

JAVIER HINOJOSA ENGINEERING/Consulting Engineers

416 E. Dove Avenue • McAllen, Texas 78504

Tel: (956) 668-1588 • Fax: (956) 994-8102

javhin@rgv.rr.com
TBPE FIRM NO. F-1295

October 16, 2018

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

**Re: City of Hidalgo 2016 Parks, Recreational Facility Improvements
(Valle Alto Park)
Bid No. 5016/17-35-0306-5000-3500-UCP-GVG**

Dear Ms. Serna,

Bids were received and opened for the City of Hidalgo 2016 Parks, Recreational Facility Improvements (Valle Alto Park) on October 10, 2018. A total of six bids were received with Herrcon, LLC being the low bidder with a total base bid of \$382,742.00. Attached is a copy of the bid tabulation for your review. This project involves construction of a new concession stand for the baseball fields and addition of lighting to the existing soccer fields. An alternate bid was received for the repaving of the existing walking trail within the park but will not be considered due to budgetary restraints.

Herrcon, LLC is a reputable construction company who has constructed several similar projects in the area. We recommend award of the contract to the low bidder, Herrcon, LLC for the base bid amount of \$382,742.00. If you have any questions or require further information, please feel free to contact me at your convenience.

Sincerely,

JAVIER HINOJOSA ENGINEERING



Javier Hinojosa, P.E.

cc: Ms. Guadalupe V. Garcia, Coordinator II , Urban County Program
Mr. Julian Gonzalez, City Manager, City of Hidalgo
Mr. Robert Segura, Assistant City Manager, City of Hidalgo

Bid Tabulation
Hidalgo County - Urban County Program
City of Hidalgo - 2016 Parks Recreational Facility Improvements
 (Valle Alto Park)
Bid No. 5016/17-35-0306-5000-3500-UCP-GVG
Prepared By: Javier Hinojosa Engineering
Bid Date: October 10, 2018 @ 9:30 a.m.

	Herrcon, LLC	Armin Antonio Solis Construction, LLC	Tri-Gen Construction, LLC	Holchemont, LTD	NM C
A. City of Hidalgo Valle Alto Park Improvements					
1. Demolition	\$19,200.00	\$16,250.00	\$9,240.00	\$8,700.00	-
2. New Concession Stand Including All Architectural, Electrical and Structural Improvements As Shown on Plans	\$314,542.00	\$323,749.00	\$304,510.00	\$315,000.00	-
3. Lighting on Soccer Field As Per MEP Plans	\$49,000.00	\$45,000.00	\$120,750.00	\$163,000.00	-
TOTAL BASE BID (ITEM A):	\$382,742.00	\$384,999.00	\$434,500.00	\$486,700.00	
A-1. Add Alternate No.1 (Walking Trail Improvements)					
1. Subgrade Prep.	\$3.45	\$20,000.00	\$1,350	\$9,430.00	\$4.48
2. 6" Flex Base	\$6.90	\$24,000.00	\$7,461.5	\$11,270.00	\$7.84
3. 1 1/4" HMAC (Type "D")	\$16.10	\$68,000.00	\$11,918	\$48,300.00	\$10.08
TOTAL ADD ALTERNATE NO. 1:	\$125,120.00	\$112,000.00	\$95,609.70	\$69,000.00	

NOTE: HIGHLIGHTED NUMBERS DENOTES CALCULATION ERROR

HIDALGO COUNTY PURCHASING DEPARTMENT BID TABULATION SHEET

DEPARTMENT NAME: HIDALGO COUNTY – URBAN COUNTY PROGRAM

BID OPENING DATE: October 10, 2018

BID OPENING TIME: 9:30 A.M.

DESCRIPTION OF BID: “City of Hidalgo, 2016 Parks, Recreational Facility Improvements- Valle Alto Park”

BID NO: 5016/17-35-0306-5000-UCP-GVG ADDENDUM #1 PROCURMENT SPECIALIST:
REQUIRED

BID # RFB#	NAME OF COMPANY	BASE BID	ALTERNATE #1	ADDENDUM #1 REQUIRED	BID BOND OR CHECK INCLUDED
#1	NM Contracting, LLC	\$497,700.00	\$93,520.00	✓	✓
#2	Herrcon, LLC	\$382,742.00	\$125,120.00	✓	✓
#3	Armin Antonio- Solis Construction LLC	\$384,999.00	\$112,000.00	✓	✓
#4	Tri-Gen Construction	\$434,500.00	\$95,595.80	✓	✓
#5	RG Enterprises LLC G & G Contractors	\$551,688.00	\$128,365.00	✓	✓
#6	Holchemont, LTD.	\$478,000.00	\$69,000.00	✓	✓
#7					
#8					

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.

