

**HIDALGO COUNTY PURCHASING DEPARTMENT BID TABULATION SHEET**  
**HIDALGO COUNTY URBAN COUNTY PROGRAM**

DEPT NAME: COUNTY OF HIDALGO URBAN COUNTY PROGRAM  
 Bid Opening Date: July 06, 2016  
 Bid Opening Time: 9:30 am  
 Description of Bid: The Rehabilitation of one (1) unit in the city of Weslaco, the Demolition and Reconstruction of three (3) units in the countywide area, one (1) unit in the city of Weslaco, one (1) in the city of Donna, two (2) in the city of Edcouch, one (1) in the city of Elsa, three (3) in the city of San Juan  
 Grant #: M-12-UC-48-0501-RC-01

<b>G &amp; G Contractors</b>			
<b>UNITS</b>	<b>TOTAL BID AMOUNT</b>	<b>BID BOND/CASHIER'S CHECK INCLUDED</b>	
1	A. DE LEON	\$59,900.00	BB INCLUDED
2	G. PEREZ	\$58,840.00	BB INCLUDED
3	F. ALEGRIA	\$58,840.00	BB INCLUDED
4	J. GUERRERO	\$65,700.00	BB INCLUDED
5	P. LEIJA	\$58,840.00	BB INCLUDED
6	C. SALINAS	\$58,840.00	BB INCLUDED
7	F. RANGEL	\$58,840.00	BB INCLUDED
8	P. SILVA	\$58,840.00	BB INCLUDED
9	D. CARMONA	\$59,900.00	BB INCLUDED
10	M. OROZCO	\$58,840.00	BB INCLUDED
11	R. VELASQUEZ	\$58,840.00	BB INCLUDED
12	I. GARCIA	\$58,840.00	BB INCLUDED

<b>Quality Investments</b>			
<b>UNITS</b>	<b>TOTAL BID AMOUNT</b>	<b>BID BOND/CASHIER'S CHECK INCLUDED</b>	
1	A. DE LEON	NO BID	N/A
2	G. PEREZ	\$63,777.00	BB INCLUDED
3	F. ALEGRIA	\$58,777.00	BB INCLUDED
4	J. GUERRERO	\$66,277.00	BB INCLUDED
5	P. LEIJA	\$59,277.00	BB INCLUDED
6	C. SALINAS	\$59,277.00	BB INCLUDED
7	F. RANGEL	\$58,777.00	BB INCLUDED
8	P. SILVA	\$58,777.00	BB INCLUDED
9	D. CARMONA	\$61,277.00	BB INCLUDED
10	M. OROZCO	\$64,277.00	BB INCLUDED
11	R. VELASQUEZ	\$59,777.00	BB INCLUDED
12	I. GARCIA	\$58,777.00	BB INCLUDED

\*Revised 07.07.16

\*TYPED AS READ AT BID OPENING, AMOUNTS NOT VERIFIED/CALCULATED

# CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.  
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

## OFFICE USE ONLY CERTIFICATION OF FILING

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

QUALITY INVESTMENTS  
Mission, TX United States

Certificate Number:  
2016-84350

Date Filed:  
07/13/2016

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Hidalgo County-Urban County Program

Date Acknowledged:  
07/14/2016

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

M-12-UC-48-0501-RC-01  
DEMOLITION AND RECONSTRUCTION OF HOUSES

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	VILLANUEVA, EMIGDIO	MISSION, TX United States	X	

5 Check only if there is NO Interested Party.

6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

\_\_\_\_\_  
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath

\_\_\_\_\_  
Printed name of officer administering oath

\_\_\_\_\_  
Title of officer administering oath

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Hidalgo County-Urban County Program

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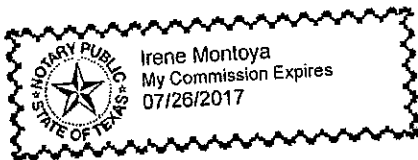
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DEMOLITION AND RECONSTRUCTION OF HOUSES

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	VILLANUEVA, EMIGDIO	MISSION, TX United States	X	

5 Check only if there is NO Interested Party.

### 6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.



*[Signature]*  
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Emigdio Villanueva, this the 14<sup>th</sup> day of July, 20 16, to certify which, witness my hand and seal of office.

*[Signature]*  
Signature of officer administering oath

Irene Montoya  
Printed name of officer administering oath

Notary  
Title of officer administering oath

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> McClelland and Hlne, Inc. 2200 Thousand Oaks Suite 101 San Antonio, Texas 78232	Contact Name:	
	Phone:	Fax:
<b>INSURED</b> Emigdio Villanueva dba Quality Investments  PO BOX 943 MISSION, TX 78572	E-Mail Address:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Seneca Specialty Ins Co	
	INSURER B:	
	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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			BAG1041285	10/12/2015	10/12/2016	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (EA OCCUR)	\$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (ANY ONE PERSON)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 1,000,000
							PRODUCTS-COMP/OP AGG	\$ 1,000,000
								\$
								\$
								\$
								\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea Accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per Accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS							
	<input type="checkbox"/> NON-OWNED AUTOS							
	UMBRELLA LIAB	<input type="checkbox"/>	OCCUR				EACH OCCURRENCE	\$
	EXCESS LIAB	<input type="checkbox"/>	CLAIMS-MADE				AGGREGATE	\$
	DED		RETENTIONS					\$
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in Nt)		Y/N				E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below.		N/A				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)

<b>CERTIFICATE HOLDER</b>  COUNTY OF HIDALGO  427 E DURANTA AVE SUITE 107 ALAMO, TX 78516	<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: 
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