Information

CAPTION

Acceptance and approval of Payment for Request No. 12 in the amount of \$2,056.20, from Alcocer Garcia Associates, Inc., contracted architect for, "Meeting Hall/Pavilion for Precinct No. 3".

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2009 ACCT. #: 9-1302-451-22-123-068-0-720
FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?: N
BUDGETARY IMPACT:
Available funds in P.O. #594477 as of 11/05/09 is \$4,112.41.

Attachments

Link: [Invoice](#)

Form Routing/Status

Route Seq	Inbox	Approved By	Date	Status
1	Purchasing Department	Marty Salazar	11/05/2009 03:46 PM	APRV
2	Budget & Management	Erika Zamora	11/05/2009 04:17 PM	APRV
3	Perla Lopez	Perla Lopez	11/05/2009 04:45 PM	APRV
4	Auditor's Office		11/06/2009 05:08 PM	NEW

Form Started By: Rocio Villarreal
Started On: 11/04/2009 04:34 PM
Final Approval Date: 11/06/2009

ARCHITECTS PROFESSIONAL SERVICES12145/
594477**REQUEST FOR PAYMENT NO. 12**

TO OWNER: COUNTY OF HIDALGO, TEXAS
100 E. Cano, 2nd Floor, Edinburg, TX 78539
PROJECT NAME: PRECINCT 3 MEETING HALL/PAVILION
CONTRACT NO.: C-07- P.O. NO.: 594477
FROM: ALCÓCER GARCIA ASSOCIATES, INC. (EIN:26-4262500)
ADDRESS: 1333 E. JASMINE AVENUE, McALLEN, TX 78501

Basic Services Contract Amt.: \$ 82,248.07

SCOPE OF SERVICES	AMOUNT	% COMPLETED TO DATE	TOTAL DUE	LESS PREV. PAYMENTS	AMOUNT DUE THIS REQUEST
Schematic Design Phase 10 %	\$8,224.80	100%	\$8,224.80	\$8,224.80	\$0.00
Design Development Phase 10 %	\$8,224.80	100%	\$8,224.80	\$8,224.80	\$0.00
Construction Documents Phase 50%	\$41,124.05	100%	\$41,124.05	\$41,124.05	\$0.00
Bidding Phase 5%	\$4,112.40	100%	\$4,112.40	\$4,112.40	\$0.00
Construction Phase 25%	\$20,562.02	90%	\$18,505.81	\$16,449.61	\$2,056.20
Additional Services	\$0.00				\$0.00
Reimbursable Expenses	\$3,432.55	100%	\$3,432.55	\$3,432.55	\$0.00
TOTAL	\$85,680.62		\$83,624.41	\$81,568.21	\$2,056.20

I certify that the above is true and correct to the best of my knowledge.

November 2, 2009


AGA, Inc.

DATE

Owner

Date

INVOICE RECEIVED BY

 ON 11/3/09

GOODS/SERVICES RECEIVED BY

 ON 1/3/10

AI-18411

7.D.

**Approval-Payment Application #9-GAS Enterprises, Inc.
CC CONSENT**

Date: 11/10/2009
Submitted By: Rocio Villarreal, PURCHASING DEPT.
Submitted For: Rocio Villarreal
Department: PURCHASING DEPT.
Agenda Category: Purchasing Department

Information

CAPTION

Acceptance and approval of request for payment for Application No. 9 in the amount of \$90,114.97 from G.A.S. Enterprises, Inc. contracted vendor for, "Construction of Meeting Hall/Pavilion for Precinct No. 3" and as certified for payment by project architect, Alcocer Garcia Associates Design Consulting-C-08-406-01-28.

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2009 ACCT. #: 9-1302-451-22-123-068-0-720
FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?: N

BUDGETARY IMPACT:

Available funds in P.O. #617510 as of 11/06/09 is \$116,260.77.

Attachments

Link: [Payment Application No. 9](#)

Form Routing/Status

Route Seq	Inbox	Approved By	Date	Status
1	Purchasing Department	Marty Salazar	11/05/2009 12:30 PM	APRV
2	Budget & Management	Erika Zamora	11/05/2009 04:16 PM	APRV
3	Roland Garcia	Rolando Garcia	11/06/2009 10:07 AM	APRV
4	Perla Lopez	Perla Lopez	11/06/2009 11:01 AM	APRV
5	Auditor's Office		11/06/2009 05:08 PM	NEW

Form Started By: Rocio Villarreal

Started On: 11/04/2009 04:28 PM

Final Approval Date: 11/06/2009

APPLICATION AND CERTIFICATION FOR PAYMENT

AIA DOCUMENT G702

PAGE ONE OF 2

PAGES

TO OWNER: County of Hidalgo
2812 S. Business 83
Edinburg, Tx 78539

PROJECT: Hidalgo County
Precinct No. 3
Meeting Hall/Pavilion

APPLICATION NO: Nine (9)

Distribution to:

☒ OWNER
☒ ARCHITECT
☒ CONTRACTOR

FROM CONTRACTOR: VIA ARCHITECT: AGADC

G.A.S. Enterprises, Inc.
1333 E. Jasmine
P.O. Box 309
McAllen, Tx 78501

PERIOD TO: 11/2/09

PROJECT NOS:

CONTRACTOR: General Construction

CONTRACT DATE: 1/28/09

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract Continuation Sheet, AIA Document G703, is attached.

1. ORIGINAL CONTRACT SUM \$1,154,824.00
2. Net change by Change Orders \$ -0-
3. CONTRACT SUM TO DATE (Line 1 ± 2) \$1,154,824.00
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703) \$1,133,421.10

5. RETAINAGE: a. $\frac{5}{100}$ % of Completed Work (Column D + E on G703) \$ 56,671.06

b. $\frac{5}{100}$ % of Stored Material (Column F on G703) \$ -0-

Total Retainage (Lines 5a + 5b or

6. TOTAL EARNED LESS RETAINAGE (Line 4 Less Line 5 Total) \$ 56,671.06
\$ 1,076,750.04

7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate) \$ 986,635.07

8. CURRENT PAYMENT DUE \$ 90,114.97

9. AMOUNT TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6) \$ 78,073.96

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner		
Total approved this Month		
TOTALS		
NET CHANGES by Change Order	-0-	

AIA DOCUMENT G702 - APPLICATION AND CERTIFICATION FOR PAYMENT - 1992 EDITION - AIA - C1992

Users may obtain validation of this document by requesting a completed AIA Document D401 - Certification of Documents Authenticity from the Licensee.

GOODS/SERVICES RECEIVED BY
Contractor ON 11/3/09

9-1307-451-22-173-068-0-720

MARICELA NICHOLS
MY COMMISSION EXPIRES
November 17, 2009



By: Rene Salinas Date: 11/2/09

State of Texas County of: Hidalgo

Subscribed and sworn to before me this 2nd day of November, 2009

Notary Public: Maricela Nichols
My Commission expires: 11/17/09

ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the Architect's knowledge, information and belief the Work has progressed as indicated, and the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED \$ 90,114.97

(Attach explanation if amount certified differs from the amount applied. Initial explanation on the Application and on the Continuation Sheet that are changed to conform with the amount certified.)

By: George A. Salinas Date: 11-3-09

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.

THE AMERICAN INSTITUTE OF ARCHITECTS, 1735 NEW YORK AVE., N.W., WASHINGTON, DC 20006-5592

CONTINUATION SHEET

AIA DOCUMENT G703

PAGE 2 OF 2 PAGES

AIA Document G702, APPLICATION AND CERTIFICATION FOR PAYMENT, containing

APPLICATION NO: Nine (9)

APPLICATION DATE: 11/2/09

PERIOD TO: 11/2/09

Contractor's signed certification attached.

In tabulations below, amounts are stated to the nearest dollar.

Use Column I on Contracts where variable retainage for line items apply.

ARCHITECT'S PROJECT NO:

A ITEM NO.	B DESCRIPTION OF WORK	C SCHEDULED VALUE	D WORK FROM PREVIOUS APPLICATION (D + E)	E COMPLETED THIS PERIOD	F MATERIALS PRESENTLY STORED (NOT IN D OR E)	G TOTAL COMPLETED AND STORED TO DATE (D+E+F)	H % (G/C)	I BALANCE TO FINISH (C-G)	J RETAINAGE (IF VARIABLE RATE)
1	Bonding/Insurance	\$30,048	\$30,048	\$0	\$0	\$30,048	100%	\$0	\$1,502.40
2	General Conditions	\$15,815	\$14,233.50	\$790.75	\$0	\$15,024.25	95%	\$790.75	\$751.21
3	Site Prep/Grading	\$19,536	\$19,536	\$0	\$0	\$19,536	100%	\$0	\$976.80
4	Site Utilities	\$47,762	\$47,762	\$0	\$0	\$47,762	100%	\$0	\$2,388.10
5	Paving/Striping/Signage	\$58,183	\$30,508	\$27,675	\$0	\$58,183	100%	\$0	\$2,909.15
6	Concrete Work	\$155,375	\$154,471.03	\$903.97	\$0	\$155,375	100%	\$0	\$7,768.75
7	Termite Treatment	\$1,125	\$1,125	\$0	\$0	\$1,125	100%	\$0	\$56.25
8	CMU Work	\$59,200	\$59,200	\$0	\$0	\$59,200	100%	\$0	\$2,960.00
9	Steel/Metal Work	\$98,803	\$98,803	\$0	\$0	\$98,803	100%	\$0	\$4,940.15
10	Roofing	\$40,286	\$40,286	\$0	\$0	\$40,286	100%	\$0	\$2,014.30
11	Carpentry/Gyp Board	\$42,245	\$41,478	\$187	\$0	\$41,665	99%	\$580	\$2,083.25
12	SAC	\$20,612	\$10,839.74	\$9,772.26	\$0	\$20,612	100%	\$0	\$1,030.60
13	Painting	\$48,369	\$46,058	\$2,311	\$0	\$48,369	100%	\$0	\$2,418.45
14	Electrical	\$200,229	\$194,222	\$6,007	\$0	\$200,229	100%	\$0	\$10,011.45
15	HVAC	\$78,575	\$71,338.12	\$4,236.88	\$0	\$75,575	96%	\$3,000	\$3,778.75
16	Plumbing	\$60,981	\$58,482	\$2,499	\$0	\$60,981	100%	\$0	\$3,049.05
17	Flooring	\$47,143	\$38,297.99	\$8,845.01	\$0	\$47,143	100%	\$0	\$2,357.15
18	Millwork	\$17,196	\$17,196	\$0	\$0	\$17,196	100%	\$0	\$859.80
19	Doors/Frames/HW	\$34,653	\$26,826	\$7,827	\$0	\$34,653	100%	\$0	\$1,732.65
20	Storefront/Glazing	\$3,659	\$2,800	\$0	\$0	\$2,800	77%	\$859	\$140.00
21	Toilet Partitions/Acc	\$7,288	\$6,942	\$346	\$0	\$7,288	100%	\$0	\$364.40
22	Exterior/Interior Signage	\$6,280	\$0	\$0	\$0	\$0	0%	\$6,280	\$0.00
23	Furniture/Fixtures	\$7,015	\$4,846	\$2,169	\$0	\$7,015	100%	\$0	\$350.75
24	Overhead/Counter Doors	\$16,446	\$16,446	\$0	\$0	\$16,446	100%	\$0	\$822.30
25	Allowances	\$38,000	\$6,818.85	\$21,288	\$0	\$28,106.85	74%	\$9,893.15	\$1,405.34
	GRAND TOTALS	\$1,154,824	\$1,038,563.23	\$94,857.87	\$0.00	\$1,133,421.10	98%	\$21,402.90	\$56,671.06

Users may obtain validation of this document by requesting of the license a completed AIA Document D401 - Certification of Document's Authenticity

AIA DOCUMENT G703 CONTINUATION SHEET FOR G702 1992 EDITION AIA © 1992

THE AMERICAN INSTITUTE OF ARCHITECTS, 1735 NEW YORK AVENUE, N.W. WASHINGTON, D.C. 20006-5232

G703-1992

AI-18408

7.E.

**Approval-Invoice # 425551/09/XV-Dannenbaum Environmental Corp.
CC CONSENT**

Date: 11/10/2009
Submitted By: Rocio Villarreal, PURCHASING DEPT.
Submitted For: Rocio Villarreal
Department: PURCHASING DEPT.
Agenda Category: Purchasing Department

Information

CAPTION

Acceptance, and approval of Request for Payment of Invoice No. 425551/09/XV in the amount of \$2,861.73, from Dannenbaum Environmental Corp., contracted engineer for the "Landfill Project."

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2009 ACCT. #: 9-1334-432-00-123-022-0-334
FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?: N
BUDGETARY IMPACT:
Available funds in P.O. #630814 as of 11/05/09 is \$42,799.00.

