

EXHIBIT "A"

**HIDALGO COUNTY  
Professional Consulting Services  
Contract # C-11-117-08-02**

**WORK AUTHORIZATION No.1**

**THIS WORK AUTHORIZATION** is made pursuant to the terms and conditions of the Service Contract made by and between **HIDALGO COUNTY**, action herein by and through the **Commissioner's Court**, hereinafter called the "Owner," and, "**GODINEZ COMMUNICATIONS**," professional consultant of **McAllen, Texas**, hereinafter called "Consultant."

**PART 1. SCOPE OF WORK**

The purpose of this Work Authorization is for the CONSULTANT to provide professional consulting services as it pertains to the following:

Provide facilitation, organization and communications services and support for the Hidalgo County Drainage Advisory Committee as appointed by the Hidalgo County Commissioners' Court and managed by the Hidalgo County Drainage District #1.

The scope of services to be provided by the **CONSULTANT** is identified in **EXHIBIT "B"- Scope of Services to be Provided by the Consultant** attached hereto. The project work schedule is identified in **EXHIBIT "C" – Project Work Schedule** attached hereto.

**PART 2. ESTIMATED COST**

The estimated cost for services under this Work Authorization is \$ 34,275. This amount is based upon the costs outlined in the Estimated Cost Proposal attached hereto as **EXHIBIT "C" – Project Work Schedule and EXHIBIT "D" - Consultant Cost/Rates** attached hereto.

**PART 3. PAYMENT**

Compensation and payment to the **CONSULTANT** for the services established under this Work Authorization shall be made in accordance with Article/Part/Section 3 of the Agreement.

**PART 4. FUNDING**

This Work Authorization NO.1 shall be funded through funding source:

Account **No. 2-1100-415-00-115-002-0311**

Requisition Number **210147**

**PART 5. PERIOD OF SERVICE**

This Work Authorization shall become effective on the date of final acceptance of the parties hereto, and terminate upon completion of scopes of the work.

**PART 6. RESPONSIBILITIES AND OBLIGATIONS**

This Authorization does not waive the parties' responsibilities and obligations provided under the **Agreement**.

**PART 7. ACKNOWLEDGEMENT AND CONFIRMATION**

Acknowledgement and confirmation by Hidalgo County Judge Ramon Garcia as to content and detail of this Work Authorization No. 1.

HIDALGO COUNTY JUDGE's Office

BY: *Ramon Garcia*

**Ramon Garcia, County Judge**

Approved by Commissioners' Court  
on 1-10-12 *kw*

**PART 8. ACCEPTANCE AND APPROVAL**

This Work Authorization is hereby accepted, approved by Hidalgo County Commissioners' Court on as indicated below and effective as of \_\_\_\_\_ day of , 2011.

**THE CONSULTANT:  
GODINEZ COMMUNICATIONS**

**THE OWNER:  
HIDALGO COUNTY**

BY: *Brian Godinez*  
Brian Godinez

BY: *Ramon Garcia*  
Ramon Garcia, County Judge

ATTEST:  
BY: *Arturo Guajardo, Jr.*  
Arturo Guajardo, Jr., County Clerk

Approved by Commissioners' Court  
on 1-10-12 *kw*

**LIST OF ATTACHMENTS**

- ATTACHMENT "A" – Services to be Provided by the Owner
- ATTACHMENT "B" - Scope of Services to be Provided by the Consultant
- ATTACHMENT "C" - Work Schedule
- ATTACHMENT "D" - Consultant Cost/Rates
- ATTACHMENT "E" - Insurance Requirements Provided by the Consultant

**ATTACHMENT "A"**  
**Services to be provided by the OWNER**

The following provides an outline of the services to be provided by the OWNER in the development of the Project.

The OWNER will provide to the CONSULTANT the following:

- (1) Authorization to the CONSULTANT to begin work in accordance with Section 3 of this Agreement.
- (2) Payment for work performed by the CONSULTANT and accepted by the OWNER in accordance with Section 6 of the Agreement.
- (3) Assistance to the CONSULTANT, as necessary, to obtain the required data and information from other local, regional, State and Federal agencies that the CONSULTANT cannot easily obtain.
- (4) Provide any available relevant data the OWNER may have on file concerning the project.
- (5) Provide timely review and decisions in response to the CONSULTANT'S request for information and/or required submittals and deliverables, in order for the CONSULTANT to maintain the agreed-upon work schedule prepared in accordance with Attachment "C" of this Agreement.
- (6) Attend and participate in progress meetings as required and as coordinated and conducted by the CONSULTANT.
- (7) Assist the CONSULTANT in the preparation of the project mailing list; provide representation, a site and stenographer for all public meetings; additionally:
  - Public Meetings*
  - (a) Approve agenda and all exhibits prior to public meeting.
  - (b) Approve date and location of the meeting.
  - (c) Review/approve Public Meeting Report.
- (8) Attend the Preliminary Concept Conference coordinated and conducted by the CONSULTANT and more particularly identified in Attachment "B" of the

Agreement.

