

JAVIER HINOJOSA ENGINEERING/Consulting Engineers

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TBPE FIRM NO. F-1295

February 1, 2019

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

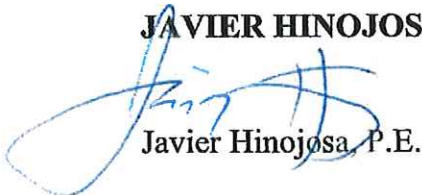
**Re: City of Palmview 2017 Palmview Park Improvements
(Showers Park Splashpad)
Bid No. 5017-55-0306-5000-3500-UCP-GVG**

Dear Ms. Serna,

Bids were received and opened for the City of Palmview 2017 Palmview Park Improvements (Showers Road Park Splashpad) on January 30, 2019. A total of five bids were received with Oasis Waterplaygrounds, Inc. being the low bidder with a total base bid of \$213,000.00. Attached is a copy of the bid tabulation for your review. This project involves construction of a new splash pad within the Showers Park located in Palmview, Texas. Oasis Waterplaygrounds, Inc. is a reputable construction company who has constructed several similar projects in the area. We recommend award of the contract to the low bidder, Oasis Waterplaygrounds, Inc., for the base bid amount of \$213,000.00. 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. Rudy Flores, III, City of Palmview, Planning, Code Enforcement &
Public Works Director

Bid Tabulation Sheet
Hidalgo County – Urban County Program
City of Palmview
2017 Palmview Park Improvements (Showers Park Splashpad)
Bid No. 5017-55-0306-5000-5500-UCP-GVG
Engineer: Javier Hinojosa Engineering
Bid Date: January 30, 2019 @ 9:30 a.m.

<u>Bidder</u>	<u>Total Base Bid</u>	<u>Bid Bond</u>
1. Oasis Waterplaygrounds, Inc.	\$213,000.00 (Correct Amount) \$210,500.00 (Read Amount)	Yes
2. G & G Contractors	\$243,958.41	Yes
3. M.J.A. Construction, LLC	\$252,373.30 (Correct Amount) \$252,383.30 (Read Amount)	Yes
4. J. Pena Construction	\$242,709.20 (Correct Amount) \$281,545.10 (Read Amount)	Yes
5. Buffalo Construction, LLC	\$300,625.00 (Correct Amount) \$301,825.00 (Read Amount)	Yes

Bid Tabulation
Hidalgo County - Urban County Program
City of Palmview - 2017 Palmview Park Improvements (Showers Park Splashpad)
Project No. 5017-55-0306-5000-5500-UCP-GVG
Engineer: Javier Hinojosa Engineering
Bid Opening : January 30, 2019 @ 9:30 a.m.