Attachments

Link: [Invoice](#)

Form Routing/Status

Route Seq	Inbox	Approved By	Date	Status
1	Purchasing Department	Marty Salazar	11/05/2009 12:27 PM	APRV
2	Budget & Management	Erika Zamora	11/05/2009 04:15 PM	APRV
3	Perla Lopez	Perla Lopez	11/05/2009 04:58 PM	APRV
4	Auditor's Office		11/06/2009 05:08 PM	NEW

Form Started By: Rocio Villarreal
Started On: 11/04/2009 04:13 PM
Final Approval Date: 11/06/2009

HIDALGO COUNTY
MONTHLY PROGRESS PAYMENT INVOICE
FOR CONSULTING ENGINEER'S SERVICES

164551
630814

CONTINUATION OF THE COUNTYWIDE LANDFILL PROJECT - WORK AUTHORIZATION NO. 1 (PH 2F)
PHASE 2F: ASSISTANCE TO THE LEGAL TEAM TO OBTAIN APPROVAL OF EYHORN SUBDIVISIONS NO. 1 AND NO. 2
FROM THE TEXAS RAILROAD COMMISSION
CONTRACT NO. C-06-215-05-23

DANNENBAUM ENVIRONMENTAL CORPORATION

DATE: OCTOBER 27, 2009

DEC PROJ. NO.: 425551

PURCHASE ORDERS # 570305 & # 576042

INVOICE NO: 425551/09/XV

INVOICE PERIOD THRU SEPTEMBER 30, 2009

DEC TASK	DESCRIPTION OF WORK TASK	TYPE OF SERVICE	COST PER TASK	PERCENT COMPLETE TO DATE	AMOUNT EARNED TO DATE	PREVIOUSLY BILLED	CURRENT BILLING
	<u>WORK AUTHORIZATION NO. 1</u>						
100	Preparation of Response to Interrogatives	SPECIAL	\$8,648.84	100.00%	\$8,648.84	\$8,648.84	\$0.00
200	Research and Copies - Motion for Discovery	SPECIAL	\$6,295.36	100.00%	\$6,295.36	\$6,295.36	\$0.00
300	Testimonials at Hearings	SPECIAL	\$9,440.00	100.00%	\$9,440.00	\$9,440.00	\$0.00
400	Staff Depositions	SPECIAL	\$4,550.00	100.00%	\$4,550.00	\$4,550.00	\$0.00
500	Other Direct Costs	SPECIAL	\$4,477.50	100.00%	\$4,477.50	\$4,477.50	\$0.00
600	Supplemental Agreement No. 1 - Additional Services pertaining to Legal Assistance - Railroad Commission Hearing, Austin, TX	SPECIAL	\$16,473.26	100.00%	\$16,473.26	\$16,473.26	\$0.00
	Hollis Rutledge & Associates, Inc. - Supp. Agmt No. 1	SPECIAL	\$5,000.00	100.00%	\$5,000.00	\$5,000.00	\$0.00
700	Supplemental Agreement No. 2 - Additional Services pertaining to Legal Assistance - Obtain approval from the Railroad Comm.	SPECIAL	\$10,000.00	100.00%	\$10,000.00	\$10,000.00	\$0.00
800	Supplemental Agreement No. 3 - Additional Services pertaining to Legal Assistance - Obtain FINAL APPROVAL from the Railroad Comm.	SPECIAL	\$10,000.00	100.00%	\$10,000.00	\$10,000.00	\$0.00
900	Supplemental Agreement No. 4 - Additional Services pertaining to the development of roadway & utilities to meet Texas Railroad Comm. approvals (see next page)	SPECIAL	\$42,799.00	6.69%	\$2,861.73	\$0.00	\$2,861.73
	SUBTOTALS		\$117,683.96	66.06%	\$77,746.69	\$74,884.96	\$2,861.73
	TOTAL FEE						\$2,861.73

INVOICE RECEIVED BY
N/C ON 10/28/09
GOODS/SERVICES RECEIVED BY
ON _____
9-1334-432-00-123 022-0-334

HIDALGO COUNTY
MONTHLY PROGRESS PAYMENT INVOICE
FOR CONSULTING ENGINEER'S SERVICES

CONTINUATION OF THE COUNTYWIDE LANDFILL PROJECT - WORK AUTHORIZATION NO. 1 (PH 2F)
PHASE 2F: ASSISTANCE TO THE LEGAL TEAM TO OBTAIN APPROVAL OF EYHORN SUBDIVISIONS NO. 1 AND NO. 2
FROM THE TEXAS RAILROAD COMMISSION
CONTRACT NO. C-06-215-05-23

DANNENBAUM ENVIRONMENTAL CORPORATION

DATE: OCTOBER 27, 2009

DEC PROJ. NO.: 425551

PURCHASE ORDERS # 570305 & # 576042

INVOICE NO: 425551/09/XV

INVOICE PERIOD THRU SEPTEMBER 30, 2009

DEC TASK	DESCRIPTION OF WORK TASK	TYPE OF SERVICE	COST PER TASK	PERCENT COMPLETE TO DATE	AMOUNT EARNED TO DATE	PREVIOUSLY BILLED	CURRENT BILLING
	<u>SUPPLEMENTAL AGREEMENT NO 4 ONLY - DEVELOPMENT OF ROADWAY & UTILITIES TO MEET TEXAS RAILROAD COMM. APPROVALS</u>						
900	<u>Project Start up and Coordination</u>						
	Meeting with Client to discuss project responsibilities	SPECIAL	\$317.19	100.00%	\$317.19	\$0.00	\$317.19
	Coordination meetings with Hidalgo County ROW	SPECIAL	\$317.19	0.00%	\$0.00	\$0.00	\$0.00
	Coordination meetings with Hidalgo County Drainage District	SPECIAL	\$317.19	0.00%	\$0.00	\$0.00	\$0.00
	Coordination meetings with Precinct 4	SPECIAL	\$456.11	100.00%	\$456.11	\$0.00	\$456.11
	<u>Development and Roadway and Utilities to Meet Texas Railroad Commission Approval(s)</u>						
	Cover Sheet / Index / General Notes	SPECIAL	\$1,011.79	0.00%	\$0.00	\$0.00	\$0.00
	Existing / Proposed Typical Sections	SPECIAL	\$585.77	0.00%	\$0.00	\$0.00	\$0.00
	Plan and Profile Sheets (18.056 LF)	SPECIAL	\$12,363.78	0.00%	\$0.00	\$0.00	\$0.00
	Cross Section Sheets	SPECIAL	\$7,418.28	0.00%	\$0.00	\$0.00	\$0.00
	SW3P Plans	SPECIAL	\$4,227.76	0.00%	\$0.00	\$0.00	\$0.00
	Detail Sheet	SPECIAL	\$585.77	0.00%	\$0.00	\$0.00	\$0.00
	Specifications	SPECIAL	\$826.55	0.00%	\$0.00	\$0.00	\$0.00
	QA/QC	SPECIAL	\$1,986.46	0.00%	\$0.00	\$0.00	\$0.00
	<u>Amending of the Plat</u>						
	Coordination meeting with Hidalgo County Engineer - General						
	Plat Notes and Restrictions	SPECIAL	\$213.01	100.00%	\$213.01	\$0.00	\$213.01
	Modify Drawings - Plat Drawing / Plat notes and Restrictions /						
	Topography Map and Drainage Map - as per RR Comm. Approval	SPECIAL	\$1,875.42	100.00%	\$1,875.42	\$0.00	\$1,875.42
	Modify Metes and Bounds Description to reflect current owner -						
	Hidalgo County, Texas	SPECIAL	\$916.87	0.00%	\$0.00	\$0.00	\$0.00
	Revise Drainage Report to reflect Amended Plat	SPECIAL	\$291.72	0.00%	\$0.00	\$0.00	\$0.00
	Submit Preliminary Plat for Review	SPECIAL	\$108.82	0.00%	\$0.00	\$0.00	\$0.00
	Attend meetings - P&Z / Commissioner Court / Subdivision						
	Advisory Board for final Approval	SPECIAL	\$1,847.58	0.00%	\$0.00	\$0.00	\$0.00
	<u>Special Services - Surveying</u>	SPECIAL	\$6,383.24	0.00%	\$0.00	\$0.00	\$0.00
	<u>Direct Expenses</u>	SPECIAL	\$748.50	0.00%	\$0.00	\$0.00	\$0.00
	SUBTOTALS		\$42,799.00	6.69%	\$2,861.73	\$0.00	\$2,861.73
	TOTAL FEE - SA #4						\$2,861.73

Fuel Card Request CC CONSENT

Date: 11/10/2009
 Submitted By: Ovidio Gonzalez, PURCHASING DEPT.
 Submitted For: Marty Salazar
 Department: PURCHASING DEPT.
 Agenda Category: Purchasing Department

Information

CAPTION

1. Approval of Comdata Corporation/Transmontaigne Product Services, Inc. request form(s) submitted by Elected Officials/Department Heads/Agency and/or Program Directors:

- a. Department of Budget and Management.
- b. Sheriff

2. If applicable, requesting authority to cancel all existing/current Fleet Fueling System cards (i.e. Arguindegui Oil Co., Comdata, and commercial fuel credit cards- Conoco, Exxon, Shell & Valero) upon receipt, activation and distribution of new cards with confirmation of applicable/required training for:

n/a

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2009 ACCT. #: 9-1100-415-14-115-001-0-626
 FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?:
 BUDGETARY IMPACT:
 REF: AI 18437 LIT in the amount of \$2,000.00

FISCAL YEAR: 2009 ACCT. #: 9-1100-421-00-280-001-0-626
 FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?:
 BUDGETARY IMPACT:
 \$1,245,618.48 available balance as of 11-06-09. rc

FISCAL YEAR: 2009 ACCT. #: 9-1100-423-21-280-002-0-626
 FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?:
 BUDGETARY IMPACT:

\$50,000.00 available balance as of 11-06-09. rc

Attachments

Link: [dbm 11-10-09](#)

Link: [sheriff/jail 11-10-09](#)

Link: [backup-sheriff](#)

Link: [backup-jail](#)

Form Routing/Status

Route Seq	Inbox	Approved By	Date	Status
1	Purchasing Department	Marty Salazar	11/05/2009 11:23 AM	APRV
2	Budget & Management	Erika Zamora	11/05/2009 04:14 PM	APRV
3	Rosalinda Cantu	Rosie Cantu	11/06/2009 10:26 AM	APRV
4	Auditor's Office		11/06/2009 05:08 PM	NEW

Form Started By: Ovidio Gonzalez

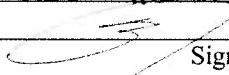
Started On: 11/04/2009 02:31 PM

Final Approval Date: 11/06/2009

FUEL CREDIT CARD REQUEST FORM

Purpose: This form will be used by Hidalgo County Purchasing Department to request a fuel card for County business use only. The Requestor must be authorized to sign for the billing account number provided by the department.

☒ Add Vehicle Card
 ☐ Add Driver Pin
 ☐ Delete/ Cancel Card
 ☐ Delete/Cancel Driver

Department:	Budget + Management		
Billing Address:	2818 S. Bus. Hwy 281 Edinburg TX		
Fuel Card Manager:	Angela Garcia		
	This person can not have use of the fuel card		
Phone Number:	292-7025	County Email:	
Web user Name:		Password:	
Hidalgo Co Acct Number:	9-1100-415-14-115-001-0-626		
Requested By:	 Valde Garcia Sign & Print Elected/Official Supervisor/Director		

On behalf of my department, I hereby request fuel cards for the following department vehicles. I understand that there will be one fuel card per requested vehicle. I understand that each card is to be used for the purpose of obtaining fuel for the designated Hidalgo County vehicle for which the card is issued.

For Purchasing Department Use Only

Approved by Commissioners Court On:			
Reviewed by Fuel Card Administrator:			
Cards Received by Dept on:		Date Returned/Cancelled:	
Fuel Cards Received by Department:			
Sign & Print Authorized Elected Official/Supervisor/Director			

Vehicle Plate No (N/A = Non-vehicle)	Description (Vehicle or Non-vehicle Equip.)	VIN Number (N/A = Non-vehicle)	Purchasing Dept. Use Only Card Number
33SWF7	2008 Ford F-150	1FTRX12W28FB16088	

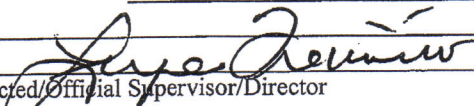
List all names of drivers who will fuel a Hidalgo County vehicle. Drivers who have not submitted their driver's information to Department of Budget Management Safety Division (DBM) will not be allowed a Pin number to fuel up. All Drivers must submit all proper documentation requested by DBM before driving a Hidalgo County vehicle.

User Name	DOB	User ID (6 digits)	DBM Use Only License Verification	Purchasing Dept. Use Only Training Date & Signed Fuel Policy

FUEL CREDIT CARD REQUEST FORM

Purpose: This form will be used by Hidalgo County Purchasing Department to request a fuel card for County business use only. The Requestor must be authorized to sign for the billing account number provided by the department.

☒ Add Vehicle Card
 ☒ Add Driver Pin
 ☐ Delete/ Cancel Card
 ☐ Delete/Cancel Driver

Department:	HIDALGO COUNTY SHERIFF'S OFFICE		
Billing Address:	711 EL CIBOLO RD EDINBURG, TEXAS 78542		
Fuel Card Manager:	MONICA J. HINOJOSA, BUDGET CONTROL OFFICER		
	This person can not have use of the fuel card		
Phone Number:	956-393-6024	County Email:	monica.hinojosa@hidalgo.org
Web user Name:	MHINOJOSA	Password:	MJH1142
Hidalgo Co Acct Number:			
Requested By:	LUPE TREVINO, SHERIFF		
	 Sign & Print Elected/Official Supervisor/Director		
On behalf of my department, I hereby request fuel cards for the following department vehicles. I understand that there will be one fuel card per requested vehicle. I understand that each card is to be used for the purpose of obtaining fuel for the designated Hidalgo County vehicle for which the card is issued.			

<i>For Purchasing Department Use Only</i>	
Approved by Commissioners Court On:	_____
Reviewed by Fuel Card Administrator:	_____
Cards Received by Dept on:	_____ Date Returned/Cancelled: _____
Fuel Cards Received by Department:	_____
Sign & Print Authorized Elected Official/Supervisor/Director	

Vehicle Plate No (N/A = Non-vehicle)	Description (Vehicle or Non-vehicle Equip.)	VIN Number (N/A = Non-vehicle)	Purchasing Dept. Use Only Card Number

List all names of drivers who will fuel a Hidalgo County vehicle. Drivers who have not submitted their driver's information to Department of Budget Management Safety Division (DBM) will not be allowed a Pin number to fuel up. All Drivers must submit all proper documentation requested by DBM before driving a Hidalgo County vehicle.

