



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:                   | 0864-01-069 |
| ESTIMATED LETTING DATE | January-20  |

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

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

FM 494, From Mile 3 N (FM 1924) to Mile 5  
(Hidalgo County's Jurisdiction: Mile 4 to Mile 5)

PROJECT SCOPE- Give type of work.

Widen to 4 lane

ADJUSTMENT RATIONAL- Give reason why the adjustment is needed.

Hidalgo County is marked with high unemployment and poverty rates. 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- 91

| 1.                 | 2.                    | 3.                      | 4.                             | 5.  |
|--------------------|-----------------------|-------------------------|--------------------------------|---|
| Project Component  | Est. Total Cost (\$)  | Local Participation (%) | Est. Required Local Match (\$) | Local Participation After Adjustment (\$) |
| Right of Way       | \$1,044,400.00        | 10%                     | \$104,440.00                   | \$9,399.60                                |
| Eligible Utilities | \$576,000.00          | 10%                     | \$57,600.00                    | \$5,184.00                                |
|                    |                       |                         | \$0.00                         | \$0.00                                    |
|                    |                       |                         | \$0.00                         | \$0.00                                    |
| <b>TOTAL</b>       | <b>\$1,620,400.00</b> |                         | <b>\$162,040</b>               | <b>\$14,584</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