

CITY OF SAN JUAN

MINNESOTA DRAIN  
INTERIM DESIGN  
(W/O DETENTION) \*\*

PROJECT COST ESTIMATE

ITEM DESCRIPTION	COST	
<b>MINNESOTA DRAIN</b> <b>LENGTH OF PROJECT = 1.25 MILES</b>		
<b>PROJECT ESTIMATED CONSTRUCTION COST</b>		<b>\$663,718.00</b>
<b>BASIC SERVICES FEE</b>		
Engineering Services Fee (8% of Construction Cost)	\$53,097.44	
Topographic Survey Services Fee (2.5% of Construction Cost)	\$16,592.95	
<b>Basic Fee (Prelim Eng, Design &amp; Construction Services Fee)</b>	<b>\$69,690.39</b>	
<b>RIGHT-OF-WAY SERVICES COST (Add'l Service):</b>		
Obtain Title Reports (Est 16 Parcels @ \$600.00/Parcel)	\$9,600.00	
Develop Parcels & R.O.W. Map (Est 16 Parcels @ \$2,200.00/Parcel)	\$35,200.00	
<b>R.O.W. Map Services Fee</b>	<b>\$44,800.00</b>	
<b>GEOTECHNICAL INVESTIGATION (Add'l Services)</b>		
Geotechnical Services	\$8,000.00	
<b>Geotechnical Investigations Services Fee</b>	<b>\$8,000.00</b>	
<b>TOTAL PROJECT PROFESSIONAL SERVICES COST</b>		<b>\$122,490.39</b>

TOTAL PROJECT ESTIMATED COST		
<b>ESTIMATED CONSTRUCTION COST</b>	<b>\$663,718.00</b>	
<b>PROFESSIONAL SERVICES COST</b>	<b>\$122,490.39</b>	
<b>R.O.W. ACQUISITION COST (Est. 9 Ac @ \$20,000/Ac)</b>	<b>\$180,000.00</b>	
<b>EASEMENT ACQUISITION COST (Est. 50,000 SF @ \$2.00/SF)</b>	<b>\$100,000.00</b>	
<b>APPRAISAL REPORTS (@ \$2,500.00 per Parcel)</b>	<b>\$40,000.00</b>	
<b>REVIEW APPRAISALS (@ \$600.00 per Parcel)</b>	<b>\$9,600.00</b>	
<b>CLOSING COSTS (@ \$600.00 per Parcel)</b>	<b>\$9,600.00</b>	
<b>MISCELLANEOUS LEGAL COSTS</b>	<b>\$10,000.00</b>	
<b>TOTAL PROJECT COST</b>		<b>\$1,135,408.39</b>

**NOTE: DRAIN DITCH DESIGN WITHOUT DETENTION WILL NOT HANDLE A 2-YEAR DESIGN FREQUENCY STORM AND MAY CAUSE WATER TO BE BACKED UP WITHIN THE SUBDIVISIONS AND LOW-LYING AREAS BEING SERVICED BY THIS DITCH.**

## Request for Taxpayer Identification Number and Certification

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

Print or type  
See Specific Instructions on page 2.

Name (as shown on your income tax return) <b>R. Gutierrez Engineering Corporation</b>	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ ..... <input type="checkbox"/> Exempt from backup withholding	
Address (number, street, and apt. or suite no.) <b>130 E. Park Avenue</b>	
City, state, and ZIP code <b>Phar, TX 78577</b>	
List account number(s) here (optional)	
Requester's name and address (optional)	

### Part I Taxpayer Identification Number (TIN)

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

Social security number
+   +

or

Employer identification number
7   4   2   8   8   4   5   5   1

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

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

**Sign Here**

Signature of U.S. person ▶

Date ▶ January 3, 2011

### Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**U.S. person.** Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding,
- or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or

• Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

**Foreign person.** If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

**EPLS**

Excluded Parties List System

**Search Results Excluded By  
Exact Name : R. Gutierrez Engineering Corporation  
SSN/TIN as of 17-Aug-2011 9:35 AM EDT**

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**Your search returned no results.**