User Name	DOB	User ID (6 digits)	DBM Use Only License Verification	Purchasing Dept. Use Only Training Date & Signed Fuel Policy

HIDLAGO COUNTY SHERIFF'S OFFICE
FUEL CARD ASSINGMENTS
UPDATED: 10/7/09
TOTAL CARD REQUEST: 15
TOTAL RENTAL CARD REQUEST: 11

SO #	EMPLOYEE NAME	DATE OF BIRTH	CARD ASSIGNMENT	UNIT #	LP	VIN
3993	LUPE TREVINO	12/23/49	SHERIFF	324	FMY567	1FMFU16548LA56830
3997	PAT MEDINA	10/18/73	EXE. ADMIN. ASSISTANT	130	03V-KL9	1FMPU16526LA60859
3994	ANACLETO MARTINEZ	02/27/50	CHIEF DEPUTY	131	77R-BB4	1FMPU15566LA97673
1100	ANDRES GUZMAN	10/16/54	CAPTIAN-PUBLIC INTEGRITY	240	26V-ZJ5	1FTRX12W67FB08933
1250	DANIEL GARCIA	04/30/65	COMMAND-LAW ENFORCEMENT	454	33V-TG8	1FTPX12VX8FB53888
1488	JOHN MONTEMAYOR	04/13/64	CAPTAIN-LAW ENFORCEMENT	357	36S-WF7	1FTRX12WX8FB16695
1305	ARMANDO CAMPOS	01/23/64	CAPTAIN-LAW ENFORCEMENT	335	89S-VX7	1FTRX12W78FB16685
1264	JERRY LOPEZ	07/22/62	CAPTAIN-PATROL	343	50Y-TZ7	1FTRX12W98KD01523
1403	JOSE PADILLA	01/07/60	COMMAND-SPECIAL SERVICES	351	42S-WF7	1FTRX12W68FB16693
3996	RUDY ESPINOZA	06/28/54	CAPTAIN-SPEICAL SERVICES	463	BB8Y334	SALSF25406A939482

SHERIFF	ADMINISTRATION RENTAL	X	X	X
ROSIE HINOJOSA	ADMINISTRATION RENTAL	X	X	X
ROSIE HINOJOSA	ADMINISTRATION RENTAL	X	X	X
ROSIE HINOJOSA	SPECIAL SERVICES RENTAL	X	X	X
ROSIE HINOJOSA	SPECIAL SERVICES RENTAL	X	X	X
MONICA HINOJOSA	CIVIL/WARRANTS RENTAL	X	X	X
MONICA HINOJOSA	CIVIL/WARRANTS RENTAL	X	X	X
MONICA HINOJOSA	CIVIL/WARRANTS RENTAL	X	X	X
ROSIE HINOJOSA	LAW ENFORCEMENT RENTAL	X	X	X
ROSIE HINOJOSA	LAW ENFORCEMENT RENTAL	X	X	X
ROSIE HINOJOSA	ADULT DETENTION RENTAL	X	X	X

HIDLAGO COUNTY SHERIFF'S OFFICE**FUEL CARD ASSINGMENTS****UPDATED: 11/01/09****TOTAL REQUEST: 5 CARDS**

ALL DETENTION PERSONEL SHOULD HAVE ACCESS TO ALL CARDS FOR ALL VEHICLES. TRANSPORT ASSIGNMENTS VARY BASED ON PERSONNEL AND VEHICLE AVAILABILITY.

SO#	EMPLOYEE NAME	DATE OF BIRTH	CARD ASSIGNMENT	UNIT #	LP	VIN
4502	ACUNA, ERNESTO JR.	08/13/83	INMATE TRANSPORT-1	J-1	772-377	2FAFP71WOYX113659
1140	AGUILAR, AURELIO	02/12/52	INMATE TRANSPORT-2	J-2	772-378	2FAFP71WOYX113662
4281	AUGILAR, MICHAEL	12/20/83	INMATE TRANSPORT-3	J-5	GMC-759	3N1CB51D24L871970
4330	AGUILERA, GILBERTO	10/14/82	INMATE TRANSPORT-4	J-6	848-356	1FBSS31L53HA49430
3920	ALANIZ, JESUS G. (SERT)	09/21/73	INMATE TRANSPORT-5	J-7	753-338	1FB5531L7XHA22462
2241	ALANIZ, RICARDO	06/16/77		J-8	841-981	2FAFP71W73X156193
4010	ALCANTAR, ARTURO	07/21/81		J-9	716-192	1FBJS1L7VHA53753
4527	ALMAGUER, DEMETRIO	09/16/67		J-10	672-332	1FBJ531H65HA35039
3923	AMOS, CLARENCE CHRIS	09/01/70		J-13	739-471	M54M1249
4528	ANGUIANO, ARTEMIO	10/18/90		J-14	739-470	1252860
3499	ANZALDUA, JUAN M.	04/15/79		J-15	732-638	1HYLNHEL1EHA50167
2360	AREVALO, RICARDO	09/07/74		J-16	743-810	1HYLNHEL1EHA50267
3595	ARREAZOLA, JORGE DANIEL	02/24/77		J-17	743-603	1HVLPHYL6EHA49487
2195	AVALOS BAZA, MARIO A. (SERT)	10/19/75		J-18	742-637	1GBCS14R0G8192333
4368	AVILA, IGNACIO JOEL	07/13/81		J-19	743-831	2FAFP71WTWX162219
2399	AVITIA, EDUARDO	05/28/77		J-20	7RK-K47	1GCEK14KXRZ148957
1538	BADILLO, ROLANDO (LT)	08/19/62		J-21	XCO-597	1FTEX15H3NKA07218
3574	BALLI, JOSE A.	04/25/65		J-23	886-354	1FMPU15535LA50499
2282	BANDA, RICARDO	07/04/75		J-24	888-355	1FMPU15535LA50498
3646	BARAJAS, JUAN ANTONIO	09/13/46		J-25	886-356	1FMPU15535LA50501
3851	BARRAGAN, JOSE	01/03/63		J-26	890-340	1FMPU15535LA50502
4078	BARRAZA, EDUARDO	05/02/83		J-27	890-342	1FMPU15585LA55470
4413	BARREREA, ERIKA H.	08/10/87		J-28	890-341	1FMPU15585LA55469
4415	BAZAN, JORGE	09/08/88		J-29	214-261	1HVLPYRLXHH491853
1573	BENAVIDEZ, ROEL	10/02/56		J-30	214-260	1EUDN6A13JB090009
4512	BLOUGH, JAMES	09/19/66		418	104-1581	1FBSS31L78DB31383
3652	BOCANEGRA, ALEJANDRO	08/27/71		419	104-1579	1FBSS31L38DB31381
4163	BOCANEGRA, ARTURO	04/22/63		420	104-1578	1FBSS31L18DB31380
4164	BROWN, DANIEL	05/07/50		421	104-1580	1FBSS31L58DB31382
4142	CADENA, ITZEL L.	11/05/86		452	106-1943	1FMFU15518LA78298
3999	CADENA JUAN M.	12/22/80		453	106-1944	1FMFU155X8LA78297
2321	CAMPOS, JESSICA MARIE	08/03/75		329	09PBT7	1FTRX12W28FB16674
3653	CANO, ABELINO A.	08/12/82		338	87S-VX7	1FTRX12W88FB16694
3596	CANO, JESUS D.	01/23/78		339	88S-VX7	1FTRX12W78FB16699
3688	CANTU, JOSE GUADALUPE	10/23/77				
3870	CANTU, RIGOBERTO	06/14/82				
2160	CARDENAS, ALEJANDRO G.	09/19/50				
4389	CARRASCO, MARCELO	01/12/62				
3546	CARREON, VERONICA	08/19/77				
4477	CASAREZ, DANIEL	01/01/84				
2361	CASAREZ, DANIEL (SGT)	08/02/63				
4386	CASTANEDA, JAIME	11/01/78				
2291	CASTANEDA, MARTIN	08/04/71				
4120	CASTILLO, FRANCISCO	03/09/65				
4068	CASTILLO, MARIANO	05/02/81				
4300	CASTRELLON, OSCAR	06/09/88				
4513	CASTRO, FERNANDO	07/16/78				
4140	CAVAZOS, ANTONIO	12/22/69				
4448	CAVAZOS, FRANCISCO	05/29/69				
4503	CERDA, CARLOS	06/12/85				
3761	CERDA, PEDRO JR.	09/16/83				

HIDLAGO COUNTY SHERIFF'S OFFICE**FUEL CARD ASSINGMENTS****UPDATED: 11/01/09****TOTAL REQUEST: 5 CARDS**

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SO#	EMPLOYEE NAME	DATE OF BIRTH	CARD ASSIGNMENT	UNIT #	LP	VIN
4230	CERDA, SANTOS	03/13/82				
3949	CHAMPION, ELIZABETH	09/13/78				
3959	CHAPA, CASIMIRO	01/19/74				
4488	CHAVEZ, RUBEN	04/09/85				
3597	CISNEROS, LUIS A.	11/22/83				
4374	COLIN, RAYMOND	09/02/80				
1206	CONTRERAS, ALEJANDRO	10/29/53				
3957	CORONADO, MARY LOU	12/10/68				
4035	CORTEZ, ALBERT J.	09/06/83				
3953	CORTEZ, CRISTOBAL	05/13/83				
2390	CORTEZ, SUSANA	08/13/70				
4449	CORTINAS, GUADALUPE	01/16/73				
3638	CRUZ, JUAN	03/07/78				
2242	CRUZ, LORENZO III	10/13/74				
3936	CUEVAS, JAIME ALEJANDRO	06/15/75				
3508	DAQUEL, FIDEL JUDY	10/28/54				
4514	DE LA GARZA, DOMINGO	06/02/78				
3654	DE LA GARZA, LUIS	08/09/82				
3581	DE LA ROSA, FLOR CORINA	10/29/75				
4320	DE LA VINA, ANTONIO R.	01/23/87				
3755	DE LEON, OSCAR JR.	01/14/84				
4282	DE LEON, PRIZILLA	01/01/81				
2147	DEL VILLAR, FRANK	08/08/73				
3977	DIAZ, JOSE A.	10/12/76				
1423	DIAZ, FRANK (SGT)	08/15/64				
4504	DJURKOVIC, MILAN	09/14/54				
3962	DOMINGUEZ, JUAN I.	09/06/84				
4030	DOMINGUEZ, RODOLFO	05/19/64				
3620	ELIZONDO, FRANCISCO III	11/26/83				
3856	ELVIRA, ESIQUIO	09/16/82				
1916	ENNIS, SAN JUANITA	03/26/71				
2204	ESCOBAR, JOSE RIGOBERTO	10/10/69				
4363	ESCOBAR, MARIO	03/13/71				
3828	ESCOBAR, ROGELIO	04/07/85				
3483	ESPERIQUETRA, JORGE	03/07/63				
4490	ESPINOZA, JUAQUIN	03/13/81				
3535	ESTRADA, JORGE LUIS	09/19/77				
4486	FARIAS, RAMIRO	10/01/82				
4491	FIGUEROA, REBERTO JR.	07/15/82				
1436	FLORES, DAVID J. (SGT)	01/19/69				
4390	FLORES, GERARDO	08/11/89				
3702	FLORES, MIGUEL ANGEL	10/22/63				
4451	FOLKERTS, DENNIS	03/27/77				
3774	FOLTIN, MICHAEL PAUL	03/07/81				
4515	GALLEGOS, RIGOBERTO	10/07/82				
3509	GALVAN, ELEAZAR	05/07/68				
3975	GALVAN, JANICE	06/05/71				
4516	GALVAN, YVONNE	10/03/67				
4416	GARCIA, ANTHONY	07/22/88				
3622	GARCIA, FRANCISCO JESUS	09/18/80				
3714	GARCIA, JAVIER	03/10/81				

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3517	GARCIA, JUAN MANUEL	08/18/65				
3976	GARCIA, LORENA	08/17/81				
3878	GARCIA, MANUEL GERARDO	06/26/67				
4340	GARCIA, RAMIRO	07/15/76				
1770	GARCIA, RICARDO	03/03/73				
4136	GARCIA, RICARDO R (SGT)	06/05/78				
2246	GARCIA, RUBEN	12/26/70				
2374	GARCIA, SERGIO JR.	04/02/81				
1834	GARCIA, SERGIO SR.	02/23/53				
1975	GARCIA, TONY	03/27/75				
3649	GARIBAY, MACARIO JR.	02/10/70				
2322	GARZA, BERTHA	07/31/73				
1984	GARZA, DAHLIA (SGT)	02/11/55				
4492	GARZA, DAVID	02/01/70				
3715	GARZA, DAVID JR.	09/28/64				
4430	GARZA, ERIC LEE	04/04/75				
4032	GARZA, GABRIEL	02/28/67				
3985	GARZA, GERARDO	02/23/75				
4517	GARZA, JENNIFER MARIE	05/01/86				
3510	GARZA, JOSE	08/19/68				
3689	GARZA, MIGUEL ANGEL JR	07/22/78				
1589	GARZA, PABLO (SGT)	02/23/65				
4304	GARZA, RAMIRO	09/19/78				
3634	GARZA, RICHARD	03/23/55				
3659	GARZA, RICKY	01/31/83				
2141	GARZA, ROLANDO	08/10/71				
4284	GARZA, ROXANNE	10/26/78				
3879	GARZA, TRINIDAD	09/26/78				
3561	GARZA, VICENTE	04/28/84				
4016	GOMEZ, BENITO	04/25/79				
3880	GOMEZ, GILBERTO	08/06/80				
3495	GOMEZ, JUAN JR.	03/16/80				
3690	GOMEZ, LUIS FERNANDO	08/28/56				
4391	GONZALEZ, ALBARO	04/28/84				
2354	GONZALEZ, ALMA GLORIA	09/25/62				
2412	GONZALEZ, ANDRES JR.	05/30/79				
3451	GONZALEZ, ANGEL GERARDO	04/29/81				
4431	GONZALEZ, GEORGE	10/05/46				
3462	GONZALEZ, GILBERTO	12/20/50				
3769	GONZALEZ, IRMA	08/20/57				
3708	GONZALEZ, JESSICA DION	07/13/81				
4478	GONZALEZ, JESUS	09/07/87				
1949	GONZALEZ, JOSE JAIME	09/08/75				
3973	GONZALEZ, JOSE V.	10/21/77				
1377	GONZALEZ, OSCAR (LT)	12/10/66				
4270	GONZALEZ, RAUL	10/31/84				
4364	GUERRA, GUSTAVO	11/03/72				
2249	GUERRA, HOMERO	11/09/76				
4417	GUERRERO, ADAN JR.	06/11/73				
2323	GUTIERREZ, ALITHIA UNISE	08/08/73				
2123	GUITIERREZ, JOSEPH R.	07/07/71				