(9) Review and approve the Project design criteria.

(10) Review and approve change as required and prepared by the CONSULTANT.

## **ATTACHMENT "B"**

### Scope of Services to be Provided by the Consultant

The project will consist of working closely (daily, weekly and/or monthly) with the Drainage Advisory Committee, appointed by the Hidalgo County's Commissioners' Court and supported by the staff of the Hidalgo County Drainage District #1, and provide organization, facilitation, presentation, communications and reporting services to assist with the committee accomplishing their mission and tasks as directed by the Commissioner's Court, including:.

- Assist, plan, prepare, facilitate, communicate and/or coordinate drainage committee meetings, workshops, work sessions, briefings, presentations, materials and reports on a weekly, monthly and/or quarterly basis for the Drainage Advisory Committee and/or County Officials/Representatives for Hidalgo County's Commissioners' Court and Drainage District #1; (or as requested by County Commissioner's Court);
- If needed, Coordinate with the Drainage Advisory Committee to assist with the development of objectives and strategies for the County's Drainage Advisory Committee related to drainage capital improvement plan, financing options and public communications;
- Assist the Drainage Advisory Committee with providing appropriate input on any studies identifying issues and concerns that impact the County relating to County's drainage;
- Determine and communicate the various impacts to the Drainage Advisory Committee and/or County of any and/or such concerns relating to County revenue and expenditure efficiencies for drainage;
- If needed, prepare a schedule of work;
- Cooperate and coordinate fully with the County Commissioners' Court, as well as with the professional and administrative staffs of the County;
- Report and consult to the County Commissioners as often as reasonably necessary;
- If needed, submit a proposed schedule and tasks required to implement recommended changes;
- Research and report on County's and Drainage District communications, online technologies, public outreach, and awareness;

- If needed, prepare and present such information as may be pertinent and necessary, or as may be requested by the County, in order to evaluate features of the Consultant services and work'
- Advise the County of events which have a significant impact upon the progress of the Consultant's services and work and the approved Work Schedule;
- Prepare a Work Authorization document, which will include a description of the work to be performed, including a description of the tasks, and work schedule, and an estimated cost proposal as authorized by the County;

**ATTACHMENT C**

**PROJECT WORK SCHEDULE - Drainage Advisory Committee - Consulting Services & Costs**

Consulting Elements, Hours & Fees	JAN '12	FEB '12	MAR '12	APR '12	MAY '12	JUN '11	JUL '11	2012
<b>PRINCIPAL IN CHARGE HOURS</b>								<b>TOTALS</b>
Organization hours	4	8	8	8	8	8	8	52
Meeting Facilitation hours	4	6	6	6	6	6	6	40
Communications hours	6	5	5	5	5	5	5	36
Meeting Presentation, Materials & Reports	6	6	6	6	6	6	6	42
Principal-in-charge TTL Hours	20	25	25	25	25	25	25	170
Principal-in-charge Fees (@ \$135/hr)	\$ 2,700	\$ 3,375	\$ 3,375	\$ 3,375	\$ 3,375	\$ 3,375	\$ 3,375	\$ 22,950
<b>ADDITIONAL CONSULTING SUPPORT HOURS</b>								<b>TOTALS</b>
Graphic Design TTL Hours (@ \$65/hr)	4	4	4	4	4	4	4	28
Copy Writing TTL Hours (@ \$ 55/hr)	4	4	4	4	4	4	4	28
Admin Support TTL Hours (@ \$ 45/hr)	6	6	6	6	6	6	6	42
Additional Consulting Support TTL Hours	14	14	14	14	14	14	14	98
Additional Consulting Support TTL Fees	\$ 750	\$ 750	\$ 750	\$ 750	\$ 750	\$ 750	\$ 750	\$ 5,250
<b>TOTAL CONSULTING COSTS</b>	\$ 3,450	\$ 4,125	\$ 4,125	\$ 4,125	\$ 4,125	\$ 4,125	\$ 4,125	\$ 28,200

PROJECT EXPENSES *								TOTALS
Meeting Location Logistics Expense	\$0	\$200	\$200	\$200	\$200	\$200	\$200	\$ 1,200
Meeting Presentation, Materials & Reports Printing Expense	\$75	\$300	\$300	\$300	\$300	\$300	\$300	\$ 1,875
Meeting Expenses (lunch and beverages)	\$0	\$500	\$500	\$500	\$500	\$500	\$500	\$ 3,000
<b>TOTAL PROJECT EXPENSES</b>	\$ 75	\$ 1,000	\$ 1,000	\$ 1,000	\$ 1,000	\$ 1,000	\$ 1,000	\$ 6,075
<b>TOTAL PROJECT COSTS</b>	\$ 3,525	\$ 5,125	\$ 5,125	\$ 5,125	\$ 5,125	\$ 5,125	\$ 5,125	\$ 34,275

