



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

Table with 2 columns: Field (UTP PRIORITY STATUS, CSJ, ESTIMATED LETTING DATE) and Value (CON, 1064-01-032, January-18)

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

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

FM 676, from SH 364, east to SH 107

PROJECT SCOPE- Give type of work.

Widen to 4 lane divided

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

Table with 5 columns: 1. Project Component, 2. Est. Total Cost (\$), 3. Local Participation (%), 4. Est. Required Local Match (\$), 5. Local Participation After Adjustment (\$). Rows include Right of Way, Eligible Utilities, and TOTAL.

Approved by: _____ Date: _____



AFFIDAVIT

The State of Texas,
County of _____

Before me, _____, a notary public in and for the State 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



600 W. Interstate 2 | Pharr, Texas 78577-1231 | (956) 702-6100 | www.txdot.gov

June 14, 2017

The Honorable Ramon Garcia
County Judge, Hidalgo County
P.O. Box 1356
Edinburg, Texas 78540

RCV'D DEPT BDGT & MGMT
JUN 30 '17 AM 11:40

RE: Economically Disadvantaged County (EDC) Program Application
FM 676, From SH 364, East to SH 107
CSJ: 1064-01-032
RCSJ: 1064-01-037

Dear Judge Garcia:

Attached for your review and consideration is the drafted Economically Disadvantaged County (EDC) Program Application and an Affidavit for the subject project. If the County would like to apply for the EDC reduction on their local participation for right of way and eligible utilities, please complete the affidavit only and return it to the attention of Mr. Homero Bazan, Jr., our Director of Transportation Planning and Development, at the above address for further processing. Once the completed affidavit is received, I will sign the EDC Program Information Sheet and mail you the approved form for your records.

Please contact Mr. Bazan or me at (956)702-6100 if you have any questions regarding this submission.

Sincerely,



Toribio Garza, Jr., P.E.
Pharr District Engineer

Attachments

cc: Hector Gonzalez, Jr., P.E., Deputy District Engineer
Homero Bazan, Jr., P.E., TxDOT Director of Transportation Planning and Development
Rene Garza, P.E., TxDOT Pharr Area Engineer
Griselda Saldivar, P.E., TxDOT Project Manager