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3808	GUZMAN, MARTIN	02/23/72				
4095	HERNANDEZ, CESAR	11/28/84				
4069	HERNANDEZ, JESUS MACARIO	08/06/84				
3529	HERNANDEZ, JOSE R.	09/11/79				
4012	HERNANDEZ, VICTOR MANUEL	03/22/49				
1445	HERRERA, LEO G. JR (SGT)	03/03/66				
4464	HERRERA, SALVADOR	12/03/87				
1093	HINOJOSA, A. RUBEN (LT)	11/09/61				
3939	HINOJOSA, PRISCILLA YVETTE	06/23/82				
4505	HINOJOSA, SYLVESTER	10/11/86				
3742	HOOPER, CYNTHIA LYNN	05/13/56				
3744	IBANEZ, HERLINDA	08/12/56				
3692	LARA, RAMIRO JR.	06/18/73				
3917	LEAL, MARIBEL	12/20/76				
1509	LEAL, MIRTA N. (LT)	01/10/69				
3719	LONGORIA, CARLOS G.	05/05/65				
4479	LONGORIA, GLORIA	07/01/67				
3456	LOPEZ, EDGARD	03/21/78				
4122	LOPEZ, ERIC ROBERTO	10/20/82				
3511	LOPEZ, FERNANDO	10/09/71				
4432	LOPEZ, JAVIER	07/14/84				
1987	LOPEZ, JOE CARLOS	03/13/56				
3946	LOPEZ, JUAN MANUEL	07/07/73				
3439	LOPEZ, LEONOR	06/29/59				
4312	LOPEZ MACARIO	07/23/85				
4493	LUNA, CARLOS A.	05/17/86				
3668	LUNA, JOSE MIGUEL A.	10/04/74				
2081	MADRIGAL, BELINDA G. (SGT)	04/05/77				
4365	MARES, PEDRO	12/05/67				
3830	MARMOLEJO, FREDRICO Z.	01/03/73				
4401	MARQUEZ, FRANCISCO	05/16/87				
2422	MARROQUIN, PATRICK	09/28/77				
3447	MARTIN, DANIEL WAYNE	06/19/77				
3919	MARTINEZ, DAVID	12/22/77				
2417	MARTINEZ, ERNESTO	03/27/61				
1862	MARTINEZ, GABRIEL (SGT)	02/14/71				
3758	MARTINEZ, JAMES	11/24/67				
3484	MARTINEZ, JUAN HECTOR	11/10/73				
1176	MARTINEZ, OSCAR (SGT)	08/31/56				
4246	MARTINEZ, OSCAR JR.	07/12/86				
3860	MARTINEZ, RUBEN	10/30/83				
2103	MASON, MATTHEW NEIL	05/16/68				
3476	MATTHEWS, SAN JUANITA	06/24/59				
4494	MEDRANO, FRANCISCO T.	09/05/80				
4233	MENDOZA, CASEY	07/22/84				
4402	MENDOZA, JOSE JR.	02/14/85				
4472	MENDOZA, MIGUEL	10/07/82				
4007	MEZA, JESUS JOSE JR.	05/28/81				
2244	MONCIVAIS, LEONEL (SGT)	07/19/62				
3924	MONTALVO, RICARDO	11/27/55				
3874	MONTEMAYOR, LUIS ENRIQUE	03/28/69				

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3469	MONTES, DOMITILLO JR.	01/23/80				
4036	MONTEZ, RENE	04/18/67				
3513	MORALES, JOSE E.	01/14/51				
3661	MORENO, ADAN ADRIEL	04/25/83				
4006	MORENO, ROBERTO JR.	03/04/81				
3947	MORON, JOSUE M.	03/09/80				
4530	MOYA, JOSE GABRIEL	09/27/89				
3978	MOYA, LUIS LEONARDO	06/08/60				
4167	MUNOZ, ARMANDO	01/15/76				
2100	MUNOZ, ENRIQUE	03/06/66				
3694	MUNOZ, JESUS JR. (SGT)	10/28/68				
3898	NAVARRO, SARAI	03/01/81				
3777	NUNEZ, NELSON D.	01/16/65				
2231	OCHOA, EDNA I	08/26/80				
2331	OLIVAREZ, CRUZ JOSE III	06/24/77				
3567	OLIVAREZ, JULIO CESAR	03/04/75				
1560	OLIVAREZ, RICARDO (SGT)	04/14/68				
2172	ONTIVEROS, HERMENEGILDO	01/17/77				
3733	ORTEGA, DEMENCIA V.	07/02/61				
3536	ORTIZ, JOSE ROLANDO	03/19/76				
4053	OZUNA, DAMIAN	06/25/47				
4124	PACHECO, VICTOR	10/26/75				
3970	PALACIOS, DONATO III	10/20/69				
4308	PALACIOS, JENNA	06/13/81				
1453	PALOMO, JAIME (SGT)	05/17/70				
2250	PARRA, JUAN MANUEL	07/13/79				
4106	PAZ, ROLANDO	07/27/83				
3885	PENA, BERNABE	09/10/79				
3986	PENA, JOSE M	04/26/83				
3778	PENA, MIGUEL	04/23/83				
4518	PERALES, MIGUEL	11/10/89				
4465	PEREZ, ANDREW KEVIN	08/10/89				
3569	PEREZ, ISIDRO	08/15/73				
2207	PEREZ, OMAR F.	07/11/78				
2000	PEREZ, ROBERT	11/12/70				
2365	PEREZ, ROGELIO	11/24/74				
4519	PINEDA, JOSE ANGEL	05/14/84				
4247	PURSELLEY, WILLIAM	09/04/80				
4481	RAMIREZ, JOSE ADAN	08/20/86				
4028	RAMIREZ, ROBERT	11/07/45				
3863	RAMIREZ, SAUL	11/28/75				
3982	RAMOS, JAVIER	04/22/68				
4020	RANGEL, JESUS	07/25/60				
3987	REYES, ALEJANDRO JR.	06/23/71				
3496	REKYES, JUAN A. (SGT)	04/16/78				
3633	REYES, REYNALDO	06/30/50				
2333	RENA, RAY RAMON	01/19/76				
1720	RIOS, LINO	09/03/56				
4169	ROBLEDO, MOISES	05/29/69				
4498	ROCHA, MARC ANTHONY	08/19/81				
3988	RODRIGUEZ, ADRIAN	06/09/80				

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3815	RODRIGUEZ, BARRY W.	01/27/85				
4419	RODRIGUEZ, FRANCISCO	11/07/84				
4342	RODRIGUEZ, HUGO	02/28/78				
4287	RODRIGUEZ, JESSE	06/24/86				
4138	RODRIGUEZ, JOSE M.	03/24/83				
3914	RODRIGUEZ, MARIA ANABEL	10/23/78				
3570	RODRIGUEZ, RAFAEL	09/06/78				
3525	RODRIGUEZ, TOBY	07/05/70				
4072	ROMO, JOSE ORLANDO	01/11/79				
4235	ROSALES, HUGO	06/27/86				
4271	ROSALEZ, ALEJOS	01/01/83				
4107	ROSENBAUM, EMMA L.	12/03/61				
3899	RUGERIO, LILLIAN	11/03/81				
4455	SAAVEDRA, JOSE	03/23/80				
2426	SAENZ, LONGINO (SGT)	04/07/80				
3759	SALAZAR, FERMIN	09/04/81				
3802	SALAZAR SYLVIA G.	12/14/67				
4003	SALINAS, ARNOLD	05/15/76				
1559	SALINAS, BENITO	02/24/68				
3788	SALINAS, ISRAEL	06/22/67				
4520	SALINAS, MIGUEL	06/05/75				
4456	SALINAS, NIDIA	10/17/67				
2003	SALINAS, ONEIDA (SGT)	02/13/75				
2425	SALINAS, OSNEL (SGT)	05/01/71				
4019	SANCHEZ, EDUARDO	10/17/75				
4170	SANCHEZ, FRANCISCO J.	09/08/79				
2419	SANCHEZ, HECTOR	09/10/62				
4186	SANCHEZ, JACOB JR.	06/15/85				
4324	SANCHEZ, MARK A.	03/23/83				
4483	SANCHEZ, RICARDO JR.	10/21/82				
4272	SANDOVAL, ANDRES	06/07/86				
3642	SAUCEDA, ARMANDO	01/14/71				
4309	SCHLIEPPER, JAMES	03/29/77				
3584	SIERRA, JANETH	04/06/77				
3664	SIERRA, JUAN MANUEL	01/06/75				
3727	SIERRA, LUIS A.	08/12/79				
3900	SILVA, JULIO A	07/15/84				
4484	SOSA, ALDO SAMUEL	01/09/88				
4457	SUSTAITA, LUIS	06/21/80				
3901	TAFOLLA, ALEJANDRO	08/27/81				
1366	TIJERINA, FAUSTINA	07/23/69				
3960	TIFERINA, JUAN CARLOS	08/18/72				
4495	TORRES, NELSON	01/24/84				
3954	TORRES, RICARDO ARTURO	12/21/67				
4521	TOVAR, RIGO	12/31/90				
4075	TREVINO, ERIK	10/09/82				
4532	TREVINO, JESUS	12/27/89				
1600	TREVINO, PEDRO III (LT)	12/31/71				
2301	TREVINO, RAMIRO JAIME (SGT)	12/18/63				
4434	TREVINO, RUBEN J.	03/26/84				
3571	TURRUBIATES, RUBEN	06/15/80				

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4108	VALDEZ, LAZARO F.	12/11/75				
3737	VARGAS, JAVIER	08/04/82				
3592	VASQUEZ, ADAM E.	09/10/77				
1951	VASQUEZ, JOSE R. (SGT)	11/05/67				
3902	VASQUEZ, REYNALDO	07/09/83				
4187	VEGA, ESEQUIEL	08/18/81				
3903	VELA, JOSE JESUS	08/15/85				
3929	VELASQUEZ, ALBERCIO	10/14/79				
4001	VERA, PETTY D.	04/26/83				
4344	VERGARA, ROLANDO	04/22/87				
3867	VILLA, SANDRA JUANITA	06/23/73				
3477	VILLANUEVA, GLORIA	12/13/73				
3816	VILLARREAL, ELIHU	03/11/77				
4114	VILLARREAL, HUGO	05/11/83				
1210	VILLARREAL, JOSE I (LT)	01/30/66				
3731	VILLARREAL, JOSE L	11/09/78				
4338	VILLARREAL, JUAN CARLOS	10/09/84				
4237	VILLARREAL, OSCAR	02/01/75				
2402	WEST, JOHN (LT)	03/21/53				
1978	WILEMON, WALTER K.	02/11/78				
4111	YBARRA, ROSA M	05/30/68				
1845	ZAMBRANO, AUGUSTIN H	01/19/52				
4139	ZUNIGA, FABIAN	09/10/84				

AI-18400**7.G.****Copier Lease
CC CONSENT**

Date: 11/10/2009
Submitted By: Matilde Faz, PURCHASING DEPT.
Department: PURCHASING DEPT.
Agenda Category: Purchasing Department

Information**CAPTION**

1. Requesting authority to enter into a 39-month new copier (capital) lease for a WC5225 Printer through our membership/participation with TCPN's awarded vendor, Xerox Contract #072391200 for Precinct #4 through requisition #165417 for the amount of \$247.77/month, effective: Upon approval (9-1204-431-00-124-005-0-780)

2. Requesting authority to enter into a Twelve (12) month renewal Preventive Maintenance Inspection Agreement for a Moneycounter/ Jetscanner with Cummins-Allison Corp. for the Tax Office through the following requisition. Effective: 10/31/09 - 10/30/10

Requisition No.	Location	Serial #	Amount	Account Number
00164983	2804 S. Bus. Hwy. 281 Edinburg, TX	140962267906125	\$356.25	9-1100-415-15-140-001-0-432

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2009 ACCT. #: 9-1204-431-00-124-005-0-780
FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?: N
BUDGETARY IMPACT:
Funds available as of 11/06/09, refer to req #00165417.

FISCAL YEAR: 2009 ACCT. #: 9-1100-415-15-140-001-0-432
FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?: N
BUDGETARY IMPACT:
Funds available as of 11/06/09, refer to req #00164983.