\* Billed at cost plus markup with supporting documentation and in accordance with Hidalgo County's Travel, Fuel, Meal, Mileage Policies

**ATTACHMENT "D"**  
 Consultant Cost/Rates

For and in consideration of the **Services** attached to this Agreement and to be rendered by the **Consultant**, the **Owner** shall pay the **Consultant** the **fee** as defined in this Agreement, and as more particularly identified as follows:

Description - All Inclusive		Hourly Fees
Principal-in-Charge		\$135
Graphic Design		\$65
Copy Writing		\$55
Administrative Support		\$45
Material Rates		
Item	Unit Rate	
Mileage (outside of Hidalgo County)	IRS Allowable Rate	
Sub-consultant Fees	Billable Hourly Rate + 10%	
Reimbursement expenses (e.g. travel out of area, printing)	At cost plus 10% (pre-approved by the County)	

**ATTACHMENT "E"**  
Insurance Requirements Provided by the Consultant





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
9/22/2011

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 Alamo Insurance Group 3201 Cherry Ridge Drive Suite D405 San Antonio TX 78230	CONTACT NAME: Liz Cruz
	PHONE (A/C, No, Ext): (210) 930-6665 FAX (A/C, No): (210) 930-1838
	E-MAIL ADDRESS: lcruz@alamoinsgrp.com
INSURER(S) AFFORDING COVERAGE	
INSURER A: Progressive Casualty Ins Co.	NAIC #
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES CERTIFICATE NUMBER: 11/12 Auto 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO.JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			08255095-0	9/22/2011	9/22/2012	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP-Basic \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<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						WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Hidalgo County is an additional insured on the Auto policy.

<b>CERTIFICATE HOLDER</b>  Hidalgo County Attn: Purchasing Department 2812 S. Highway Bus. 281 Edingburg, TX 78539	<b>CANCELLATION</b>  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  John McMahan/LIZ



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
8/19/2011

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> Alamo Insurance Group 3201 Cherry Ridge Drive Suite D405 San Antonio TX 78230	<b>CONTACT NAME:</b> Emily Rodriguez <b>PHONE (A/C, No, Ext):</b> (210) 930-6665 <b>FAX (A/C, No):</b> (210) 930-1838 <b>E-MAIL ADDRESS:</b> Erodriquez@alamoinsgrp.com													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: The United States Liability Ins</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: The United States Liability Ins		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:
INSURER(S) AFFORDING COVERAGE	NAIC #													
INSURER A: The United States Liability Ins														
INSURER B:														
INSURER C:														
INSURER D:														
INSURER E:														
INSURER F:														
<b>INSURED</b> Godinez Communications 300 S. 8th Street McAllen TX 78501														

**COVERAGES**                      **CERTIFICATE NUMBER:** 2011/2012E GOMASTER                      **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input 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						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<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						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A WC STATUTORY LIMITS    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability			SP1022568	8/18/2011	8/18/2012	\$1,000,000/\$1,000,000 Limit \$1,000 Deductible

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Certificateholder is hereby named as additional insured on professional liability as their interest may appear.

<b>CERTIFICATE HOLDER</b>  Hidalgo County Attn: Evangelina Garcia 100 E. Cano 2nd Floor Edinburg, TX 78539	<b>CANCELLATION</b>  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  John McMahan/EMILY <i>Pat M. Mahan</i>
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**Affidavit Agreement**

Date: May 24, 2011

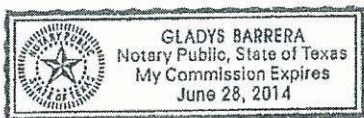
Affiant: Brian Godinez d.b.a. Godinez Communications

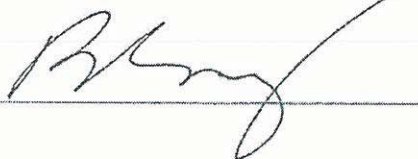
Affiant on oath swears that the following statements are true and are within the personal knowledge of Affiant.

Affiant Brian Godinez states he is a sole proprietor doing business as Godinez Communications with Hidalgo County under RFP # 2011-117 dated May 18, 2011. Affiant will provide services for Hidalgo County under a Hidalgo County RFP /Q Description: Professional Consultant Services to Assist, Assess, Review and Facilitate the County's Revenue and Expenditure Efficiencies, which will be approved upon receipt by the Hidalgo County Purchasing Department.

