



rike
ogden
figueroa
allex

August 31, 2017

Diana R. Serna, Executive Director
Urban County Program
427 E. Duranta Avenue, Suite 107
Alamo, TX 78516

Re: Bid# 5016-15-0315-5000-1500-UCP-GVG
Hidalgo County Urban County Program
City of Donna Fire Station Equipment Project
Donna, Texas

Dear: Ms. Serna,

We have been informed by Mr. Mike Meza, City of Donna in concurrence with Mr. Ernesto Silva that the City intends to award the project to the lowest responsible bidder based on the base bid and alternate No. 1.

Following is a breakdown for each bidder:

NM Contracting	\$598,900.00	Base Bid
	<u>\$ 5,200.00</u>	Alternate No. 1
	\$604,100.00	Total
G & G Contractors	\$627,382.50	Base Bid
	<u>\$ 10,000.00</u>	Alternate No. 1
	\$637,382.50	Total
Tri-Gen Construction	\$689,000.00	Base Bid
	<u>\$ 5,563.00</u>	Alternate No. 1
	\$694,563.00	Total
Holchemont, LLC	\$743,000.00	Base Bid
	<u>\$ 3,700.00</u>	Alternate No. 1
	\$746,700.00	Total

Ms. Serna, the remaining respective bid information can be found in the bid tabulation sheet. Should you need any clarification please contact me.

Sincerely,
Rike Ogden Figueroa Alex Architects Inc.


Principal

cc: Mike Mesa City of Donna, Mr. Ernesto Silva, Mr. Tony Barco, Ms. Lupita Garcia

HIDALGO COUNTY PURCHASING DEPARTMENT BID TABULATION SHEET

DEPARTMENT NAME: HIDALGO COUNTY – URBAN COUNTY PROGRAM

BID OPENING DATE: August 2, 2017 BID OPENING TIME: 9:30 A.M.

DESCRIPTION OF BID: “City of Donna Fire Stations/ Equipment”

BID NO: 5016-15-0315-5000-1500-UCP-GVG

PROCUREMENT SPECIALIST:

BID # RFB#	NAME OF COMPANY	BASE BID	ALTERNATE #1	ALTERNATE #2	ALTERNATE #3	ADDENDUM REQUIRED	BID BOND OR CHECK INCLUDED
#1	RG Enterprises, LLC dba G&G Contractors	\$627,382.50	\$10,000.00	\$10,000.00	\$10,000.00	ACKNOWLEDGED	BB INCLUDED
#2	Holchemont, LTD	\$743,000.00	\$3,700.00	\$21,300.00	\$8,500.00	ACKNOWLEDGED	BB INCLUDED
#3	NM Contracting, LLC	\$598,900.00	\$5,200.00	13,100.00	10,700.00	ACKNOWLEDGED	BB INCLUDED
#4	Tri-Gen Construction	\$689,000.00	\$5,563.00	\$24,058.00	\$9,200.00	ACKNOWLEDGED	BB INCLUDED
#5							
#6							
#7							

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

**CONSTRUCTION
CONTRACT**

This Agreement entered into this September 12, 2017 by and between Hidalgo County acting by and through Hidalgo County Urban County Program, hereinafter called the "OWNER", acting herein through its County Judge and NM Contracting, LLC (a corporation) (a partnership) (an individual) of McAllen, State of Texas, hereinafter called "CONTRACTOR".

WITNESSETH

That for and in consideration of the payments and agreements hereinafter mentioned, to be made and performed by the OWNER, the CONTRACTOR hereby agrees with the OWNER to commence and complete the construction described as follows:

PROJECT NAME: Donna Fire Station/Equipment
PROJECT No.: 5016-15-0315-5000-1500-UCP-GVG
PROJECT DESCRIPTION: Improvements to the Donna Fire Station

hereinafter called the project, for the sum of (\$604,100.00) –Six Hundred and Four Thousand, One Hundred Dollars and 0 Cents. and all extra work in connection therewith, under the terms as stated in the General and Special Conditions of the Contract; and at his (its or their) own proper cost and expense to furnish all the materials, supplies, machinery, equipment, tools, superintendence, labor, insurance, and other accessories and services necessary to complete the said project in accordance with the conditions and prices stated in the Proposal, the General Conditions, Supplemental General Conditions and Special Conditions of the contract, the plans, which include all maps, plats, blue prints, and other drawings and printed or written explanatory matter thereof, the specifications and contract documents therefore as prepared by ROFA Architects and as enumerated in Paragraph 1 of the Supplemental General Conditions, all of which are made a part hereof and collectively evidence and constitute the contract.