Attachments

Link: [Pct. 4 Copier Lease Agreement](#)

Link: [Tax Office Cummins Maintenance Agreement](#)

Form Routing/Status

Route Seq	Inbox	Approved By	Date	Status
1	Purchasing Department	Marty Salazar	11/05/2009 11:21 AM	APRV
2	Budget & Management	Erika Zamora	11/05/2009 04:13 PM	APRV

3	Sylvia Solis	Sylvia Solis	11/06/2009 03:16 PM	APRV
4	Matilde Faz	Matilde Faz	11/06/2009 02:26 PM	NEW

Form Started By: Matilde Faz

Started On: 11/04/2009 02:30 PM

Final Approval Date: 11/06/2009

Requisition

Req # 00165417

PO #

Date: 11/04/09

Consent
#18400
11/10/09

Bill To: x
x

Vendor: 42129

XEROX CORPORATION
P.O. BOX 650361
PNC BANK
1200 E CAMPBELL, STE 108
RICHARDSON TX 75081

Ship To: HIDALGO CO. PCT 4
1051 N. DOOLITTLE
EDINBURG TX 78542

Contact: T. Mata
956-383-3112

Contract No: TCPN 072391200

Special Instructions:

Pct Req#049

QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
1.00	MONTH	AS PER TCPN CONTRACT # 072391200 PRICING DO NOT DUPLICATE ORDER New Copier Lease WW5225P(WC 5225 Printer)Lease Term 39 months Print Charges: 1-2000 2001+ Per Print Rate: Included \$0.0090 Account No _____ 9-1204-431-00-124-005-0-780 REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233	247.77 <u>Encumbrance</u> 247.77 Freight Total	247.77 .00 247.77

Authorized By: _____

Reg. # 165417

Lease Pricing PROPOSAL



Presented to HIDALGO COUNTY PCT 4

By Damaris Morales

On 10/30/2009

CASH PURCHASE OPTION \$ 4,562.28

FIXED PRICE OPTION \$ 166.83

Negotiated Contract : 072391200

Solution			
Item	Product Description	Agreement Information	Trade Information
1. W5225P (WC 5225 PRINTER)	- 7132 Stand - Scan To Email - Side Output Tray - Customer Ed - Analyst Services	Lease Term: 39 months Purchase Option: FMV	- Xerox CC123 S/N TFW035678 Trade-In as of Payment 15
			Requested Install Date: 11/9/2009

Monthly Pricing				
Item	Lease Minimum Payment	Meter	Print Charges Volume Band	Per Print Rate
1. W5225P	\$247.77	1: Meter 1	1 - 2,000 2,001+	Included \$0.0090
Maintenance Plan Features				
- Consumable Supplies Included for all prints - Pricing Fixed for Term				
Total	\$247.77	Minimum Payments (Excluding Applicable Taxes)		

780

All information in this proposal is considered confidential and is for the sole use of HIDALGO COUNTY PCT 4. If you would like to acquire the solution described in this proposal, we would be happy to offer a Xerox order agreement.

Pricing is subject to credit approval and is valid until 11/29/2009.

For any questions, please contact me at (956)682-1820



Page # 165417

Capital Lease Versus Operating Lease Test

Indicates calculated field
Mandatory Field
Complete if indicated in lease documentation

Lease / Property Schedule No.	Asset Module Asset ID No.	Lease Term Commence Date	Description	Monthly Payment Amount	Title Xfer at End of Lease? (Y/N)	Bargain Purchase Option? (Y/N)	3a Lease Term in Months	3b Economic Useful Life in Months	4a Total Principal Pmts Over Lease Term	4b FMV of Leased Equip. at Lease Inception	Capital or Operating Lease? (Calculated Field)
sample		11/23/2007	WC 7132 Copier-Printer		N	N	39	60	\$6,495	\$5,279	Capital Lease
Human S	TCPN	1/13/2009	WC 5645 PRINTER	\$467.68	N	N	39	60	18,247	18,247	Capital Lease
DA/Adm.	TCPN	3/3/2009	WCM201 22PPM CO/PR/S	\$69.67	N	N	60	60	4,180	29,261	Capital Lease
DA/Misdea	TCPN	3/3/2009	WCM201 22PPM CO/PR/S	\$69.67	N	N	60	60	4,180	29,261	Capital Lease
DA/Civil	TCPN	3/3/2009	WCM201 22PPM CO/PR/S	\$69.67	N	N	60	60	4,180	29,261	Capital Lease
DA/Hot Ck	TCPN	3/3/2009	WCM201 22PPM CO/PR/S	\$69.67	N	N	60	60	4,180	29,261	Capital Lease
DA/Fel. 1	TCPN	3/3/2009	WCM201 22PPM CO/PR/S	\$69.67	N	N	60	60	4,180	29,261	Capital Lease
DA/Fel. Intik	TCPN	3/3/2009	WCM201 22PPM CO/PR/S	\$69.67	N	N	60	60	4,180	29,261	Capital Lease
DA/Appals	TCPN	3/3/2009	WCM201 22PPM CO/PR/S	\$69.67	N	N	60	60	4,180	29,261	Capital Lease
Fire Marsha	TCPN	3/9/2009	WC7328 PRINTER	\$256.16	N	N	48	60	12,296	12,100	Capital Lease
ROW	TCPN	3/24/2009	W7655P COPIER/PRINTER	\$775.31	N	N	39	60	7,611	37,241	Capital Lease
Aux. Crt.	TCPN	5/26/2009	WC4260S PRINTER	\$195.15	N	N	39	60	7,730	8,726	Operating Lease
Pct. 2 Adm.	TCPN	5/26/2009	W5030PH PRINTER	\$198.20	N	N	39	60	7,730	16,170	Operating Lease
Pct. 2 CRC	TCPN	5/26/2009	W5222 COPIER	\$139.49	N	N	39	60	5,440	16,170	Operating Lease
Cont. Pct 4	TASB	6/22/2009	E Studio 283 COPIER	\$156.64	N	N	36	60	5,639	3,676	Capital Lease
JP 3 PL 1	TCPN	6/30/2009	WC7345 COLOR C/P	\$379.10	N	N	39	60	14,785	19,785	Operating Lease
Ct. Law 5	TCPN	7/7/2009	WC4150 COPIER	\$139.79	N	N	39	60	5,452	5,532	Capital Lease
Bldg & Gro	TCPN	7/14/2009	WC7328 PRINTER	\$326.45	N	N	48	60	15,670	17,772	Capital Lease
Elections	TASB	8/11/2009	RICOH MP6001	\$417.50	N	N	60	60	25,050	12,052	Capital Lease
398th DC	TCPN	9/16/2009	WC6400XF WORKCENTRE	\$271.22	N	N	60	60	25,050	12,052	Capital Lease
Emg. Div.	TCPN	10/6/2009	WC7232P COPIER/PRTR)	\$199.64	N	N	36	60	9,764	6,178	Capital Lease
Court Law 1	TASB	11/3/2009	E Studio 2330C-4520C cpr	\$133.22	N	N	39	60	7,786	8,897	Operating Lease
Pub. Def.	TCPN	11/10/2009	WC7232P COPIER/PRTR)	\$219.84	N	N	48	60	6,395	5,703	Capital Lease
Pct. 4	TCPN	11/10/2009	W5225P WC PRINTER	\$247.77	N	N	39	60	8,574	7,741	Capital Lease
					N	N	39	60	9,663	4,562	Capital Lease

Instructions:

1. Overwrite the first record which is provided as a sample.
2. Enter values in the mandatory fields (green highlight) are entered and the optional fields (peach highlighted), if available.
3. The results of the test will display in the last column.
4. Highlight the basis of your answers to the above test criteria on the source documents.
5. For each capital lease, attach this schedule and the lease/property schedule agreements as support to Form AM-5.

Requisition

Req # 00164983

PO #

Date: 10/27/09

Consent
#18400
11/10/09

Bill To: x
x

Vendor : 255742

CUMMINS-ALLISON CORP.
891 FEEHANVILLE DRIVE
MT. PROSPECT IL 60056

Ship To: TAX ASSESSOR-COLLECTOR
2804 S. BUS. HWY 281
EDINBURG TX 78539-6243

Contact: EDI9NBURG AUTO
956-289-7472

Contract No:

Special Instructions:

M-103

QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
1.00	YEAR	DO NOT DUPLICATE ORDER PREVENTIVE MAINTENANCE AGREEMENT FOR MONEYCOUNTER/JETSCANNER SERIAL NUMBER: 1406-2398-50- 3041 406-9902-00 L-19 JETSCAN, 4062 LOCATION: 2804 S BUS HWY 281 EDINBURG, TEXAS (IN THE CASHIER AREA) EFFECTIVE DATE: 10-31-2009 THRU 10-30-2010	356.25	356.25
.00	EACH	Account No 9-1100-415-15-140-001-0-432	.00	.00
			Encumbrance	
			356.25	
			Freight	.00
			Total	356.25
		REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233		

Authorized By: _____

Preventative Maintenance Inspection Agreement



PO Box 339 - 891 Feenerville Dr. Mt. Prospect, IL 60056 • 847.299.9550

This is not an Invoice Terms: Service not rendered until receipt of Payment.

Page 1

Customer Number	9417	Date entered at Home Office	Reference #
-----------------	------	-----------------------------	-------------

Machine Location:	9417 County: Hidalgo	Bill To:	County Hidalgo
	TX Hidalgo County Tax Office		TX Hidalgo County Tax Office
	2804 S BUSINESS HWY 281		100 E. Cano
City: Edinburg	State: TX	Zip: 78539	City: Edinburg
Contact Mary Garcia			State: TX
Phone #: 956-318-2103			Zip: 78572
			NAICS:
			Attention: Accounts Payable
			Phone: 956-318-2103
			PO #
			□ Tax Exempt
			(Certificate Attached)
Application: ☐ Commercial	☒ Rural	Billing Frequency:	
Support Type:		A, S, T, Q, 2, 3 (Additional charges for other than annual or multi-year)	

Line #	Description of Covered Machine/Accessory/Option	Coverage Code*	Location / Site ID	Part Number	Serial Number	Volume Code	Service Branch	Sales Rep	# Annual Inspections	Base Amt. (Annual)	Zone	Zone Amount	Total Annual Amount
1	Model 4062			406-9902-00	14062267906125		1688	832		313.50	1	42.75	356.25
2													
3													
4													
5													
6													
7													
8													

* Each Coverage Code relates to a specific product coverage as described in Section 4 on pages 2 and 3. If required, additional equipment is listed on page 4.

** See section 7 on Page 3.

Machine Installation Date:	Assigned Contract #	Contract Effective Date:	09/12/09
CTD1	CTD4	Line(s) Effective Date:	
CTD2	CTD5	Contract Total	356.25
CTD3	CTD6	Tax Additional	

Terms and Conditions (Additional terms and conditions listed on Page 2 and 3)
In consideration of the charges above, payment each year in advance, Cummins Allison, subsequently referred to as C-A, agrees to perform maintenance service and furnish necessary replacement parts, subject to the following terms and conditions, on equipment listed by part number and serial number and location above. If any piece of equipment listed on the contract experiences a regular increase in volume beyond that which was contracted, C-A reserves the right to adjust the annual rate of the contract to the appropriate volume level at the time of renewal.

SECTION 1 - PERIODIC INSPECTION

- On user's premises to inspect, test, clean, lubricate, adjust and perform all other maintenance operations which such inspections and testing shall indicate are this agreement. The terms and conditions on page 2 and 3 of this document are part of this agreement.
- For the purpose of such inspection each machine listed on this contract must be made available to C-A personnel for the time period required to perform all maintenance functions.

SECTION 2 - EMERGENCY SERVICE

- This agreement includes emergency service requested by the user and found by the service representative to be necessary to keep the equipment in good operating condition.
- This agreement includes all travel expense except on emergency calls requested by users located more than 50 miles from the local C-A office ("rural" box will be marked with an "X" at top of form), in which case a charge for mileage only portal-to-portal will be made.

Purchaser's Authorized Signature	Date
Printed Name and Title of Authorized Signer.	
Christi Babbitt 10/26/09	
Cummins Authorized Representative	Date
Please mail signed form to office listed at top of this page.	

SECTION 3 – PARTS COVERAGE

1. This agreement includes all parts indicate under the applicable paragraph(s) identified in the Coverage Code column above and described in Section 4--Specific Product Coverage, which can be installed without the use of shop facilities and on user's premises. It does not include supplies or consumable parts excluded under Section 4 Specific Product Coverage.
2. When, in C-A opinion, a shop reconditioning is necessary and on-site repair and parts replacement cannot keep the machine(s) in satisfactory operating condition, C-A will submit a cost estimate. Such work (both parts and labor), if authorized by the customer, will be in addition to the service contract charges.

SECTION 4 – SPECIFIC PRODUCT COVERAGE

This agreement and associated parts coverage applies to the machine part number and serial number corresponding to the Coverage Code(s) and locations recorded on the front of this agreement.

CODE 1 Perforators – All parts excluding die blocks.

CODE 2 Imprinters, Signers and Endorsing Equipment – All parts excluding: signature and endorsing dies; PROMS; ink and ink rollers; and rubber feed rollers.

CODE 3 Bursters and Decollators – All parts excluding roll cleaner or other supplies.

Paper Shredders – Excludes plastic bags and lubricating oil.

- Does not include parts or labor necessitated by excess use. This is defined as exceeding 150 hours of operation per month.

- Does not include parts or labor necessitated by misuse. This includes, but is not limited to, continuous shredding of material other than paper products, credit cards, staples or occasional one inch paper clips.
- Note: High Security Cross Cut Shredders are "paper only" shredders. Unacceptable material would include, but not limited to, microfilm, microfiche, jumbo paper clips, brass fasteners, binder clips, or other metals objects.

CODE 4 New Machine Coverage - Shredders

- Signed within 90-day labor warranty period.

• Full parts and labor coverage on customer premises or Cummins-Allison local service facility (supersedes Section 3, Paragraph 2). There may be a charge for labor at 50% of the local Cummins-Allison Service Branch labor rate for extensive repairs (exceeding two (2) hours) on High Security Shredders and large, high volume shredders (208, 220, 460 volt units) that can not be removed from the customer's premises.

CODE 4A Strip Cut Shredders – Cutters become consumable, chargeable parts after the five (5) year warranty.

CODE 4B Particle Cut Shredders – Cutters and deflectors become consumable, chargeable parts after the three (3) year warranty.

CODE 4C High Security Cross Cut Shredders - Cutters and deflectors become consumable, chargeable parts after the one (1) year warranty.

CODE 5 Existing Machine Coverage – All Shredder Models

- Signed after the 90 day labor warranty period.

- Limited parts and labor coverage. Does not include cutters, combers, separators, deflectors, spacers or cutter shafts except where warranties apply. Also refer to Section 3 Paragraph 2.

CODE 6 MICR Encoders – All parts covered excluding Printer Paper, Printer Ribbons and MICR Ribbons.

CODE 7 JetCount Currency Counters – All models. All parts covered excluding roll cleaner, compressed air, carrying case, imprinting dies and ink rollers.

