

IN WITNESS WHEREOF, the Engineer and the Owner have caused this Supplemental Agreement to the Agreement for Professional Services to be executed as of the _____ day of _____, 2019.

THE ENGINEER:
Cruz-Hogan Consultants, Inc.

THE OWNER:
HIDALGO COUNTY

By: Orlando Cruz, P.E

By: Richard F. Cortez, County Judge

ATTEST:

Arturo Guajardo Jr., County Clerk

LIST OF ATTACHMENTS

1. Amended Exhibit B – Opinion of Probable Project Cost & Hourly Breakdown

Exhibit "B"

Scope of Services to be Provided by the Engineer

City of Weslaco –Waterline and Sewer Line Improvements, Phase III and IV
Hidalgo County Urban County Program

A. Preliminary Phase

- 1. Attend preliminary conferences with the City of Weslaco staff acquire available and relevant background data in respect to the project.
- 2. Establish the scope of topographic surveys for the design of the project.
- 3. Prepare a preliminary engineering report and submit to the City for review.

B. Design Phase

- 1. Receive electronic survey data from project surveyor and prepare background drawings for construction plans.
- 2. Prepare detailed construction drawings, technical specifications, and other pertinent documents for construction authorized by the City.
- 3. Submit plans and specifications to the appropriate agencies, other than the City, and coordinate approval process.
- 4. Furnish the City three (3) sets of copies of plans and specifications marked "Preliminary" for approval by the City. Upon final approval by the City, the Engineer will provide the City three (3) sets of the "Final" plans and specifications.

C. Construction Phase

- 1. Assist the City in conducting a pre-construction conference with City staff, Urban County staff and Construction Company.
- 2. Make periodic visits to the site to observe the overall progress and quality of work. Make recommendations to the City regarding materials and workmanship.
- 3. Conduct final inspection of the project.
- 4. Prepare revisions of construction drawings with the assistance of the City's personnel reflecting changes to the plans. These "As-Built" drawings shall be provided by the Engineer to the City. Three (3) sets will be provided.

Compensation

A. Preliminary Phase (15%) (To include surveying)	\$ 7,950.00
B. Design Phase (60%)	\$ 31,800.00
C. Construction Phase (25%)	<u>\$ 13,250.00</u>
Total	\$53,000.00

Hourly Breakdown

AMENDMENT NO. 1

HIDALGO COUNTY URBAN COUNTY PROGRAM

Engineer:	Cruz-Hogan Consultants, Inc.					
Project:	City of Weslaco - Waterline and Sewer Line Improvements Project, Phase III					
Owner:	City of Weslaco, Texas					
Description:	<p>WATER SYSTEM: Replace waterlines in the following Areas: (1) Alley between 6th and 8th St. (Between S. Kansas and S. Illinois St), (2) Alley between 7th and 8th Streets (Between S. Illinois and S. Iowa St.) (3) 8th Street (from Kansas St. to Alley located between Iowa and Tennessee), (4) Installation of new Fire Hydrants on existing and new water lines</p> <p>SEWER SYSTEM: Replace Existing Sewer Lines in the following Areas: (1) Alley between 6th and 8th St. (Between S. Kansas and S. Illinois St.), (2) Alley between 7th and 8th Streets (Between S. Illinois and S. Iowa St.), (3) New Sewer Service lines to property lines, (4) Replace existing and new Manholes.</p>					
TASK	DESCRIPTION	Design Engineer	Project Manager	Engineering Technician	Admin/ Clerical	
Task No. 1	Attend preliminary conferences with the City of Weslaco staff acquire available and relevant background data in respect to the project.	4	4			
Task No. 2	Establish the scope of topographic surveys for the design of the project.	4	4	1		
Task No. 3	Prepare a preliminary engineering report and submit to the City for review.	6	2	1	4	
Task No. 4	Receive electronic survey data from project surveyor and prepare background drawings for construction plans.	4	2	40	2	
Task No. 5	Prepare detailed construction drawings, technical specifications, and other pertinent documents for construction authorized by the City.	50	4	280	30	
Task No. 6	Submit plans and specifications to the appropriate agencies, other than the City, and coordinate approval process.	4	1		6	
Task No. 7	Furnish the City three (3) sets of copies of plans and specifications marked "Preliminary" for approval by the City. Upon final approval by the City, the Engineer will provide the City three (3) sets of "Final" plans and specifications.	4	3	3	3	
Task No. 8	Assist the City in conducting a pre-construction conference with City staff, Urban staff and Construction Company.	2	2		1	
Task No. 9	Make periodic visits to the site to observe the overall progress and quality of work. Make recommendations to the City regarding materials and workmanship.	16	3		2	
Task No. 10	Conduct final inspection of the project.	3	3		2	
Task No. 11	Prepare revisions of construction drawings with the assistance of the City's personnel reflecting changes to the plans. These "As-Built" drawings shall be provided by the Engineer to the City. Three (3) sets will be provided.	4	2	6	1	
	Hour (Sub-Total)	101	30	331	51	
	Contract Rates Per Hour	\$170.00	\$190.00	\$75.00	\$35.00	
	Sub-Total Labor Cost	\$17,170.00	\$5,700.00	\$24,825.00	\$1,785.00	

