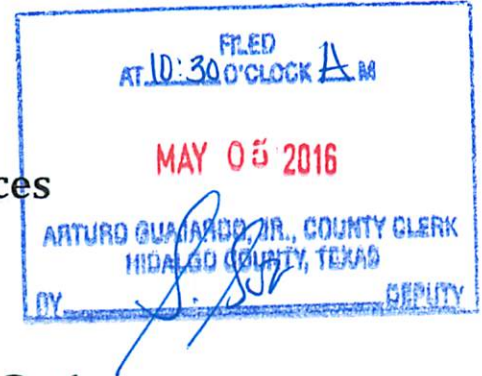


HIDALGO COUNTY
Professional Engineering Services
Contract # C-16-164-04-26
Work Authorization Form



WORK AUTHORIZATION NO. 1

THIS WORK AUTHORIZATION is made pursuant to the terms and conditions of Section I.A. of the Agreement made by and between **HIDALGO COUNTY**, action herein by and through the **Commissioner's Court**, hereinafter called the "**Owner**," and, Aranda & Associates, Inc., professional engineers of McAllen, Texas, hereinafter called "**Engineer**".

PART 1. SCOPE OF WORK

The purpose of this Work Authorization is for the **Engineer** to provide Professional Engineering Services for the Hidalgo County Roadway Reconstruction Project (Project) associated with the reconstruction of Mile 11 from FM 1015 to Mile 1 W.

The scope of services to be provided by the **Owner** is identified in *EXHIBIT "A" - Scope of Services to be Provided by the Owner* attached hereto.

The scope of services to be provided by the **Engineer** is identified in *EXHIBIT "B" - Scope of Services to be Provided by the Engineer* attached hereto.

PART 2. ESTIMATED COST

The estimated cost for services under this Work Authorization is \$ 161,155.00. This amount is based upon the costs outlined in the Estimated **Cost Proposal** attached hereto as **EXHIBIT "D"**.

PART 3. PAYMENT

Compensation and payment to the **Engineer** for the services established under this Work Authorization shall be made in accordance with **Article/Part/Section 5, 6, & 7** of the Agreement.

PART 4. FUNDING

This Work Authorization No. 1 shall be funded through funding source:
Account No. 6-1345-431-00-121-214-0-721
Requisition Number 297289 (MUST BE INCLUDED AFTER CC APPROVAL)

PART 5. PERIOD OF SERVICE

This Work Authorization shall become effective on the date of final acceptance of the parties hereto, and terminate upon project completion as indicated in the "Exhibit C-Preliminary Work Schedule".

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 Precinct #1, Commissioner A.C. Cuellar, Jr.** as to content and detail of this **Work Authorization No.1**.

HIDALGO COUNTY PRECINCT #1 Commissioner A.C. Cuellar, Jr.

BY: *A.C. Cuellar*
A.C. Cuellar, Jr., Commissioner

PART 8. ACCEPTANCE AND APPROVAL

This Work Authorization is hereby accepted, approved by Hidalgo County Commissioners' Court on 04/26/16 as indicated below and effective as of 26th day of APRIL, 2016.

THE ENGINEER:
Aranda & Associates, Inc.

THE OWNER:
HIDALGO COUNTY

James Aranda
By: James Aranda

Ramon Garcia
By: Ramon Garcia, County Judge

ATTEST:

Arturo Guajardo Jr.
By: Arturo Guajardo, Jr., County Clerk

APPROVED BY
COMMISSIONERS' COURT
ON: 4/26/16



LIST OF ATTACHMENTS

- EXHIBIT "A" - Service to be Provided by the Owner
- EXHIBIT "B" - Services to be Provided by the Engineer
- EXHIBIT "C" - Work Schedule
- EXHIBIT "D" - Cost Proposal

EXHIBIT "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 ENGINEER the following:

- (1) Authorization to the ENGINEER to begin work in accordance with Section 3 of this Agreement.
- (2) Payment for work performed by the ENGINEER and accepted by the OWNER in accordance with Section 6 of the Agreement.
- (3) Assistance to the ENGINEER, as necessary, to obtain the required data and information from other local, regional, State and Federal agencies that the ENGINEER 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 ENGINEER'S request for information and/or required submittals and deliverables, in order for the ENGINEER to maintain the agreed-upon work schedule prepared in accordance with Exhibit "C" of this Agreement.
- (6) Attend and participate in progress meetings as required and as coordinated and conducted by the ENGINEER.
- (7) Assist the ENGINEER 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 ENGINEER and more particularly identified in Attachment "B" of the

Agreement.

- (9) Assist the ENGINEER as required in the coordination with the USACE and the Federal Emergency Management Agency (FEMA) and any other coordinating agency or entity.**

- (10) Review and approve the Project design criteria.**

- (11) Review and approve change orders as required and prepared by the ENGINEER.**

EXHIBIT "B"

Scope of Services to be Provide by Engineer

The following provides an outline of the services to be provided by Aranda & Associates, Inc. (Engineer) in the development of Project, below identified specifically.