CODE 8 JetScan Currency Scanners – All models. All parts covered excluding roll cleaner, compressed air, carrying case.

CODE 9A JetCash Currency Dispensers – All parts covered excluding picker module assemblies, stacker module assemblies, transport assemblies, currency cassettes and software license fees.

CODE 9B JetCash Currency Dispensers Extended Coverage– All parts covered excluding currency cassettes, and software license fees.

CODE 10A JetSort Coin Sorters – All Model 1000, 2000, 3500, 4000 Series includes Sort Disk coverage for five years from install date, while under PMIA. Excludes Sort Pads, ribbons, and printer paper.

All 5000/6000 Series: Excludes Sort Disk (unless entering into Sort Disk coverage PMIA), Sort Pads, ribbons and printer paper.

CODE 10B JetSort Coin Sorters – All Models-No Parts Coverage.

Code 10C JetSort Coin Sorters - Self-Service Models 6000 Series.(Models 6680-6699) All parts including Sort Disk for five years from install date and Sort Pads. Excludes supply items such as ribbons & printer paper.

I have read and agree to these terms:

Buyers Initials: _____

Date: _____

CODE 11 External Device – C-A Personal speech system, C-A Printer Kit, Remote Display, Bar Code Scanner or other C-A supplied external device. Excludes all supply items.
CODE 12A Coin Wrappers – All parts covered excluding Wrap Rollers, Crimps Hooks, Hopper Belts, Coin Feed and Drive Belts.
CODE 12B Coin Wrappers Extended Coverage – All parts covered including Wrap Rollers, Crimps Hooks, Hopper Belts, Coin Feed and Drive Belts.
CODE 12C Coin Wrappers-Very High volume – Over 6000 rolls per day. Parts coverage same as Code 12B.
CODE 12D Coin Wrappers – No parts coverage.
CODE 13 Coin Counters and Coin Dispensers – All parts covered excluding Coin Feed Belts and Hopper Belts.
CODE 14 Casino Coin Scale – Includes Terminal, Remote Keyboard, Center Dump Hopper, Printer. Excludes Load Cell and Ribbons.
CODE 15 Coin Transport System – No parts coverage.

SECTION 5 – DISCLAIMERS AND LIMITATION OF LIABILITY

1. This agreement does not include new attachments, modifications, retrofits, changes in inscription to dies blocks or dies requested by user.
2. **This agreement does not include parts or labor** necessitated by acts of God, war, fire, water sabotage or accidental damage.
3. **This agreement does not include parts or labor** necessitated by adverse environments (temperature, humidity, poor or fluctuating electrical power), volumes in excess of the 'volume rate' identified in this agreement, mis-use, abuse, sabotage, damage due to shipping or other casualty loss or damage.
4. Repairs by unauthorized service personnel will void this agreement. If such repairs necessitate service from C-A authorized service personnel, a charge for parts and labor will be issued to the customer.
5. C-A'S SOLE RESPONSIBILITY UNDER THIS AGREEMENT IS FOR SERVICE AS SPECIFIED. IN NO EVENT WILL C-A BE LIABLE FOR ANY LOST PROFITS, LOST SAVINGS, OR OTHER SPECIAL, INCIDENTAL OR CONSEQUENTIAL DAMAGES EVEN IF C-A HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES OR FOR ANY CLAIM AGAINST THE CUSTOMER BY ANY OTHER PARTY.
6. C-A reserves the right to deny service to equipment that is located in environments which, at the discretion of C-A, would subject C-A service personnel to an unreasonable risk of harm. Equipment to be serviced under this Agreement and located in an unreasonable dangerous environment must be first relocated to a location identified by C-A at the Customer's expense.

SECTION 6 – ACCEPTANCE AND RENEWAL

1. This agreement is subject to acceptance by C-A in Mt. Prospect, which will evidence acceptance of this agreement by billing for such service from its office in Mt. Prospect, Illinois. All payments for service rendered under terms of this agreement are to be forwarded to Cummins-Allison Corp., 891 Feehanville Drive, Mt. Prospect, Illinois 60056.
2. This agreement will renew itself automatically each year at the rates in effect at the time of renewal and will continue unless cancelled in writing by either party 30 days prior to renewal. Any taxes, now or hereafter imposed upon the furnishing of the service and/or material herein described or upon the control thereof or the receipts therefrom shall be paid for by the owner or user of the equipment.
3. Cancellation Policy: If in the event a contract is cancelled by the customer prior to the expiration date, the prorated (unused) portion of the contract will be refunded to the customer with any services performed during the partial contract period being charged back, less the value of any paid portion of the contract that has not been refunded. Prorated refunds will not be reduced for cancellation of contract on equipment that is replaced with new equipment, provided the new equipment is placed immediately under contract.

SECTION 7 – SUPPORT TYPE: Hours, Shifts, Volumes

- | Support Type | Adder | Description |
|--------------|-----------|---|
| 1 | 0% | Standard: 8AM-5PM, Mon-Fri, Response within 24 Hrs. |
| 2 | 10% | Extra: 7AM-7PM, Mon-Fri, Response within 24 Hrs. |
| 3 | 20% | 6 Days: 8AM-5PM, Mon-Sat, Response within 24 Hrs. |
| 4 | 30% | 7 Days: 8AM-5PM, Mon-Sun, Response within 24 Hrs. |
| 5 | 50% | 24/7: Around the Clock, 7 Days, Response within 24 Hrs. |
| 6 | 40% | 12/7: 7AM-7PM, 7 Days, Response within 24 Hrs. |
| 7 | Ala Carte | After Hours-Ala Carte: Service requested beyond Standard Hours-Labor/Travel Invoiced Separately |
| 8 | 25% | 2 Shifts: Machine operated 2-Eight Hour Shifts, Stand. Hours |
| 9 | 50% | 3 Shifts: Machine operated 3-Eight Hours Shifts, Stand. Hours |

Types 8 & 9: After Hours service billed separately with approved Quote.

Section 8 – Power Requirements.

- Voltage Operating Range: 105 - 130 VAC.
- Frequency: 50/60 Hz
- Electrical Supply circuit: A 15 Amp electrical supply properly grounded and protected by a circuit breaker must be provided with this equipment. The three-prong grounded plug supplied with this equipment must be plugged into a properly grounded three-prong outlet. To ensure proper operation of this equipment, a separate circuit serving only this device should be provided.
- It is the customer's responsibility to provide a power line that is grounded and protected by a circuit breaker in accordance with the applicable local electrical code.
- Power disruptions that result in input voltage other than the power requirements as specified in the equipment specifications can lead to improper operation or result in the failure/damage to electrical components. Such power disruptions are not covered under the machine warranty or Preventative Maintenance Agreement. Power conditioning/stabilizing devices are available through Cummins-Allison Corporation.

I have read and agree to these terms:

Buyers Initials: _____

Date: _____

AI-18397

7.H.

Sixty (60) Day Extension-C-2006-231-01-16-Actuarial Services For GASB 43 and/or 45 with Milliman Inc.

CC CONSENT

Date: 11/10/2009
Submitted By: Vangie Garcia, PURCHASING DEPT.
Submitted For: Marty Salazar
Department: PURCHASING DEPT.
Agenda Category: Purchasing Department

Information

CAPTION

Approval for Hidalgo County to exercise the sixty (60) day grace period extension option as provided in the specifications of the current contract/rfp for "C-2006-231-01-16-Actuarial Services For GASB 43 and/or 45" with Milliman Consultants and Actuaries, under the same rates, terms and conditions, so as to have no lapse in service while the procurement process is completed with effective dates of 1-17-10 through 3-16-10.

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2009 ACCT. #: 2201-415-00-115-009-0-311
FUNDS AVAILABLE Y/N?: MATCHING FUNDS Y/N?:
BUDGETARY IMPACT:

Attachments

Link: [Contract Documentation](#)

Link: [SIGNED ACKNOWLEDGEMENT LETTERS](#)

Form Routing/Status

Route Seq	Inbox	Approved By	Date	Status
1	Purchasing Department	Marty Salazar	11/05/2009 10:30 AM	APRV
2	Budget & Management	Erika Zamora	11/05/2009 10:56 AM	APRV
3	Olga Garza	Olga Garza	11/05/2009 03:26 PM	APRV
4	Auditor's Office		11/06/2009 05:08 PM	NEW

Form Started By: Vangie Garcia
Started On: 11/04/2009 02:11 PM
Final Approval Date: 11/06/2009

THE STATE OF TEXAS §
§
COUNTY OF HIDALGO §

SERVICE CONTRACT
C-06-231-01-16

THIS CONTRACT is made and entered in this **16th** day of **January, 2007** by and between the **County Of Hidalgo**, TEXAS ("County"), and **Milliman, Inc.**, a Texas Corporation ("Company").

WHEREAS, Company has offered to perform actuary services for Hidalgo County as more particularly prescribed on Exhibit "A" which is attached hereto and incorporated herein by reference (the "Service"); and

WHEREAS, in recognition of and in consideration of Company's agreement to perform the Services, the Commissioners Court of County desires to award a contract to Company to perform the Services.

NOW, THEREFORE, in mutual consideration of the foregoing and the further consideration of the following, the parties hereto agree as follows:

1. County and Company hereby agree that this Contract is entered into in order to provide the Actuary Services at the offices of Hidalgo County. This Contract does not extend to any third parties any duties or benefits conferred in any manner hereunder or otherwise.
2. Company hereby promises and agrees to render and provide, during the term of this Contract, and shall be obligated to render and provide the Services. Company agrees in performing the Services that it will use proper professional standards, comply with any and all appropriate laws and regulations in providing the Services, and devote such time as is necessary to safely and efficiently provide the Services.
3. This Contract shall be for a period of two (2) years beginning **January 16, 2007** with County's option to renew for an additional one (1) year, at the same rates, terms and conditions.
4. As a condition of this Contract, Company shall hold and maintain throughout the term of this Contract all licenses and permits required, of which may be required by any authority during the term hereof to provide the Services.
5. As consideration for rendering the Service provided for in this Contract, the County agrees to pay Company the amounts specified in Exhibit "B" attached hereto payable against written invoice submitted by Company.

6. Company shall provide, to the extent it deems necessary, insurance in force on all persons connected with providing services under this Contract naming County as an additional insured on the General Liability policy, and shall furnish to County certificates of such insurance coverage as described on Exhibit "C" attached hereto, notwithstanding anything to the contrary on RFP/Q No: 2006-231-11-15-VYG.

7. Subject to the limitations contained in Section 8 herein, Company shall indemnify and hold harmless County, its elected officials, employees and agents from any and all claims, damages, losses, and expenses including attorney's fees for the defense of any action against County arising out of, resulting from, or connected with the negligent provision of the Service by Company under this Contract. Said indemnity shall cover any negligent act or failure to act by the Company, its agents or employees.

8. Company will perform all services in accordance with applicable professional standards. The parties agree that Company, its officers, directors, agents and employees, shall not be liable to County, under any theory of law including negligence, tort, breach of contract or otherwise, for any damages which exceed One Million Dollars (\$1,000,000). In no event shall Company be liable for lost profits of County or any other type of incidental or consequential damages. The foregoing limitations shall not apply in the event of the gross negligence, intentional fraud or willful misconduct of Company.

9. This Contract shall not be assignable in whole or in part by either party without prior written consent of the other party.

10. Company's work is prepared solely for the use and benefit of County, in accordance with its statutory and regulatory requirements. Company recognizes that materials it delivers to County may be public records subject to disclosure to third parties, however, Company does not intend to benefit and assumes no duty or liability to any third parties who receive Company's work and may include disclaimer language on its work product so stating. County agrees not to remove any such disclaimer language from Company's work. To the extent that Company's work is not subject to disclosure under applicable public records laws, County agrees that it shall not disclose Company's work product to third parties without Company's prior written consent; provided, however, that County may distribute Company's work to (i) its professional service providers who are subject to a duty of confidentiality and who agree to not use Company's work product for any purpose other than to provide services to County, or (ii) any applicable or governmental agency, as required.

11. Any notice required or permitted to be given hereunder shall be in writing and shall be delivered personally or sent by certified mail, postage prepaid, as set forth below:

If to County:	The County of Hidalgo Attn: County Judge 100 E. Cano Edinburg, Texas 78539
---------------	---

If to Company:

Milliman, Inc.
Attn: James Tumlinson, Jr.
333 Clay Street, Ste. 4330
Houston, Texas 77002

12. In case any one or more of the provisions contained in this Agreement shall for any reason be held to be invalid, illegal or unenforceable in any respect, such invalidity, illegality, or unenforceability shall not affect any other provision thereof and this Agreement shall be construed as if such invalid, illegal, or unenforceable provision had never been contained herein.

13. This Contract shall not be assignable in whole or in part by either party without prior written consent of the other party.

14. It is expressly agreed that this Contract and the performance by the parties hereunder does not create any agency relationship or master-servant relationship, that the County has no supervision of the performance of the Services provided by Company, and that Company is an independent contractor under this Contract.

15. In case any one or more of the provisions contained in this Agreement shall for any reason be held to be invalid, illegal or unenforceable in any respect, such invalidity, illegality, or unenforceability shall not affect any other provision thereof and this Agreement shall be construed as if such invalid, illegal, or unenforceable provision had never been contained herein.

16. This Agreement may be terminated by either party without cause upon thirty (30) days written notice.

17. This Agreement shall be binding upon and inure to the benefit of and be enforceable by the parties hereto and their respective heirs, executors, administrators, legal representatives, successors, and assigns where permitted by this Agreement.

18. In the event that, during any term hereof, the Commissioners Court does not appropriate sufficient funds to meet the obligations of County under this Agreement, County may terminate this Agreement upon ninety (90) days written notice to Company. County agrees, however, to use reasonable efforts to secure funds necessary for the continued performance of this Agreement. The parties intend this provision to be a continuing right to terminate this Agreement at the expiration of each budget period of Buyer pursuant to the provisions of Tex. Loc. Govt. Code Ann. § 271.903 (Vernon Supp. 1996). The Company shall be entitled to compensation for satisfactory services rendered to County prior to the effective date of termination.

