

August 7, 2018

Diana Serna, Director
Hidalgo County – Urban County Program
427 E. Duranta Ave., Suite 107
Alamo, Texas 78516

**Re: Hidalgo Co. Urban County Program – City of Peñitas:
2017 Street Improvement Project (Tom Gill Road)
UCP No. 5017-60-0311-5000-6000-UCP-GVG
LEMC No. 219**

Dear Ms. Serna:

On Wednesday, August 1, 2018, bids were received and opened for City of Peñitas – 2017 Street Improvement (Tom Gill Road) Project located in Peñitas, Hidalgo County, Texas. A total of five (5) bids were received, in which, LEMC, LLC reviewed the submitted proposals and compiled the bid tabulation as attached.

After the review of the Bid Tabulations, LEMC, LLC confirmed that GNH Company, LLC from Alamo, Texas was the lowest bidder for the Base Bid in the amount of **\$148,856.50**. LEMC has verified references and disbarment list with no negative impact on our recommendation. In review of the tabulated items and provided information, LEMC recommends:

GNH Company, LLC with Base Bid in the amount of

Base Bid - \$148,856.50

It has been LEMC's pleasure to work with Hidalgo Urban County on this project, and look forward to continue to do so. Should you have any questions or concerns, please do not hesitate to contact our office at (956) 687-5362.

Sincerely,



Richard LeFevre, PE, CFM
Project Engineer

Enclosures:

cc: Guadalupe V. Garcia, Program Coordinator, Urban County Program
Omar Romero, City Manager, City of Peñitas

**CONSTRUCTION
CONTRACT**

This Agreement entered into this August 14, 2018 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 GNG Company, LLC (a corporation) (a partnership) (an individual) of Alamo, 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: Peñitas- 2017 Street Improvements (Tom Gill)
PROJECT No.: 5012-2017-60-0311-5000-6000-UCP-GVG
PROJECT DESCRIPTION: Street Improvements to Tom Gill Road.

heinafter called the project, for the sum of (\$148,856.50) –One Hundred Forty-Eight Thousand, Eight Hundred Fifty-Six Dollars and Fifty 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 LEMIC, LLC, 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 (60) Sixty consecutive calendar days thereafter. The CONTRACTOR further agrees to pay, as liquidated damages, the sum of (\$250.00) Two Hundred-Fifty 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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/8/2018

PRODUCER Joe Campos Insurance Agency 928 W Nolana Lp Pharr, Tx 78577 956-787-8619		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED GNH Company LLC PO Box 752 Alamo, Tx 78516		INSURERS AFFORDING COVERAGE	NAIC #
		INSURER A: Evanston Insurance Co	
		INSURER B: Kemper Specialty Ins	
		INSURER C: Hartford Fire Ins Co	
		INSURER D:	
		INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L NSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS				
A		GENERAL LIABILITY	3AA156380	12/18/2017	12/18/2018	EACH OCCURRENCE	\$ 1,000,000			
	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000			
	<input type="checkbox"/>	CLAIMS MADE				<input checked="" type="checkbox"/>	OCCUR	MED EXP (Any one person)	\$ 5,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY	\$ 1,000,000	
	<input checked="" type="checkbox"/>	POLICY	<input type="checkbox"/>	PRO-JECT	<input type="checkbox"/>	LOC	GENERAL AGGREGATE	\$ 2,000,000		
B		AUTOMOBILE LIABILITY	4209925	05/19/18	05/19/19	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000			
	<input type="checkbox"/>	ANYAUTO				BODILY INJURY (Per person)	\$			
	<input checked="" type="checkbox"/>	SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$			
	<input type="checkbox"/>	HIRED AUTOS				PROPERTY DAMAGE (Per accident)	\$			
	<input type="checkbox"/>	NON-OWNED AUTOS								
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$			
		ANYAUTO				OTHER THAN EA ACC	\$			
						AUTO ONLY: AGG	\$			
		EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE	\$			
		<input type="checkbox"/>	OCCUR	<input type="checkbox"/>	CLAIMS MADE	AGGREGATE	\$			
		<input type="checkbox"/>	DEDUCTIBLE				\$			
		<input type="checkbox"/>	RETENTION	\$			\$			
C		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	61WBCAN1436	12/11/17	12/11/18	<input type="checkbox"/>	WC STATU-TORY LIMITS	<input checked="" type="checkbox"/>	OTH-ER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below				<input checked="" type="checkbox"/>	Y/N	E.L. EACH ACCIDENT	\$ 1,000,000	
		OTHER						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	
								E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Peñitas - 2017 Street Improvement (Tom Gill RD)
 Urban County Project No. 5017-60-0311-5000-6000-UCP-GVG

CERTIFICATE HOLDER

Hidalgo County Urban County Program

427 E Duranta Avenue Suite 107

Alamo, TX 78516

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Jose Campos

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

Certificate Number:
2018-389491

Date Filed:
08/08/2018

Date Acknowledged:

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

GNH Company LLC
Alamo, TX United States

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.

5017-60-0311-5000-6000-UCP-GVG
Asphalt Paving and Drainage

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.


6 UNSWORN DECLARATION

My name is Javier Hernandez, and my date of birth is 07-11-2018.

My address is PO BOX 752 (street), Alamo (city), TX (state), 78516 (zip code), Hidalgo (country).

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Hidalgo County, State of Texas, on the 8 day of August, 2018.
(month) (year)


Signature of authorized agent of contracting business entity
(Declarant)

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.

GNH Company LLC
 Alamo, TX United States

Certificate Number:
 2018-389491

Date Filed:
 08/08/2018

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:
 08/08/2018

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.

5017-60-0311-5000-6000-UCP-GVG
 Asphalt Paving and Drainage

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is _____, and my date of birth is _____.

My address is _____ (street), _____ (city), _____ (state), _____ (zip code), _____ (country).

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.

(month) (year)

 Signature of authorized agent of contracting business entity
 (Declarant)