The CONTRACTOR hereby agrees to commence work under this contract on or after a date to be specified in a written "Notice to Proceed" of the OWNER and to fully complete the project within (150) One Hundred and Fifty consecutive calendar days thereafter. The CONTRACTOR further agrees to pay, as liquidated damages, the sum of (\$500.00) Five Hundred Dollars and zero cents for each consecutive calendar day thereafter as hereinafter provided in Paragraph 19 of the General Conditions.

The OWNER agrees to pay the CONTRACTOR in current funds for the performance of the contract, subject to additions and deductions, as provided in the General Conditions of the contract, and to make payments on account thereof as provided in Paragraph 25, "Payments to Contractor", of the General Conditions.

IN WITNESS WHEREOF, the parties to these presents have executed this contract in four (4) counterparts, each of which shall be deemed an original, in year and day first above mentioned.

Noel Muñoz, Owner

Name of Firm: NM Contracting, LLC

Address: 2022 Orchid Avenue,
McAllen, Texas 78504

Federal I.D./S.S.: _____

STATE OF TEXAS '

COUNTY OF HIDALGO '

This instrument was acknowledged before me on this the ___ day of _____, 20____,

by _____, _____ of and on behalf of _____.
(title) (a corporation) (a partnership) (an individual)

Notary Public - Signature

WITNESS:

URBAN COUNTY PROGRAM

Diana R. Serna , Director
Urban County Program

APPROVED AS TO FORM
Atlas, Hall & Rodriguez
By: Stephen L. Crain
Date: April 28, 2016



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/01/2017

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 Ball Insurance Agency 514 E Van Buren Ave Harlingen, TX 78550		CONTACT NAME: Danny Longoria PHONE (A/C No. Ext): (956) 428-4031 E-MAIL ADDRESS: danny@ballrgv.com FAX (A/C No): (956) 412-7010	
INSURED NM Contracting LLC 2022 Orchid Avenue McAllen TX 78504		INSURER(S) AFFORDING COVERAGE INSURER A: Gemini Insurance Company INSURER B: Kinsale Insurance Company 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 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:	Y	Y	VGGP002820	08/06/2017	08/08/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ EXCLUDED PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$ COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	Y	0100054759-0	08/07/2017	08/07/2018	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$ PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	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				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Project Name: City of Donna Fire Station / Equipment Project

CERTIFICATE HOLDER Hidalgo County- Urban County Program 427 E. Duranta Ave. Suite 107 Alamo TX 78516	CANCELLATION 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 Daniel C Longoria <i>Daniel C Longoria</i>
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/05/2017

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or 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 StateFarm RAUL RESENDEZ STATE FARM INSURANCE 200 S SUGAR RD EDINBURG TX 78539	CONTACT NAME: VERONICA CAMPOS PHONE (A/C, No, Ext): 956-383-2886 FAX (A/C, No): 956-467-5527 E-MAIL ADDRESS: VERONICA.CAMPOS.KLIV@STATEFARM.COM
	INSURER(S) AFFORDING COVERAGE INSURER A: State Farm Mutual Automobile Insurance Company INSURER B: INSURER C: TEXAS COUNTY MUTUAL 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$	
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY	Y	Y	175 1350-F06-53C	06/06/2017	06/06/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$	
C	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	Y	0001233585	02/04/2017	02/04/2018	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

PROJECT: CITY OF DONNA FIRE STATION/EQUIPMENT PROJECT

CERTIFICATE HOLDER**CANCELLATION**

HIDALGO COUNTY URBAN COUNTY PROGRAM 427 E DURANTA AVE SUITE 107 ALAMO TX 78518	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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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.
NM Contracting, LLC
McAllen, TX United States

Certificate Number:
2017-256381

Date Filed:
09/04/2017

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

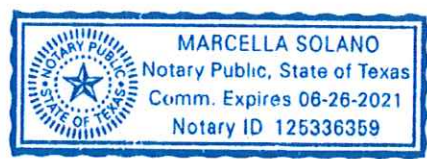
Date Acknowledged:

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.
5016-15-0315-5000-1500-UCP-GVG
City of Donna Fire Station / Equipment Project

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Munoz, Jr., Noel	McAllen, 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 Noel Munoz, Jr., this the 5th day of September, 2017, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath
Marcella Solano Printed name of officer administering oath
Notary Title of officer administering oath

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.

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

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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

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.

5016-15-0315-5000-1500-UCP-GVG
City of Donna Fire Station / Equipment Project

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Munoz, Jr., Noel	McAllen, 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