19. This Agreement shall be governed by and construed in accordance with the laws of the State of Texas and shall be performable in Hidalgo County.

WITNESS our hands in duplicate originals this _____ day of _____ 2007

COUNTY OF HIDALGO

By: _____

Juan D. Salinas III, County Judge

ATTEST:

Arturo Guajardo Jr.
Arturo Guajardo Jr., County Clerk

COMPANY: Milliman Inc.

By: _____

PRINCIPAL

Approved on Commissioners' Court January 16, 2007

APPROVED AS TO FORM:

Atlas & Hall, L.L.P.

By: _____

EXHIBIT "A"

HIDALGO COUNTY

For the purpose of providing Professional Actuary Consulting Services for the implementation of GASB 43 and/or 45 for Hidalgo County's Post-Employment Benefits Package (OPEB) for Health Benefits for Retired Employees.

RFP&Q NO: 2006-231-11-15-VYG-Hidalgo County-Actuarial Services For GASB 43 and/or 45.

TASKS AND/OR SERVICES SHALL INCLUDE, BUT NOT LIMITED TO:

- A. Conduct a complete needs assessment desired study completion date within six weeks of receipt of all data.
- B. Will be required to make a formal presentation of the "Actuarial Study" to Hidalgo County Commissioners Court.
- C. Analyze the data to access any inconsistencies and make recommendations for enhancing data quality.
- D. Prepare an actuarial evaluation following GASB 43 and/or 45 standards.
- E. Study must include the following:
 - The actuarial present value of total projected benefits.
 - Actuarial accrued liability.
 - Actuarial value of assets.
 - The unfunded actuarial accrued liability.
 - Normal Cost
 - Annual required contribution of the employer-as a level dollar amount and as a level percentage of covered payroll.
 - Net OPEB obligation (for employer disclosure under GASB statement 45 if necessary).
 - Prepare the necessary material for the Comprehensive Annual Financial Report to comply with GASB OPEB reporting and disclosure requirements.
 - Prepare the annual gain/loss analysis to determine reasons for changes in the unfunded actuarial accrued liability, whenever a prior actuarial valuation is available to support this.
 - Determine the implicit rate subsidy, if any, and the impact it would have on the OPEB liability.
 - Prepare an analysis to determine how establishing a trust or equivalent arrangement would affect the interest rate assumption. Timing considerations of establishing the trust should also be considered.
 - Prepare a cash flow analysis (the "pay-as-you-go-cost"). **Optional**
 - Prepare sensitivity analysis showing the impact of alternative assumptions on the employer's contributions (healthcare trend rates and investment rate

assumptions) **Optional**

- If there is not a trust established, determine the difference in liability based upon the investment returns under a diversified portfolio versus a short-term fixed income portfolio. **Optional**
- As appropriate, provide recommendations on managing the OPEB liability. This may include changes in plan design. **Optional**
- As appropriate, review and update plan documents and design. Make recommendations as to formalizing informal plans. **Optional**

EXHIBIT "B"

PAYMENT SCHEDULE

Fees for Services

Initial Valuation: \$25,000.00

Plan Design and Funding: Provided as needed and based on scope of services

Ongoing Valuation: \$25,000.00

(Best and Final Offer Clarification was presented to Commissioners Court on Tuesday, May 15, 2007 and it was approved as referenced above.

HIDALGO COUNTY-RFP/Q
“ACTUARIAL SERVICES FOR GASB 43 and/or 45)
RFP/Q NO: 2006-231-11-15-VYG

ADDITIONAL SPECIFICATIONS/REQUIREMENTS

SCOPE OF SERVICES:

- Desired study completion date of: **February 28, 2007.**
- Proposer will be required to make a formal presentation of the “Actuarial Study” to Hidalgo County Commissioners Court.
- Analyze the *data* to *assess* any inconsistencies and make recommendations for enhancing *data* quality.
- Prepare an actuarial evaluation following GASB 43 and/or GASB 45 standards.
- The following must be included in the study as follow:
 - The actuarial present value of total projected benefits.
 - Actuarial accrued liability.
 - Actuarial value of assets.
 - The unfunded actuarial accrued liability.
 - Normal Cost
 - Annual required contribution of the employer-as a level dollar amount and as a level percentage of covered payroll.
 - Net OPEB obligation (for employer disclosure under GASB statement 45 if necessary).
 - Prepare the necessary material for the Comprehensive Annual Financial Report to comply with GASB OPEB reporting and disclosure requirements.
 - Prepare the annual gain/loss analysis to determine reasons for changes in the unfunded actuarial accrued liability, whenever a prior actuarial valuation is available to support this.
 - Determine the implicit rate subsidy, if any, and the impact it would have on the OPEB liability.

- Prepare an analysis to determine how establishing a trust or equivalent arrangement would affect the interest rate assumption. Timing considerations of establishing the trust should also be considered.
- Prepare a cash flow analysis (the "pay-as-you-go-cost"). **(optional)**
- Prepare sensitivity analysis showing the impact of alternative assumptions on the employer's contributions (healthcare trend rates and investment rate assumptions) - **(optional)**
- If there is not a trust established, determine the difference in liability based upon the investment returns under a diversified portfolio versus a short-term fixed income portfolio. **(optional)**
- As appropriate, provide recommendations on managing the OPEB liability. This may include changes in plan design. **(optional)**
- As appropriate, review and update plan documents and design. Make recommendations as to formalizing informal plans. **(optional)**

INFORMATION ABOUT THE FIRM:

1. The firm should provide its name, address of the office which would provide the services requested, telephone number, fax, e-mail address and website, if applicable.
2. The firm should provide a general description of its business, including size, number of employees, number of credentialed actuaries, primary business, other business or services offered and review any past or contemplated changes in the ownership structure of the firm.
3. The supervising actuary who will be assigned to the engagement should be identified and their contact information provided.
4. Other actuaries and other personnel who will have key roles in the work should also be identified.
5. The firm should list the number and percent of consulting staff who have left each of the past five years.
6. Brief resumes should be furnished for the key professional staff who will be assigned to this engagement. Summary information should be provided covering the professional qualifications and experience of the supervising and support actuaries and other personnel who would perform the requested work.

7. The ***firm*** should provide a description of its experience in providing actuarial and consulting services for governmental entities/plans and a list of governmental entities/plans for which it has performed services similar to those identified under “Scope of Services”. Describe the ***firm’s*** experience with retiree healthcare and other post-employment benefit plans for other public entities. Recognizing the value of the firm experience with FASB OPEB valuations, ***firm*** should also describe their private sector OPEB valuation experience.
8. For the ***firm*** office that will be responsible for the work, the ***firm*** should provide a list of the most significant engagements performed in the last five years that are similar to the engagement described in this request for proposal/qualifications. The list of engagements can be both in the private or public sector but must be clearly labeled as such.
9. For the engagements listed above, indicate the scope of the work, date, supervising actuaries, and the name and telephone number of the principal client contact who would serve as a reference for the ***firm*** .
10. The ***firm*** should list any clients that have been lost in the last five years.
11. The ***firm*** should provide an affirmative statement that is independent of the governmental entity/plan and that it is unaware of any potential conflicts of interest if it were selected to perform the requested work.
12. The ***firm*** should describe any limits on liability that the firm requests from its clients due to negligence of its firm.
13. The ***firm*** should warrant that the ***firm*** maintains errors and omissions insurance that provides a prudent amount of coverage for negligent acts or omissions and that its coverage is applicable to the work requested in this proposal.
14. The ***firm*** should include an example of a job arrangement letter or contract that the ***firm*** would require covering this engagement if it were successful in winning the engagement.
15. The response to the “Request For Proposal/Qualifications” should be signed by a representative of the ***firm*** with the acknowledgement that this individual is authorized to contractually bind the firm.
16. The ***firm*** should indicate if there are any pending legal actions against it.

PROCESS:

- Approach-State the overall approach of the valuation, including objectives, scope of work to be performed and the methodologies to be used.
- Describe how the firm will work with “Hidalgo County” to determine the proper actuarial cost method, actuarial asset valuation method, amortization method and key assumptions to the valuation based on relevant accounting and actuarial standards. Some key assumptions (not all of them applicable) to consider as part of this discussion are:
 - » Turnover
 - » Retirement Age
 - » Disability retirement age
 - » Mortality
 - » Projected salary increase
 - » Inflation rate
 - » Healthcare cost trend data for appropriate region
 - » Amortization timeframe
 - » Investment return
 - » Post retirement benefit changes
 - » Actuarial assumptions associated with the method (projected unit credit, entry age normal, etc.)
- Provide an analysis of allowed actuarial methods and amortization methods with the pros and cons of each method and recommend the most appropriate or commonly used one or two methods for this type of study.
- Describe how the firm would assist in the interpretation of the plan and value the associated costs in situations where there is ambiguity related to the substantive plan.
- Timeline-The firm will identify the major tasks in the valuation engagement and the suggested timeline for completion.
- Date Requirements – The actuarial firm should list all data requirements, other than what has been identified in the RFP/Q, that they require to complete the valuation and in what type of format that data must be provided.
- Support – Provide the support that is required of Hidalgo County’ staff.
- Sample Report – Include in the Appendix of the firm’s response a copy of a sample report.

COST AND TERMS OF AGREEMENT:

- Cost Proposal – The firm will provide the cost of the engagement detailing out the cost of the valuation and any optional consulting services included in the scope of services. The proposal should include estimated hours, hourly rates and expenses, as well as a total, not-to-exceed cost that should be clear and concise.
- Costs for the any of the services indicated as “**optional**” in the Scope of Services section of this document should be requested as separate from the cost of the valuation as these services can be expensive.
- Terms of Agreement - The contract will be for a period of two (2) years with the county’s option to renew for an additional one (1) year, at the same rates, terms and conditions. Hidalgo County reserves the right to continue this proposal for an additional sixty (60) day Grace Period at the end of the contract under the same rates, terms and conditions.

HIDALGO COUNTY-RFP/Q
“ACTUARIAL SERVICES FOR GASB 43 and/or 45)
RFP/Q NO: 2006-231-11-15-VYG

PROPOSAL QUESTIONS

The purpose of this RFP/Q is to demonstrate the qualifications, competence and capability of the proposer(s). The substance of the proposer(s) will carry more weight than form or manner of presentation. Preparation of your response should be simple and economical, providing a straightforward, concise description of your ability to provide the services requested. The response should include the following, preferably in the order listed:

- » What is the basis of compensation for your services (flat fee, time plus expense, etc.)?
- » What is your estimate for the total cost of the actuarial study? If your basis for compensation is “time plus expenses”, please detail all anticipated expenses (clerical, travel, etc.). The cost for any optional work should be identified separately and presented for approval before any optional work is to proceed.
- » To what degree or percent of accuracy will you guarantee your total cost estimate?
- » Will you be able to meet the timeline? If not, provide your estimated date for report completion. Are any additional fees being charged in order to meet this timeline?
- » A brief history and description of the firm, including a statement of the firm’s qualifications to perform the requested services.
- » List at least five Texas public entities, preferably County Entities, that you have performed a GASB 43 and/or 45 actuarial study for in the last five year. Include the name of the entity, a contact person and phone number, as well as a description of the work performed.
- » Identify the key personnel within your firm who will be responsible for the completion of this assignment. Include the professional qualifications and experience of these key individuals; specifically their experience with Texas Governmental Entities and GASB 43 and/or 45 liability calculation.
- » List any exceptions you have with the proposed RFP/Q and Scope of Work as well as a description of any proposed work that differs from that described.

- » List all data and information that will be required to be assembled by Hidalgo County in order to complete the actuarial study.
- » Define the most important qualification your firm can bring to Hidalgo County.

HIDALGO COUNTY-RFP/Q
“ACTURARIL SERVICES FOR GASB 43 and/or 45)
RFP/Q NO: 2006-231-11-15-VYG

The undersigned hereby certified that he/she understands the specifications, has read the document in its entirety, affirms the list of qualifications is true and correct, and is duly authorized to execute this response. The following information must be filled out in its entirety for your proposal to be considered.

Company Name:

Address:

Phone/Fax:

E-Mail:

Title Of Representative:

Authorized Representative:

Signature

Date

Printed Name

ACORD™ CERTIFICATE OF LIABILITY INSURANCEDATE (MM/DD/YYYY)
06/24/09

PRODUCER

Parker Smith & Feek, Inc.
Bellevue (425-709-3600)
2233 112th Avenue NE
Bellevue, WA 98004

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.

INSURERS AFFORDING COVERAGE

NAIC #

INSURED

Milliman Inc.
1301 Fifth Ave., Suite 3800
Seattle, WA 98101-2605

INSURER A: Federal Insurance Company

INSURER B: Pacific Indemnity Co.

INSURER C: Great Northern Insurance Co.

INSURER D:

INSURER E:

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	X	GENERAL LIABILITY ☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☒ LOC	35825959	06/30/09	06/30/10	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$1,000,000
C		AUTOMOBILE LIABILITY ☒ ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS ☒ HIRED AUTOS ☒ NON-OWNED AUTOS	73525432	06/30/09	06/30/10	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY ☐ ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		EXCESS/UMBRELLA LIABILITY ☐ OCCUR ☐ CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	097179457	06/30/09	06/30/10	☒ WC STATU-TORY LIMITS ☐ OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
A		OTHER EMPLOYERS LIABILITY	35825959 WA & OH STOP GAP	06/30/09	06/30/10	\$1,000,000 EA. ACCIDENT \$1,000,000 EA. EMPLOYEE \$1,000,000 POLICY LIMIT

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Addendum #1-RFP/Q NO: 2006-231-11-15-VYG-Hidalgo County-Actuarial Services

for GASB 43 and/or 45 Project. County of Hidalgo is included as Additional

Insureds as respects the operations of the Named Insured as required by

written contract regarding General Liability as set forth in the terms and

conditions of Endorsement 80-02-2367 (08/04) attached.