Aranda & Associates, Inc. shall ultimately provide Professional Engineering Services for the Hidalgo County Roadway Reconstruction Project (Project) associated with the reconstruction of Mile 11 from FM 1015 to Mile 1 W. The services included to be furnished under this proposal are identified in detail below as individual tasks (this list is not intended to be comprehensive):

PROFESSIONAL ENGINEERING SERVICES

- Collection of field data necessary for design,
- Horizontal data collection of identified utilities thru Texas One Call,
- Horizontal & Vertical data collection of identified utilities,
- Collection of property and easement corners identified along the project limits
- Development of civil plans - cross section pavement design, specifications and cost estimates,
- Plan Sheets (11x17in) will be provided with the plan and profile view, standard civil details and TxDOT standards,
- Sign & Seal construction drawings, specification, & estimate,
- Coordination with City of Weslaco/Hidalgo County, if required,
- Coordination with TxDOT for Driveway Permit, if required,
- Coordination with local utility companies, if required,
- Attend all necessary meetings for Plan Design as required,
- Roadway pavement design will be based on the geotechnical report provided by the owner,
- Coordination of procurement and award of project,
- Produce project as-built record drawings
- Ensure contract compliance as per project plans and specifications,
- Review and process of contractor invoices,
- Review and respond to request for information,
- Manage field conflict resolutions,
- Periodic onsite field observations,
- Conduct final walk thru, punch-list, and close-out procedures.



ARANDA & ASSOCIATES, INC.
Land Surveying • Engineering • GIS
Right-Of-Way Services • LiDAR Scanning

1552 Dove Ave., McAllen, TX 78504 Ph:956.631.0944 Fax:956.631.0992 arandaj@arandaworld.com
TBPLS# 10022500 TBPE# F-14993

April 21, 2016

A.C. Cuellar
Precinct No. 1
Hidalgo County Commissioner
1902 Joe Stephens Ave, #303
Weslaco, Texas 78596

Re: Proposal
Mile 11 Roadway Improvements

Mr. Cuellar,

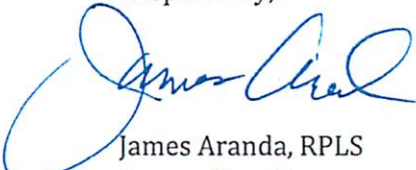
We are pleased to submit this Proposal as requested for Professional Services required by Hidalgo County for the Roadway Reconstruction along Mile 11 (FM 1015 to 1W).

Attached please find our proposal for Professional Engineering Services to be provided for the development and completion of the project intent.

Also enclosed herein are Exhibits "B" – Scope of Services, "C" – Work Schedule, and "D1" – Fee Schedule and Man-hour Breakdown for your review and consideration.

Should you have any questions or would like to discuss this submittal further, please do not hesitate to contact us.

Respectfully,



James Aranda, RPLS
Owner/President

EXHIBIT "C"

Work Schedule

The following provides an outline of the time schedule anticipated for each task required for the proposed Professional Services to be provided by Aranda & Associates, Inc. in the development of the Project.

PRELIMINARY DESIGN SERVICES: May 2, 2016 – May 15, 2016

FINAL DESIGN SERVICES: May 18, 2016 – June 27, 2016

BID & AWARD: July 10, 2016 – August 15, 2016

CONSTRUCTION: August 29, 2016 – November 28, 2016

EXHIBIT "D"

Hourly Rates

Principal	\$150.00
Registered Professional Land Surveyor	\$125.00
Project Engineer/Professional Engineer	\$125.00
Right of Way Agent	\$75.00
Design Engineer/Graduate Engineer	\$70.00
CADD Manager/Tech III	\$55.00
GIS Tech/ CADD Tech II	\$50.00
CADD Tech I	\$40.00
Resident Project Representative	\$50.00
Clerical	\$25.00
GPS Crew	\$125.00
2-Man Survey Crew	\$80.00
Party Chief	\$40.00

EXHIBIT "D1"

Fee Schedule and Estimated Man-hour Breakdown

The following provides an outline of the anticipated fee schedule that will be followed as our services are completed.