SUB-TOTAL LABOR COST	\$49,480.00
SURVEYING FEES	\$3,520.00

TOTAL ENGINEERING FEES \$53,000.00

EXHIBIT D
-Work Authorization Form

HIDALGO COUNTY
Professional Engineering Services

WORK AUTHORIZATION NO. 2

THIS WORK AUTHORIZATION is made pursuant to the terms and conditions of Section I.A. of the Agreement made by and between **HIDALGO COUNTY**, action herein by and through the **Commissioner's Court**, hereinafter called the "**Owner**," and, Cruz – Hogan Consultants, Inc. professional engineers of Weslaco, Texas, hereinafter called "**Engineer**".

PART 1. SCOPE OF WORK

The purpose of this Work Authorization is for the "engineering services" to provide **Professional Engineering Services**.

The scope of services to be provided by the **Owner** is identified in **EXHIBIT "A" – Scope of Services to be provided by the Owner** attached hereto.

The scope of services to be provided by the **Engineer** is identified in **EXHIBIT "B" – Scope of Services to be provided by the Engineer** attached hereto.

PART 2. ESTIMATED COST

The estimated cost for services under this Work Authorization is **\$22,367.00**. This amount is based upon the costs outlined in the **Estimated Cost Proposal** attached hereto as **EXHIBIT "D"**.

PART 3. PAYMENT

Compensation and payment to the **Engineer** for the services established under this Work Authorization shall be made in accordance with Article/Part/Section **4** of the Agreement.

PART 4. FUNDING

This Work Authorization No. 1 shall be funded through funding source:
Account No. **5016/17-80-0310-5000-8000**

Purchase Order Number _____ (**MUST BE INCLUDED AFTER CC APPROVAL**)

PART 5. PERIOD OF SERVICE

This Work Authorization shall become effective on the date of final acceptance of the parties hereto, and terminate **upon completion of scopes of the work authorization**.

PART 6. RESPONSIBILITIES AND OBLIGATIONS

This Authorization does not waive the parties' responsibilities and obligations provided under the **Agreement**.

PART 7. ACKNOWLEDGEMENT AND CONFIRMATION

Acknowledgement and Confirmation by Hidalgo County Urban County Program, Diana Serna (Director) as to content and detail of this **Work Authorization No. 2** .

**HIDALGO COUNTY
URBAN COUNTY PROGRAM**

BY: _____
Diana R. Serna, Director

PART 8. ACCEPTANCE AND APPROVAL

This Work Authorization is hereby accepted, approved by Hidalgo County Commissioners' Court on _____ as indicated below and effective as of _____.

ATTEST:

**THE OWNER:
HIDALGO COUNTY**

Arturo Guajardo Jr., County Clerk

By: Richard F. Cortez, County Judge

THE ENGINEER:

By: Orlando Cruz, P.E,

APPROVED AS TO FORM:
Atlas, Hall & Rodriguez, L.L.P.
By: _____
Stephen L. Crain, Attorney
On this: _____

CRUZ-HOGAN *Consultants, Inc.*

ENGINEERS | PLANNERS | CONSULTANTS

McAllen | Harlingen | Weslaco
TBPE Firm Reg No. F-4860

CRUZ-HOGAN CONSULTANTS, INC.
12220618 AMB-48

January 18, 2019

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

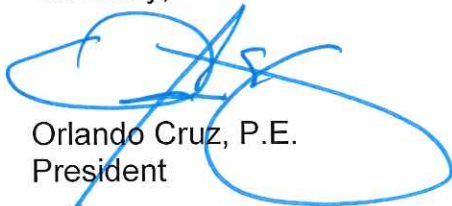
Re: Revised Best & Final Offer for Engineering Services
City of Weslaco – Waterline and Sewer Line Improvements, Phase III and IV
Urban County Program No. 5017-80-0310-5000-8000
Hidalgo County Urban County Program

Dear Ms. Serna:

Enclosed is our Revised “Exhibit B: Scope of Services” for the City of Weslaco – Waterline and Sewer Line Improvements, Phase III and IV Project. Due to the change and increase in project scope described in the “Amended Exhibit C”, we are requesting an increase to our Engineering Services Agreement in the amount of \$22,367.00. This increase will bring our best and final offer for engineering and surveying services to \$53,000.00 for this project.

If you have any questions, please feel free to contact me at (956) 854-4227.