CERTIFICATE HOLDER

COUNTY OF HIDALGO
100 E. Cano
Edinburg, TX 78539

CANCELLATION Ten Day Notice for Non-Payment of Premium

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 45 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Keri Forgy

Liability Insurance

Endorsement

Policy Period 06/30/09 - 06/30/10

Effective Date 06/30/09

Policy Number 35825959

Insured Milliman, Inc.

Name of Company Great Northern Insurance Company (Chubb)

Date Issued 06/30/09

This Endorsement applies to the following forms:

Under Who Is An Insured, the following provision is added:

Who Is An Insured

Scheduled Person Or Organization

Subject to all of the terms and conditions of this insurance, any person or organization shown in the Schedule, acting pursuant to a written contract or agreement between you and such person or organization, is an insured; but they are insureds only with respect to liability arising out of your operations, or your premises, if you are obligated, pursuant to such contract or agreement, to provide them with such insurance as is afforded by this policy.

However, no such person or organization is an insured with respect to any:

- assumption of liability by them in a contract or agreement. This limitation does not apply to the liability for damages for injury or damage, to which this insurance applies, that the person or organization would have in the absence of such contract or agreement.
- damages arising out of their sole negligence.

Schedule



Hidalgo County Purchasing Department
2812 S. Business Highway 281
New Administration Building
Edinburg, Texas 78539
(956) 318-2626/ Fax: (956) 318-2629

November 4, 2009

Mr. Jim Tumlinson, Jr.
Milliman Consultants and Actuaries
333 Clay Street, Ste. 4330
Houston, Texas 77002

**Re: Sixty (60) Day Extension
C-2006-231-01-16 (Original Contract)
"Actuarial Services For GASB 43 and/or 45"**

Dear Mr. Tumlinson:

Hidalgo County Purchasing Department will be requesting Commissioners' Court to consider the County's sole option to exercise the sixty (60) day grace period at the end of the contract term for unforeseen delay in award of new bid for next contract term as provided in the additional specifications of the RFP/Q. Please acknowledge receipt of this notice of placement on the Commissioners' Court meeting of **November 10, 2009** for discussion, consideration and action, by signing below and returning to the Purchasing Department, by no later than **4:00 p.m., Wednesday, November 4, 2009** or sooner, via facsimile to (956) 956-318-2626 or email to: evangelina.garcia@co.hidalgo.tx.us so as to meet the agenda request form deadlines.

By: *EV* DD

Date: 11/4/09

Should you have any questions or require additional information, please do not hesitate to contact me at (956) 318-2626. Your cooperation in this matter is greatly appreciated and we hope your company continues its business relationship with Hidalgo County.

Sincerely,

Vangie Y. Garcia

Vangie Y. Garcia, Contract's Manager
Hidalgo County Purchasing Department

AI-18392

7.I.

**Authority to Advertise - CAP Pct No. 4 Round 3
CC CONSENT**

Date: 11/10/2009
Submitted By: Yvette Islas, PURCHASING DEPT.
Submitted For: Agapito Vargas
Department: PURCHASING DEPT.
Agenda Category: Purchasing Department

Information

CAPTION

Requesting authority to advertise for Road & Drainage Construction of Colonia Esperanza Unit #2, a 3rd call BCAP Project with plans and specifications drafted by project engineer.

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2009 ACCT. #: 9-1312-431-00-124-844-0-731 & 733
FUNDS AVAILABLE Y/N?: MATCHING FUNDS Y/N?:

BUDGETARY IMPACT:

Object code 731 available balance as of 11-6-09 \$57,100
Object code 733 available balance as of 11-6-09 \$19,118

Attachments

Link: [ai req18932](#)

Form Routing/Status

Route Seq	Inbox	Approved By	Date	Status
1	Purchasing Department	Marty Salazar	11/05/2009 10:13 AM	APRV
2	Budget & Management	Erika Zamora	11/05/2009 10:14 AM	APRV
3	Manuel Chapa	Manuel Chapa	11/06/2009 08:46 AM	APRV
4	Auditor's Office		11/06/2009 05:08 PM	NEW

Form Started By: Yvette Islas
Started On: 11/04/2009 01:25 PM

Final Approval Date: 11/06/2009

ai
18392

Yvette Islas

From: Agapito Vargas [agapito.vargas@co.hidalgo.tx.us]
Sent: Wednesday, November 04, 2009 10:27 AM
To: Yvette, Purchaser
Cc: Janie Alejos; gloria.beltran@co.hidalgo.tx.us; 'Marcie Jackson'; dina.trevino@co.hidalgo.tx.us; joseph.palacios@co.hidalgo.tx.us; John Paul Lugo
Subject: Agenda item Authority to advertise

Yvette, please place the following item on CC agenda for Tuesday 10th November 2009:

Authority to advertise, 3rd Call Border Colonias Projects for Precinct 4: Colonia Esperanza Unit #2 (CSJ: 3C1080844);

Project Engineer: Quintanilla, Headley and Associates, Inc.
Account: 9-1312-431-00-124-844-0-731 & 733

Authority to advertise, 3rd Call Border Colonias Projects for Precinct 1: Mary Ann Subdivision (CSJ: 1080895); Colonia Boyce (CSJ: 3C1080232); Colonia Saenz (3C1080181) and Valley View Estates Subdivision CSJ: 3C1080779)

Project Engineer: Leo Rodriguez Engineering
Accounts: 9-1312-431-00-121-895-0-731 & 733 – Mary Ann
9-1312-431-00-121-895-0-731 & 733 – Colonia Boyce
9-1312-431-00-121-895-0-731 & 733 – Colonia Saenz
9-1312-431-00-121-895-0-731 & 733 – Valley View

Agapito Vargas, Executive Director

Hidalgo County Border Colonias Access Program
301 East State
Pharr, TX 78577
Office Tel: 956/787-1891
Fax: 956/787-4683
Cell: 956/207-9850
email: agapito.vargas@co.hidalgo.tx.us

 Please refrain from printing this email unless completely necessary. Go Green!

AI-18358

7.J.

**ESRI MAINTENANCE AGREEMENT
CC CONSENT**

Date: 11/10/2009
Submitted By: Tanya Delira, PURCHASING DEPT.
Submitted For: Marty Salazar
Department: PURCHASING DEPT.
Agenda Category: Purchasing Department

Information

CAPTION

Requesting authority to enter into an Annual Maintenance Agreement with ESRI/USER CONFERENCE for the Hidalgo County Health Department requisition #164949 in the amount of \$4,000.00/year.

BACKGROUND

Effective: 10/21/09 - 10/20/2010 (9-1293-441-00-340-005-0-747)

Fiscal Impact

FISCAL YEAR: 2009 ACCT. #: 9-1293-441-00-340-005-0-747
FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?:

BUDGETARY IMPACT:

Amount available for requisition# 164949 as of 11-6-09 \$4,000.00 for ESRI/USER CONFERENCE.

Attachments

Link: [ESRI](#)

Form Routing/Status

Route Seq	Inbox	Approved By	Date	Status
1	Budget & Management	Erika Zamora	11/05/2009 04:14 PM	APRV
2	Manuel Chapa	Manuel Chapa	11/06/2009 11:01 AM	APRV
3	Auditor's Office		11/06/2009 05:08 PM	NEW

Form Started By: Tanya Delira
Started On: 11/02/2009 08:19 AM
Final Approval Date: 11/06/2009

Requisition

Req # 00164949

PO #

Date: 10/27/09

Bill To: X
 X

Vendor : 343064

ESRI/USER CONFERENCE
ATTN: JENIFFER QUIRONG
380 NEW YORK ST.
REDLANDS CA 92373-8100

Ship To: HEALTH DEPARTMENT
1304 S. 25TH
EDINBURG TX 78539

Contact: JOSIE ESCALANT
956-383-6221

Contract No:

Special Instructions:

[illegible]

Authorized By: _____



ESRI Inc
380 New York Street
REDLANDS CA 92373

SUBJECT: MAINTENANCE QUOTE

DATE: 10/21/2009
TO:
ORGANIZATION: COUNTY OF HIDALGO
HEALTH DEPT
FAX #: 956-383-8864 **PHONE #:** 956-383-6221

FROM: Barbara Walker
FAX #: 909-307-3083 **PHONE #:** 909-793-2853 Ext. 3936
EMAIL: bwalker@esri.com

Number of pages transmitted
(including this cover sheet): 3

QUOTATION #25356686
DOCUMENT DATE: 10/21/2009

Please find the attached quotation for your forthcoming software maintenance term. Keeping your maintenance current entitles you to exclusive benefits, and if you choose to discontinue your coverage, you will become ineligible for these valuable benefits and services. All maintenance fees from the date of discontinuation will be due and payable if you decide to reactivate your coverage at a later date. For details about the maintenance program benefits for your licensing, please visit <http://gis.esri.com/software/maintenance/qualifying.cfm>

Customers who have multiple copies of some ESRI products may have the option of supporting some of their licenses with secondary maintenance. Please contact Customer Service to find out more about the availability of secondary maintenance.

For information about ESRI Desktop terms and conditions, please visit http://www.esri.com/legal/pdfs/mla_e204_e300/english.pdf; for information about ESRI Server software, Developer software, or Web services terms and conditions, please visit <http://www.esri.com/legal/pdfs/mls.pdf>

Maintenance fees for ArcIMS, ArcSDE, and ArcGIS Server current with maintenance prior to December 31, 2006 have been transferred to the new ArcGIS Server 9.2 licenses. The ArcGIS Server 9.2 migration policy allows these transferred licenses to be eligible for maintenance fees with no increase in pricing for software maintenance. For detailed information regarding this policy, please visit <http://www.esri.com/software/maintenance/about/announcements.html>

If you have any questions or need additional information, please contact Customer Service at 888-377-4575.

Reg # 164949

**ESRI**

380 New York Street
REDLANDS, CA 92373
Phone: 909-793-28533936
Fax #: 909-307-3083

Quotation

Date: 10/21/2009**Quotation Number:** 25356686**Send Purchase Orders To:**

ESRI, Inc.
380 New York Street
Redlands, CA 92373-8100
Attn: Barbara Walker

Please include the following remittance address on your Purchase Order:

ESRI Inc.
File #54630
Los Angeles, CA 90074-4630

COUNTY OF HIDALGO
HEALTH DEPT
1304 S 25TH
EDINBURG TX 78539

Customer Number: 288261

For questions regarding this document, please contact Customer Service at 888-377-4575.

Item	Qty	Material#	Unit Price	Extended Price
3010	1	109835 ArcGIS Server Aggregated Migrated Maintenance Bundle	4,000.00	4,000.00
3080	2	109842 ArcGIS Server Standard Workgroup One Core Additional Migrated Maintenance Start Date: 10/21/2007 End Date: 10/20/2010		
3110	1	109845 ArcGIS Server Standard Workgroup Up to Two Cores Migrated Maintenance Start Date: 10/21/2007 End Date: 10/20/2010		
			Subtotal	4,000.00
			Estimated Tax	0.00
			Total	\$ 4,000.00

DUNS/CEC: 06-313-4175 **CAGE:** 0AMS3

This quotation is valid for 90 days and is subject to your ESRI License Agreement. The quotation information is proprietary and may not be copied or released other than for the express purpose of system selection and purchase/license. This information may not be given to outside parties or used for any other purpose without consent from Environmental Systems Research Institute, Inc. (ESRI).

Any estimated sales and/or use tax has been calculated as of the date of this quotation and is merely provided as a convenience for your organization's budgetary purposes. ESRI reserves the right to adjust and collect sales and/or use tax at the actual date of invoicing. If your organization is tax exempt or pays state taxes directly, then prior to invoicing, your organization must provide ESRI with a copy of a current tax exemption certificate issued by your state's taxing authority for the given jurisdiction.

Issued By: Barbara Walker**Ext:** 3936

[ARIALE]

To expedite your order, please reference your customer number and this quotation number on your purchase order.

Reg # 164949

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380 New York Street
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Quotation

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Date: 10/21/2009

Quotation Number: 25356686

Customer Number: 288261

Item Qty Material#

Unit Price

Extended Price

BY SIGNING BELOW, YOU ARE INDICATING THAT YOU ARE AUTHORIZED TO OBLIGATE FUNDS FOR YOUR ORGANIZATION. DO NOT USE THIS FORM FOR ORDER ACTIVATION IF YOUR ORGANIZATION WILL NOT HONOR AND PAY AN INVOICE THAT HAS BEEN ISSUED AT YOUR DIRECTION WITHOUT ADDITIONAL AUTHORIZING PAPERWORK.

To expedite your order, either attach a copy of this quotation to your purchase order when it is remitted to ESRI, or sign below and return this quotation to indicate your acceptance. ESRI's address and fax number are provided on the first page of this quotation.

If you have made ANY alterations to the line items included in this quote and have chosen to sign the quote to indicate your acceptance, you must fax ESRI the signed quote in its entirety in order for the quote to be accepted.

If your organization is a US Federal, state, or local government agency; an educational facility; or a company that will not pay an invoice without having issued a formal purchase order, a signed quotation will not be accepted unless it is accompanied by your purchase order.

If you choose to discontinue your support, you will become ineligible for support benefits and services. All maintenance fees from the date of discontinuation will be due and payable if you decide to reactivate your support coverage at a later date.

By signing below, you are authorizing ESRI to issue a software support invoice in the amount of \$_____ plus sales tax, if applicable.

Please check one of the following:

_____ I agree to pay any applicable sales tax.

_____ I am tax exempt. Please contact me if ESRI does not have my current exempt information on file.

Please indicate on your purchase order if this purchase is funded through the American Recovery and Reinvestment Act, and whether ESRI is a Prime Recipient, Sub-recipient, or Vendor for reporting purposes.

Signature of Authorized Representative

Date

Name (Please Print)

Title

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