

Calculation Summary  
Bid Opening: June 22, 2011

Lowest Bidder Calculation Sheet  
Bid Opening: June 22, 2011

<b><i>Lowest Bidding Contractor</i></b>	<b><i>Family Name</i></b>	<b><i>No. of Bdrms</i></b>	<b><i>Bid Amount</i></b>
<b>Momentum</b>	F. Falcon	2 bdrm	\$ 39,200.00
<b>G &amp; G Construction</b>	L. Herevia	Simple Home 4 bdrm	\$ 12,740.00
<b><i>Total Bid Amounts</i></b>			<b>\$ 51,940.00</b>

**HIDALGO COUNTY PURCHASING DEPARTMENT BID TABULATION SHEET**

DEPT NAME: COUNTY OF HIDALGO URBAN COUNTY PROGRAM  
 Bid Opening Date: June 22, 2011  
 Description of Bid: The Demolition and Reconstruction of One (1) unit in the County Wide Area of Mission and Rehabilitation (Pre-Fabricated Home) of One (1) unit in the County Wide area of Donna  
 Bid Opening Time: 9:30 am  
 Grant #: M-10-UC-48-0501-RG

MOMENTUS		
UNITS	TOTAL BID AMOUNT	BID BOND/CASHIER'S CHECK INCLUDED
1 FALCON	\$39,200.00	CC INCLUDED
2 HEREVIA	NO BID	N/A

G & G CONTRACTORS		
UNITS	TOTAL BID AMOUNT	BID BOND/CASHIER'S CHECK INCLUDED
1 FALCON	\$41,680.00	BB INCLUDED
2 HEREVIA	\$12,740.00	BB INCLUDED

BENCHMARK CONSTRUCTION		
UNITS	TOTAL BID AMOUNT	BID BOND/CASHIER'S CHECK INCLUDED
1 FALCON	\$41,050.00	BB INCLUDED
2 HEREVIA	NO BID	N/A

*[Handwritten signature]*  
 002  
 39,200.00+  
 12,740.00+  
 51,940.00\*

*[Handwritten signature]*  
 39,200.00  
 12,740.00  
 51,940.00

\*TYPED AS READ AT BID OPENING, AMOUNTS NOT VERIFIED/CALCULATED



# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
3/17/2011


<b>PRODUCER</b> EDDIE VILLARREAL INSURANCE AGENCY 506 W UNIVERSITY DR EDINBURG, TX 78539 956-381-0951		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.	
<b>INSURED</b> RENE GARZA JR G & G CONTRACTORS 5125 S HWY 281 STE 3 EDINBURG, TX 78539 956-929-1567		<b>INSURERS AFFORDING COVERAGE</b> INSURER A: <b>ESSEX INSURANCE CO</b> INSURER B: <b>TEXAS COUNTY MUTUAL</b> INSURER C: <b>TEXAS MUTUAL INS CO</b> INSURER D: INSURER E:	<b>NAIC#</b>

## 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 LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YY)	POLICY EXPIRATION DATE(MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY	163911	03/14/11	03/14/12	EACH OCCURRENCE	\$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
		<input type="checkbox"/> CLAIMSMADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$ 2,000,000
						GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	
B		AUTOMOBILE LIABILITY	604891354	03/14/11	03/14/12	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input type="checkbox"/> ALLOWED AUTOS				BODILY INJURY (Per accident)	\$
		<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		<input type="checkbox"/> HIRED AUTOS					
<input type="checkbox"/> NON-OWNED AUTOS							
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMSMADE				AGGREGATE	\$
							\$
		<input type="checkbox"/> DEDUCTIBLE					\$
		<input type="checkbox"/> RETENTION \$					\$
C		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	003002117	03/15/11	03/15/12	WC STATU-TORY LIMITS <input checked="" type="checkbox"/> OTH-ER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$ 1,000,000
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
		OTHER				E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

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

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ 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: 
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