

SAM Engineering and Surveying, Inc.



Reg.No. F-10602

200 South Cage Blvd., Pharr, Texas 78577, P.O. Box 3353 (Edinburg, Texas 78540)

May 22, 2012

Joel Quintanilla
Commissioner
Hidalgo County Precinct #1
1902 Joe Stephens Ave.
Weslaco, Texas 78596

Re: Letter of Recommendation for Non-Cost Change Order
Hidalgo County Urban County Program
TDRA Precinct #1- Street/Drainage Improvement - Catarina Subdivision
Bid No. 6536-65-0311-5100-6510

Commissioner Quintanilla,

We have reviewed the proposed Change Order No. 2 (addition of contract days) as requested by SASCON, Inc. The requested increase in contract time is based on the following: 1. Change Order No. 1 time to approve for material changes, 2. Contractor and Sub-Consultant agreement procedure, 3. Continuous rain delays..

After review of the proposed change order consisting of the net increase of 88 contract days, we recommend that a change order be approved.

SASCON, Inc. thru the sub-consultant is currently working and on pace to complete the required improvements within the requested additional contract time. If you have any questions you may contact me at (956) 702-8880 to discuss.

Respectfully Submitted,

A handwritten signature in black ink, appearing to read "Saul Maldonado".

Saul Maldonado, P.E.
Principal



CONTRACT AMENDMENTS

Form 9-4 Construction Contract Change Order Approval Request

Owner: Hidalgo County Precinct No. 1 1902 Joe Stephens Ave. Weslaco, TX 78596 Phone #: (956) 968-8733	Contract For: Pct. 1 Catarina Subdivision Street & Drainage Improvements Project: Martinez, Ford, Dunn & Maritza St.	Date: May 22, 2012 Project No.: 6536-65-0311-6500-UCP-EGG
Contractor: Sascon, Inc. 5200 N. 26 th St McAllen, Tx 78504 Agreement Date: August 2, 2011 Phone #: (956)682-3454	Engineer: SAMES, Inc. Phone #: (956)702-8880 Engineer's Project No.: 6536-65-0311-5100-6510-UCP-EGG	DR Contract No.: DRS010068 GLO Contract No.: 10-5066-000-5043 Change Order No.: 2 (Modification request to previously submitted CO No. 2)

You are hereby requested to comply with the following changes from the contract plans and specifications:

Item No.	Description of Changes-Quantities, Units, Unit Prices, Change in Completion Scheduled, Etc.	Decrease in Contract Price	Increase in Contract Price
1	The change in material quantities, the time necessary to approve Change Order No. 1, and the need for the Contractor to prepare a sub-consultant agreement requires the addition of time to contract.		
<u>Change in Contract Price:</u>		<u>Change in Contract Time:</u>	
Original Contract Price: \$472,395.20		Original Contract Time: <u>90</u> days	
Previous Change Order(s) No. <u>1</u> to No. <u>1</u> \$16,940.00		Net Change From Previous Change Order <u>60</u> days	
Contract Price Prior to this Change Order: \$489,335.20		Contract Time Prior to this Change Order <u>150</u> days	
Net Increase/Decrease of this Change Order: \$0.00		Net Increase/Decrease of this Change Order <u>28</u> days	
Contract Price With all Approved Change Orders: \$489,335.20		Contract Time With All Approved Change Orders <u>178</u> days	
Cumulative % Change in Contract Price: %			



CONTRACT AMENDMENTS

DR Division reimbursement of costs approved by this change order is subject to approval by TDRA.

RECOMMENDED: Engineer

APPROVED: Owner

ACCEPTED: Contractor

By: Saul D. Maldonado
Print Name

By: Comm. Joel Quintanilla
Print Name

By: Jason Skloss - Sascon, Inc
Print Name

Authorized Signature (handwritten)

Authorized Signature

Authorized Signature

Date: 05/22/2012

Date:

Date:

JUSTIFICATION FOR CHANGE

Table with 3 rows: Grantee: Hidalgo County Urban County Program, DRS Contract No.: DRS010068, Change Order No.: 2

1. Will this Change Order increase or decrease the number of beneficiaries?
Increase Decrease No Change

If there is a change, how many beneficiaries will be affected: Total L/M

2. Effect of this change on the scope of work:
Increase Decrease No Change

3. Effect on operation and maintenance costs:
Increase Decrease No Change

4. Are all prices in the change order dependent upon unit prices found in the original bid?
Yes No
If "NO", explain:

5. Will this change order be completed within the contract period?
Yes No

If "NO", expected completion date:

6. Has this change created new circumstances or environmental conditions which may affect the project's impact, such as concealed or unexpected conditions discovered during actual construction?

Yes No

If "YES", is an Environmental Re-assessment required?
Yes No

7. Is the Texas Commission on Environmental Quality (TCEQ) clearance still valid:
Yes No



CONTRACT AMENDMENTS

8. Is the TCEQ permit approval still valid? (sewer projects only)
This is a street and drainage improvement project. Yes No
9. Are the handicapped access requirements/approval still valid (if applicable)?
N/A Yes No
10. Are other Disaster Recovery contractual special condition clearance still valid?
(If no, specify): Yes No

ACORD

CERTIFICATE OF LIABILITY INSURANCE

MSG# 42788200-0001

DATE (MM/DD/YYYY)
07/29/2011

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).

PRODUCER
Willis of Texas, Inc.
1400 N McColl Rd Suite 105
P O Drawer 3785
McAllen, TX 78502

CONTACT NAME:
PHONE (A/C No. Ext): 956 682-9423
E-MAIL ADDRESS:
FAX (A/C No.): 956871286

INSURED
Sascon Inc
5200 N 26th Lane
McAllen, TX 78504

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	Wausau Insurance Company	
INSURER B:	Employers Insurance of Wausau	21415
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

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.

SR	TR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS												
		<input checked="" type="checkbox"/> GENERAL LIABILITY		YVZ91446458031	07/24/2011	07/24/2012	<table border="1"> <tr><td>EACH OCCURRENCE</td><td>\$1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (E) occurrence</td><td>\$300,000</td></tr> <tr><td>MED EXP (Any one person)</td><td>\$5,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td>\$1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td>\$2,000,000</td></tr> <tr><td>PRODUCTS - COMP/PROP Acc</td><td>\$1,000,000</td></tr> </table>	EACH OCCURRENCE	\$1,000,000	DAMAGE TO RENTED PREMISES (E) occurrence	\$300,000	MED EXP (Any one person)	\$5,000	PERSONAL & ADV INJURY	\$1,000,000	GENERAL AGGREGATE	\$2,000,000	PRODUCTS - COMP/PROP Acc	\$1,000,000
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		<input type="checkbox"/> AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC																	
		<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY		ASJZ91446458021	07/24/2011	07/24/2012	<table border="1"> <tr><td>COMBINED SINGLE LIMIT (E) accident</td><td>\$1,000,000</td></tr> <tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr> </table>	COMBINED SINGLE LIMIT (E) accident	\$1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$				
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		<input type="checkbox"/> RETENTION \$																	
		<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		WCCZ91446458011	07/24/2011	07/24/2012	<table border="1"> <tr><td>WC STATUTORY LIMITS</td><td></td></tr> <tr><td>DIH-CR</td><td></td></tr> <tr><td>EL EACH ACCIDENT</td><td>\$1,000,000</td></tr> <tr><td>EL DISCAS - CA EMPLOYEE</td><td>\$1,000,000</td></tr> <tr><td>EL DISCAS - POLICY LIMIT</td><td>\$1,000,000</td></tr> </table>	WC STATUTORY LIMITS		DIH-CR		EL EACH ACCIDENT	\$1,000,000	EL DISCAS - CA EMPLOYEE	\$1,000,000	EL DISCAS - POLICY LIMIT	\$1,000,000		
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		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)																	
		Y/N <input checked="" type="checkbox"/> N/A																	
		Describe under DESCRIPTION OF OPERATIONS below																	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Cat: Catarina Subdivision, Progreso, TX

CERTIFICATE HOLDER
Hidalgo County
Urban County Program
1916 Tesoro Blvd
Pharr, TX 78577

CANCELLATION
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
Brian E Lewis