Service Description	Fee Schedule Description	Fee
Engineering Design		\$ 161,155.00
	30% Submittal	\$48,346.50
	60% Submittal	\$48,346.50
	100% Submittal	\$48,346.50
	At Contract Award	\$16,115.50

Total Lump Sum Amount - \$161,155.00

EXHIBIT D-1
ESTIMATED PROJECT FEE SCHEDULE AND MAN-HOUR BREAKDOWN
HIDALGO COUNTY MILE 11
FROM FM 1015 TO MILE 1 W

FEE INCREASE JUSTIFICATION (CHECK BOX)			
Project Limits Changed - Original limits are from A to B and New limits are from A to C	ORIGINAL	PROPOSED	INCREASE
New Location Added -xyz is added as a new improvement location	Length (ft)	10560	0.00%
Improvement Type Changed: Resurfacing has changed to Reconstruction	# sites	1	0.00%
Acquisition Services Added:	Eng Fee (\$)	\$161,155.00	0.00%

TASK DESCRIPTIONS	Scale	No. of Sheets	Principal	Project Manager	Senior Engineer	Project Engineer (PE)	Design Engineer	CADD Manager	CADDIGIS Tech	Survey Manager	Survey Crew	Project Admin	Totals
PROJECT CONTROLS													
Develop Project Scope			4			10							14
Internal Review			4			10							14
Public Agency Coordination/Permitting (including County, City, TXDOT, TCEQ, HCID 1)			16			12							28
Cost Estimate Preparation per Submittal (30%, 60%, 100%)			3			30							33
Monthly Invoicing			6			10						16	32
QUALITY CONTROL													
QA/QC Reviews 30% Submittal			2			24	4		8				38
QA/QC Reviews 60% Submittal			3			36	8		16				63
QA/QC Reviews 100% Submittal			3			36	8		8				55
Milestone Review Meetings with PMC (30%, 60%, Final)			3			36	4		8				51
ENGINEERING DESIGN													
Data Collection / Field Survey						2	40	40	80				162
Process Field Data						2	40	50	80				172
Review of geotechnical report			2			6	3						0
Develop Project Plans 30%						24	40	40	120				436
Develop Project Plans 60%						36	50	120	220				436
Develop Project Plans 100%						36	50	85	150				321
Address Review Comments						24	40	50	120				234
Assemble Front End						4	24						28
Develop and Assemble Technical Specifications						4	8						12
Prepare Bid Advertisement/Coordinate with Newspaper/Contact potential Bidders						4	8	6					18
Addressing Bid Questions						4	16						20
Prepare and Issue Addenda						2	16						20
Conduct Bid opening / Check and Tabulate Bids						2	12						14
Council Meeting for Contract Awards			4			2	1						7
Prepare Construction Award Documents						4	16						20
Pre-Construction Conference						4	8						12
Periodic Site Observations			6			12	24						42
Contractor Submittal Reviews						10	16						26
Contractor Pay Request Reviews						6	10						16
PROJECT CLOSE-OUT SERVICES													
Construction Closeout						8	16						24
Submit As-Built Plans						8	8	40	80				136
SUBTOTAL			0	56	0	410	470	431	890	0	0	16	2038
Direct Labor			\$ 150.00	\$ -	\$ -	\$ 125.00	\$ 70.00	\$ 55.00	\$ 50.00	\$ -	\$ -	\$ 25.00	\$ 400.00
Expenses (Parking, Mileage, Postal, Printing, Copying and Misc Direct Expenses)			\$ 8,400.00	\$ -	\$ -	\$ 51,250.00	\$ 32,900.00	\$ 23,705.00	\$ 44,500.00	\$ -	\$ -	\$ 400.00	\$ 161,155.00
TOTAL ESTIMATE			0	\$ 8,400.00	\$ -	\$ 51,250.00	\$ 32,900.00	\$ 23,705.00	\$ 44,500.00	\$ -	\$ -	\$ 400.00	\$ 161,155.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/21/2016

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 Anco Ins Services of Austin 3103 Bee Cave Road, Suite 242 Austin, TX 78746 Gina O'Hara	CONTACT NAME: Extension 6321 PHONE (A/C, No, Ext): 512-330-9836 FAX (A/C, No): 512-330-9856 E-MAIL ADDRESS: austincerts@anco.com														
INSURED Aranda & Associates, Inc. James Aranda 1552 Dove Avenue McAllen, TX 78504	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A : The Travelers Lloyds Ins. Co.</td> <td style="text-align: center;">41262</td> </tr> <tr> <td>INSURER B : Travelers Indemnity Co of Amer</td> <td></td> </tr> <tr> <td>INSURER C : The Charter Oak Fire Ins. Co.</td> <td style="text-align: center;">25615</td> </tr> <tr> <td>INSURER D : Continental Casualty Co.</td> <td style="text-align: center;">20443</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 Travelers Lloyds Ins. Co.	41262	INSURER B : Travelers Indemnity Co of Amer		INSURER C : The Charter Oak Fire Ins. Co.	25615	INSURER D : Continental Casualty Co.	20443	INSURER E :		INSURER F :	
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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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS														
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PACP6199P931COF	02/11/2016	02/11/2017	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td style="text-align: right;">\$ 300,000</td></tr> <tr><td>MED EXP (Any one person)</td><td style="text-align: right;">\$ 5,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000	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		\$
EACH OCCURRENCE	\$ 1,000,000																				
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C	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <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			BA6234P556GRP	02/11/2016	02/11/2017	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>BODILY INJURY (Per person)</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td style="text-align: right;">\$</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
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	\$																				
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	UB3408T860	02/11/2016	02/11/2017	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> PER STATUTE</td> <td><input type="checkbox"/> OTH-ER</td> <td></td> </tr> <tr><td>E.L. EACH ACCIDENT</td><td></td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td></td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td></td><td style="text-align: right;">\$ 1,000,000</td></tr> </table>	<input checked="" type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTH-ER		E.L. EACH ACCIDENT		\$ 1,000,000	E.L. DISEASE - EA EMPLOYEE		\$ 1,000,000	E.L. DISEASE - POLICY LIMIT		\$ 1,000,000		
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E.L. DISEASE - POLICY LIMIT		\$ 1,000,000																			
D	Errors & Omissions			LSH591889839	06/13/2015	06/13/2016	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Per Claim</td><td style="text-align: right;">1,000,000</td></tr> <tr><td>Aggregate</td><td style="text-align: right;">1,000,000</td></tr> </table>	Per Claim	1,000,000	Aggregate	1,000,000										
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Aggregate	1,000,000																				