Affiant further states that he has no employees and does not anticipate employing any during the term of this contract. In the event Affiant does employ any staff during the contract, Affiant shall immediately notify Hidalgo County and obtain the Workers Compensation required by law. Affiant further acknowledges that failure to do so will result in cancellation of the purchase order.

Further Affiant sayeth not.



  
\_\_\_\_\_  
Printed Name of Affiant: Brian Godinez

SWORN AND SUBSCRIBED TO under oath before me on May 25, 2011

Gladys Barrera  
\_\_\_\_\_  
Notary Public, State of Texas

**APPROVED**

**AI-30361**

**13. A. 5.**

**CC REGULAR**

**Meeting Date:** 01/10/2012

**Submitted For:** Martha Salazar


**Submitted By:** Vangie Garcia, PURCHASING DEPT.

**Department:** PURCHASING DEPT.

Information

CAPTION

a. Acceptance and approval of Interlocal Agreement between Hidalgo County (County) and Hidalgo County Drainage District No. 1 (HCDD1) for consulting services to be provided by Brian Godinez d/b/a Godinez Communications with the County's Contract #C-11-117-08-02 pursuant to Commissioners Court approval of Work Authorization No.1 with reimbursement to the County by Hidalgo County Drainage District No. 1 as allowed under Section 2 of the Interlocal Cooperation Agreement as approved on April 22, 2008; and

 b. Acceptance and approval of Work Authorization No. 1 in the amount of \$34,275.00 to "Provide facilitation, organization and communications services and support for the Hidalgo County Drainage Advisory Committee" through Contract #C-11-117-08-02 with Brian Godinez d/b/a Godinez Communications.

BACKGROUND

Fiscal Impact

**FISCAL YEAR:** 2012

**ACCT. #:** 2-1100-132-50-000-000-0-000

**FUNDS AVAILABLE Y/N?:** Y

**MATCHING FUNDS Y/N?:** N

BUDGETARY IMPACT:

Expenditures will be paid out of referenced receivable account as per Auditor's office.

Attachments

- HCDD1 INTERLOCAL
- Contract Documentation With Brian Godinez
- Work Authorization #1
- Interlocal Documentation
- legals approval
- insurance

Form Review

<b>Inbox</b>	<b>Reviewed By</b>	<b>Date</b>
Purchasing Department	Marty Salazar	12/29/2011 02:31 PM
Budget & Management	Merlen P. Munoz	12/29/2011 02:39 PM
Rosalinda Cantu	Rosie Cantu	12/29/2011 04:06 PM
Auditor's Office	Angela Garcia	12/29/2011 04:59 PM
Form Started By: Vangie Garcia		Started On: 12/28/2011 04:06 PM
Final Approval Date: 12/29/2011		



AI-30367

4.

DRAINAGE DISTRICT

Meeting Date: 01/10/2012

Submitted By: Vangie Garcia, PURCHASING DEPT.

Department: PURCHASING DEPT.

Information

CAPTION

A. Acceptance and approval of Interlocal Agreement between Hidalgo County (County) and Hidalgo County Drainage District No. 1 (HCDD1) for consulting services to be provided by Brian Godinez d/b/a Godinez Communications with the County's Contract #C-11-117-08-02 pursuant to Hidalgo County Board Of Directors approval of Work Authorization No.1 with reimbursement to the County by Hidalgo County Drainage District No. 1 as allowed under Section 2 of the Interlocal Cooperation Agreement as approved on April 22, 2008; and



B. Acceptance and approval of Work Authorization No. 1 in the amount of \$34,275.00 to "Provide facilitation, organization and communications services and support for the Hidalgo County Drainage Advisory Committee" through Contract #C-11-117-08-02 with Brian Godinez d/b/a Godinez Communications.

BACKGROUND

Fiscal Impact

FISCAL YEAR:  
FUNDS AVAILABLE? Y/N:

ACCOUNT #:  
MATCHING FUNDS? Y/N:

BUDGETARY IMPACT:

DBM WILL IDENTIFY FUNDING WITHIN THIS AGENDA MEETING. IN ADDITION, REQUISITION WILL BE PROVIDED ONCE FUNDING HAS BEEN IDENTIFIED BY DBM.

Attachments

- HCDD1 INTERLOCAL
- Work Authorization #1
- Contract Documentation
- Interlocal Agreement
- legals approval
- insurance

Form Review

Inbox	Reviewed By	Date
Budget & Management	Merlen P. Munoz	12/29/2011 08:12 AM
Perla Lopez	Perla Lopez	12/29/2011 04:44 PM
Final Approval	Angela Garcia	12/29/2011 04:51 PM
Form Started By: Vangie Garcia		Started On: 12/28/2011 04:41 PM
Final Approval Date: 12/29/2011		