		Oasis Waterplaygrounds, Inc.	G & G Contractors	M.J.A. Construction, LLC	J Pena Construction, LTD	Buffalo Construction, LLC
A. City of Palmview (Showers Park Splashpad)						
1. 8" SDR 35 Sewer Line	100 LF	\$6,000.00	\$2,302.00	\$19,200.00	\$46,000.00	\$25,000.00
2. 6" SDR 35 Sewer Line	50 LF	\$4,000.00	\$22.44	\$13.00	\$40.60	\$20.00
3. Standard Manhole Fiberglass - 48"	1 EA	\$4,300.00	\$4,639.39	\$3,550.00	\$2,900.00	\$4,000.00
4. Tie To Exist. Sewer Manhole	1 EA	\$4,500.00	\$759.22	\$2,100.00	\$1,740.00	\$1,200.00
5. Trench Protection	100 LF	\$3,900.00	\$262.00	\$3.00	\$46.40	\$8.50
6. 2" PVC Waterline C-900 with Bends and Fittings	50 LF	\$3,500.00	\$11.14	\$9.00	\$40.60	\$14.00
7. 2" Water Meter and Backflow Preventer	1 EA	\$2,200.00	\$3,567.00	\$1,900.00	\$5,220.00	\$4,300.00
8. 2" X 2" X 2" Tapping Tee with 2" Gate Valve	1 EA	\$2,100.00	\$1,600.80	\$820.00	\$1,740.00	\$1,200.00
9. Patch Pavement	75 LF	\$2,500.00	\$39.00	\$2,925.00	\$52.20	\$125.00
10. Concrete Splash Pad	80 CY	\$39,000.00	\$235.41	\$31,175.20	\$390.56	\$345.00
11. Water Features	Lump Sum	\$59,000.00	\$94,320.00	\$79,688.10	\$95,120.60	\$96,600.00
12. Recirculation System (Including Storage Tanks, Drains and all Other Equipment)	Lump Sum	\$33,000.00	\$72,240.00	\$74,520.00	\$61,248.00	\$77,000.00
13. 10' X 12' Equipment Building (Block Building)	1 EA	\$7,100.00	\$15,874.80	\$8,500.00	\$20,880.00	\$35,000.00
14. Canopy/Salts (Including Support Beams)	2 EA	\$4,450.00	\$7,200.00	\$13,475.00	\$9,280.00	\$9,500.00
15. 5' Wide Conc. Sidewalk	20 LF	\$125.00	\$23.22	\$21.25	\$34.80	\$15.00
16. Erosion Control	Lump Sum	\$5,500.00	\$2,292.00	\$1,500.00	\$1,740.00	\$5,000.00
17. Utility Adjustments	Stated Allowance	\$15,000.00	\$15,000.00	\$15,000.00	\$15,000.00	\$15,000.00
TOTAL BASE BID (ITEM A):		\$213,000.00	\$243,958.41	\$252,373.30	\$273,305.36	\$300,625.00

NOTE: HIGHLIGHTED NUMBERS DENOTES CALCULATION ERROR

**CONSTRUCTION
CONTRACT**

This Agreement entered into this **February 12, 2019** 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 **Oasis Waterplaygrounds, Inc. (a corporation)** (a partnership) (an individual) of **Houston**, 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 Palmview 2017 Parks, Recreational Facility Imp.
PROJECT No.: 5017-55-0306-5000-5500-UCP-GVG
PROJECT DESCRIPTION: Palmview Parks Recreational Fac. Imp. (Splashpad)

hereinafter called the project, for the sum of **(\$213,000.00) Two Hundred Thirteen Thousand 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 **(90) Ninety** 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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/4/2019

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 Liberty Mutual Insurance PO Box 188065 Fairfield, OH 45018	CONTACT NAME: PHONE (A/C, No., Ext): 800-962-7132 FAX (A/C, No.): 800-845-3666 E-MAIL ADDRESS: BusinessService@LibertyMutual.com	
	INSURER(S) AFFORDING COVERAGE NAIC #	
INSURED Oasis Waterplaygrouds, Inc. 11111 Richmond Ave Ste 242 Houston TX 77082	INSURER A: Ohio Security Insurance Company 24082	
	INSURER B: Ohio Casualty Insurance Company 24074	
	INSURER C:	
	INSURER D:	
	INSURER E:	


COVERAGES **CERTIFICATE NUMBER:** 46904090 **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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			BKS59528960	2/4/2019	2/4/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			BAS59528960	2/4/2019	2/4/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 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 type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DEG <input checked="" type="checkbox"/> RETENTION \$ 10,000			USO59528960	2/4/2019	2/4/2020	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) <input type="checkbox"/> Y/N 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)

Re: 2017 Palmview Park Improvements (Showers Park Splashpad)
 Certificate Holder is Additional Insured if required by written contract or written agreement subject to General Liability Blanket Additional Insured Provision.
 *30 Day Notice of Cancellation *10 Day Notice of Cancellation for Cancellation for Non-Payment of Premium.

CERTIFICATE HOLDER Hidalgo County – Urban County Program City of Palmview 427 E Duranta Ave Ste 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  Dillon Waybright

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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.
 oasis waterplaygrounds inc.
 houston , TX United States

Certificate Number:
 2019-448534

Date Filed:
 02/04/2019

Date Acknowledged:
 02/05/2019

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.
 5017-55-0306-5000-5500
 Palmview Splash Pad installation

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)