**Certification  
Regarding Debarment, Suspension Ineligibility**

As is required by the Federal Regulations Implementing Executive Order 12549, Debarment and Suspension, 45 CFR Part 76, Government-wide Debarment and Suspension, in the applicant certifies, to the best of his or her knowledge and belief, that both it and its principals:

- a. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency;
- b. Have not within a three-year period preceding this bid/proposal and/or application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state or local) transaction or contract under a public transaction, violation of federal or state antitrust statutes or commission of embezzlement, theft, theory, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- c. Are not presently indicted for or otherwise criminally or civilly charged by a government entity with commission of any of the offenses enumerated herein; and
- d. Have not within a three-year period preceding this bid/proposal and/or application had one or more public transactions terminated of cause or default.

Signature: 

Print Name: Ramiro Gutierrez

Title: President

Telephone Number: 956-782-2557

Date: August 17, 2011

If the proposer is unable to certify to all of the statements in this Certification, such proposer should attach an explanation to this proposal.

**CONFLICT OF INTEREST QUESTIONNAIRE****FORM CIQ**

For vendor or other person doing business with local governmental entity

**OFFICE USE ONLY**

This questionnaire reflects changes made to the law by H.B. 1491, 80th Leg., Regular Session.

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

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

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

Date Received

Filed for Record in:  
Hidalgo County  
by Arturo Guajardo J.  
County Clerk

On: Jan 04, 2011 at 04:38 P

As a Recording

Document Number: 216706  
Total Fees: 16.00

Receipt Number - 1167516

By:  
Teresa Hidalgo, Deputy**1** Name of person who has a business relationship with local governmental entity.

Ramiro Gutierrez

**2**  Check this box if you are filing an update to a previously filed questionnaire.

(The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)

**3** Name of local government officer with whom filer has employment or business relationship.

N / A

Name of Officer

This section (item 3 including subparts A, B, C &amp; D) must be completed for each officer with whom the filer has an employment or other business relationship as defined by Section 176.001(1-a), Local Government Code. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer named in this section receiving or likely to receive taxable income, other than investment income, from the filer of the questionnaire?

 Yes  No

B. Is the filer of the questionnaire receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer named in this section AND the taxable income is not received from the local governmental entity?

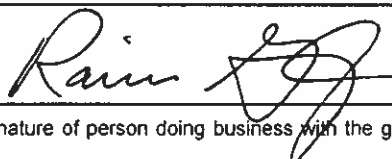
 Yes  No

C. Is the filer of this questionnaire employed by a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?

 Yes  No

D. Describe each employment or business relationship with the local government officer named in this section.

**4**

  
 Signature of person doing business with the governmental entity

January 3, 2011

Date

RAMIRO GUTIERREZ

Adopted 06/29/2007



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/17/2011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Valley Insurance Provider PO Drawer 3783 McAllen TX 78502	<b>CONTACT NAME:</b> Ron Dunagan <b>PHONE (A/C, No., Ext):</b> (956) 787-8536 <b>FAX (A/C, No.):</b> (956) 787-7232 <b>E-MAIL ADDRESS:</b> rdunagan@vip-ins.net <b>PRODUCER CUSTOMER ID #:</b> 374
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Zurich North America <b>INSURER B:</b> America First Insurance <b>INSURER C:</b> Zurich North America <b>INSURER D:</b> Zurich North America <b>INSURER E:</b> Landmark American Insurance Company <b>INSURER F:</b>
<b>INSURED</b> R Gutierrez Engineering C 130 E. Park Pharr TX 78577-0000	

**COVERAGES**

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		PAS 42735911	11/05/2010	11/05/2011	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 - COMPIOP AGG \$ 2,000,000
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		BA 4885213	11/05/2010	11/05/2011	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE  DEDUCTIBLE RETENTION \$		PAS 42735911	11/05/2010	11/05/2011	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$ \$
D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A		WC 03811132 01	11/05/2010	11/05/2011	WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
E	<b>PROFESSIONAL LIABILITY</b>		LHR728055	11/05/2010	11/05/2011	Per Claim Limit 1,000,000 Aggregate Limit 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

AI 002525

 HIDALGO COUNTY- URBAN COUNTY PROGRAM  
 1916 TESORO BLVD  
 PHARR TX 78577-

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE