



ECONOMICALLY DISADVANTAGED COUNTIES PROGRAM INFORMATION SHEET

COUNTY Hidalgo County

APPLICANT Hidalgo County

District Contact Information

NAME: Maricela Salinas

TELEPHONE: 956.702.6352

\* If the project is an "OFF-SYSTEM" project, is the project in the Unified Transportation Program (UTP) and have a local funding agreement in place, or in a District Bank Balance Program?

(Circle as appropriate)  YES  or  NO

\* If the applicant is a **CITY** within an eligible county, please answer the two following questions:

# 1 Economic Development Sales Tax? (Circle as appropriate) YES or NO

# 2 Population ( 2010 Census)? \_\_\_\_\_

PROJECT INFORMATION

UTP PRIORITY STATUS:	CON
CSJ:	0921-02-346
ESTIMATED LETTING DATE	July-17

On-System? ( Circle as appropriate) YES or  NO

LOCATION AND LIMITS - Give highway number with limits to and from.

Hidalgo County Hike and Bike Trail from S. San Antonio St. (San Juan) to S. 2nd St. (McAllen)

PROJECT SCOPE- Give type of work.

Proposed Hike and Bike Trail Connectivity

ADJUSTMENT RATIONAL- Give reason why the adjustment is needed.

The Hidalgo County has high unemployment and poverty rates and addressing the infrastructure demands places a heavy burden on the County's budget so we request a reduction in the required match for this project.

ANTICIPATED PROJECT COST BREAKDOWN OF ELIGIBLE COMPONENTS

TOTAL ADJUSTMENT-  95

1. Project Component	2. Est. Total Cost (\$)	3. Local Participation (%)	4. Est. Required Local Match (\$)	5. Local Participation After Adjustment (\$)
Construction	\$5,600,000.00	20%	\$1,120,000.00	\$56,000.00
			\$0.00	\$0.00
			\$0.00	\$0.00
			\$0.00	\$0.00
<b>TOTAL</b>	<b>\$5,600,000.00</b>		<b>\$1,120,000</b>	<b>\$56,000</b>

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

# AFFIDAVIT

The State of Texas,  
County of \_\_\_\_\_

Before me, \_\_\_\_\_, a notary public in and for the State of  
of Texas, on this day personally appeared \_\_\_\_\_, who being by  
me duly sworn, upon oath says:

I, \_\_\_\_\_, representing the city / county of  
\_\_\_\_\_, having been duly elected on  
\_\_\_\_\_ and having served continuously since that time, certify in my  
official capacity that, to the best of my knowledge, the information contained in  
this application is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Subscribed and sworn to before me, by the said \_\_\_\_\_, this  
\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, to certify which witness my hand  
and seal of office.

My commission expires \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Official Signature

\_\_\_\_\_  
Printed or stamped name of Notary