Herrcon, LLC
McAllen, TX United States

Certificate Number:
2018-418596

Date Filed:
10/24/2018

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:

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.

5016/17-35-0306-5000-3500-UCP
2016 Parks, Recreational Facility Improvements

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 Gilbert Herrera, and my date of birth is 11-24-48.

My address is 1333 E Jasmine Ave. McAllen TX 78501 Hidalgo
(street) (city) (state) (zip code) (country)

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

Executed in Hidalgo County, State of Texas, on the 24 day of Oct., 20 18.
(month) (year)

Gilbert Herrera

Signature of authorized agent of contracting business entity
(Declarant)

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

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

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5016/17-35-0306-5000-3500-UCP
2016 Parks, Recreational Facility Improvements

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)



HERR&HU-01

RARELLANO

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/11/2018

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 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
Smith-Reagan & Associates Inc
148 N Sam Houston
San Benito, TX 78586

CONTACT NAME:
PHONE (A/C, No, Ext): (956) 399-1353 **FAX (A/C, No):** (956) 399-2185
E-MAIL ADDRESS:

INSURED
Herron, Inc.
PO Box 49
Alamo, TX 78516

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Evanston Insurance Company	
INSURER B : Nautilus	
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 RSD	BLBR 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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			3AA307222	10/10/2018	10/10/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 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) \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						\$ \$ \$ \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			AN058289	10/10/2018	10/10/2019	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/OWNER EXCLUDED? (if necessary in 101) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				

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

CERTIFICATE HOLDER Hidalgo County 2812 S. Bus. Hwy 281 Edinburg, TX 78539	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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/18/2018

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 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 San Juan Ins Agency, Inc DBA Valley Ins Providers &/or Truckers Ins PO Dwr 3783 McAllen TX 78502-	CONTACT NAME ALEYDA MOLINA	FAX (A/C. No.) (956) 781-5247
	PHONE (A/C. No. Ext.) (956) 895-1936	E-MAIL ADDRESS amolina@vip-ins.net
INSURED HERRCON, LLC 1333 E. Jasmine Ave McAllen TX 78501-	INSURER A: Texas Mutual Insurance Co	NAIC # 22845
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

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	ADDITIONAL INFO	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (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"/> PRO-JECT <input type="checkbox"/> LOC OTHERS:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Per occurrence) \$ MED. EXP. (Per person) \$ PERSONAL & ADJ. INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP/AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Per accident) \$ 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					EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETORS/PARTNERS/EXECUTIVE OFFICERS/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y/E <input type="checkbox"/> N/A	X 0001182445-3	08/01/2018	08/01/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER P.L. EACH ACCIDENT \$ 1,000,000 P.L. DISEASE - EA EMPLOYEE \$ 1,000,000 P.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)

CERTIFICATE HOLDER HIDALGO COUNTY 2812 S. Business Highway 281 EDINBURG TX 78539-	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.	AI 004809
	AUTHORIZED REPRESENTATIVE <i>J Young</i>	

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**CONSTRUCTION
CONTRACT**

This Agreement entered into this **November 6, 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 **Herrcon, 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: City of Hidalgo- Parks, Recreational Facility Imp.
PROJECT No.: 5016-35-0306-5000-3500-UCP-GVG
PROJECT DESCRIPTION: Valle Alto Park- Concession stand/bathrooms etc.

hereinafter called the project, for the sum of **(\$382,742.00) –Three Hundred Eighty-Two Thousand, Seven Hundred Forty-Two Dollars and zero 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 **Javier Hinojosa Engineering** 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 **(120) One Hundred and Twenty** 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.

Gilbert Herrera, President

Name of Firm: Herrcon , LLC

Address: 1333 E. Jasmine Avenue,
McAllen, Texas 78501

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