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

County of Hidalgo is an Additional Insured on all Commercial General Liability policies. 30 days notice of cancellation applies.

CERTIFICATE HOLDER**CANCELLATION**

HIDAED2 Hidalgo County Attn: Purchasing Department 2812 S Highway Bus. 281 Edinburg, TX 78539	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
--	---



HIDALGO COUNTY PCT. 1
1902 JOE STEPHENS, STE. 101
WESLACO, TEXAS 78599

PH:956.968.8733
FAX:956.969.1417

A.C. CUELLAR JR.

COMMISSIONER PRECINCT 1

NOTICE TO PROCEED

To: James Aranda, President/CEO
Aranda & Associates, Inc.

From: Raul Lozano, Chief Administrator
Hidalgo County Precinct 1

Re: NOTICE TO PROCEED-Work Authorization No. 1- Mile 11
(FM1015 – Mile 1W)

Date: May 24, 2016

Please let this serve as a **FORMAL NOTICE** of the authorization to proceed with the scope of services as detailed under Work Authorization No. 1 in connection to Contract #C-16-164-04-26 with Hidalgo Precinct No. 1.

All work must be done in accordance with the work authorization. Any deviations must be approved in writing by the Engineer in conjunction with Precinct No. 1 Commissioner AC Cuellar. Work must commence pursuant upon issuance of this **NOTICE TO PROCEED**.

Should there be any questions regarding this notice, please do not hesitate to contact me at (956) 968-8733 extension 1022.

Thank You,

Raul Lozano



Purchase Order COUNTY OF HIDALGO

PO# 743893

DATE: 05/20/16

PAGE NO: 1 Of 1

PO TYPE:

VENDOR: 420034

REQ: 00297289

CANCELLED: 04-25-17

PHONE: (956) 631-0944

Fax: (956) 631-0992

EMAIL: ARANDAJ@ARANDAWORLD.COM

SHIP TO: HIDALGO CO. PCT 1

1902 Joe Stephens Ave
WESLACO TX 78596

ARANDA, JAMES

D/B/A ARANDA & ASSOCIATES, INC.

1552 DOVE AVE.

MCALLEN TX 78504

CONTACT: RLOZANO/DR

(956) 968-8733

SITE: COMMISSIONER, PRECINCT 1

CONTRACT NO: C-16-164-04-26

SPECIAL INSTRUCTIONS: RK34

VENDOR NOTES

1. Do not add to, or alter this Purchase Order. This Order is not renewable.
2. TAX EXEMPTION: This Purchase Order may be accepted in lieu of Exemption Certificate.
3. This Order is also placed F.O.B. Destination. Vendor must repay all shipping costs.
4. Invoice each Purchase Order singly. Original invoices are required customer copy may be accepted. Our number must appear on all invoices, bills of lading, and packages.
5. Payment will be made only for bona fide and full completed orders, unless otherwise attached.

QTY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
1.00	EACH	DO NOT DUPLICATE ORDER C-16-164-04-26 EXP 12/31/2016 APPROVED BY CC4/22/16 AI-54317 CC WORK AUTHORIZATION NO. 1 FOR PROFESSIONAL ENGINEERING SERVICES FOR MILE 11 FROM FM 1015 TO MILE 1 W ROAD RECONSTRUCTION PROJECT. <div style="text-align: right;">TOTAL:</div>	161,155.00	161,155.00
		REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233 ***** For Hidalgo County use only 6-1345-431-00-121-214-0-721 161,155.00		161,155.00

Authorized by: _____

Martha Salazar