Sincerely,



Orlando Cruz, P.E.
President

OC/lg

Enclosures

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.
Cruz-Hogan Consultants, Inc.
Weslaco, TX United States

Certificate Number:
2019-448829

Date Filed:
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

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.
5017/18-80-0310-5000-8000-
UCP-ML Engineering Services

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Cruz, Orlando	Weslaco, TX United States	X	

5 Check only if there is NO Interested Party.


6 UNSWORN DECLARATION

My name is Orlando Cruz, and my date of birth is 9/29/1956.

My address is 108 E. Business 83, Weslaco, TX, 78596, USA.
(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 5th day of February, 2019.
(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.
 Cruz-Hogan Consultants, Inc.
 Weslaco, TX United States

Certificate Number:
 2019-448829

Date Filed:
 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

Date Acknowledged:
 02/06/2019

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.
 5017/18-80-0310-5000-8000-
 UCP-ML Engineering Services

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Cruz, Orlando	Weslaco, TX United States	X	

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)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/24/2018

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 Hall & Company 19660 10th Ave NE Poulsbo WA 98370	CONTACT NAME: Julia Ardon	
	PHONE (A/C, No, Ext): 360-626-2956	FAX (A/C, No): 360-598-3703
E-MAIL ADDRESS: jardon@hallandcompany.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: GREAT AMERICAN INSURANCE COMPANY		16691
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED CRUZHOG-01
 Cruz Hogan Consultants Inc
 108 E. Business 83
 Weslaco TX 78598

COVERAGES

CERTIFICATE NUMBER: 1930277922

REVISION NUMBER:

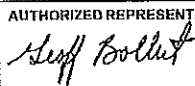
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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"/> PRO-JECT <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 \$ \$
	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 (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	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				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liab; Claims Made			DPP4203738	9/9/2018	9/9/2019	Per Claim Aggregate \$1,000,000 \$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Additional Insured Status is not available on Professional Liability Policy.

CERTIFICATE HOLDER

CANCELLATION

HIDALGO COUNTY URBAN COUNTY PROGRAM 427 E DURANTA AVE #107 ALAMO TX 78516	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 
---	---

© 1988-2015 ACORD CORPORATION. All rights reserved.



Policy Number:

Date Entered: 12/14/2017

CERTIFICATE OF LIABILITY INSURANCEDATE (MM/DD/YYYY)
10/24/2018

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 RISKPRO Insurance Agency, LLC 901 Waterfall Way, Suite 407 Richardson, Texas 75080	CONTACT NAME:	
	PHONE (A/C, No, Ext): () -	FAX (A/C, No): () -
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: ACE Property & Casualty Insurance Company	20699
INSURED Cruz-Hogan Consultants, Inc. 605 East Violet Suite 5 McAllen, TX 78504	INSURER B: Hartford Accident and Indemnity Company	22357
	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:		<input checked="" type="checkbox"/>	SERTXD527488963N	6/4/2018	6/4/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 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 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY			SERTXD527488963N No Owned Autos	6/4/2018	6/4/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<input type="checkbox"/> Y <input type="checkbox"/> N	46 WBC AB7729	7/30/2018	7/30/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER 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)

Coverage is subject to all policy terms, conditions, exclusions and endorsements.

Hidalgo County Urban County Program as additional insured on general liability as required by written contract but only as respects operations of the named insured.

CERTIFICATE HOLDER**CANCELLATION**

Hidalgo County Urban County Program 427 Easy Duranta Avenue #107 Alamo, TX 78516	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 

© 1988-2015 ACORD CORPORATION. All rights reserved.

ACORD 25 (2016/03)

The ACORD name and logo are registered marks of ACORD

Produced using Forms Boss Plus software. www.FormsBoss.com: Impressive Publishing. LLC 800-208-1977

SAM Search Results
List of records matching your search for :

Search Term : cruz hogan consultants*
Record Status: Active

ENTITY	Cruz-Hogan Consultants, Inc.	Status: Active
DUNS: 182056903	+4:	CAGE Code: 7JL30 DoDAAC:
Expiration Date: 06/25/2019	Has Active Exclusion?: No	Debt Subject to Offset?: No
Address: 108 E Business 83		
City: Weslaco	State/Province: TEXAS	
ZIP Code: 78596-0047	Country: UNITED STATES	

Zimbra

monica.leal@co.hidalgo.tx.us

Funds for Fiscal Year 2017-2018

From : Efrain Tafolla <etafolla@weslacotx.gov>

Fri, Nov 30, 2018 08:52 AM

Subject : Funds for Fiscal Year 2017-2018**To :** Monica Leal <monica.leal@co.hidalgo.tx.us>**Cc :** Rolando Garza <rogarza@weslacotx.gov>

Monica,

Good Morning, I am e-mailing you to request to add the funds from 2017 and 2018 together so that we can do both water and sanitary sewer simultaneously. I want to get a better cost estimate for the monies that we are spending. If you can please help me out with this I would really appreciate it.

Thanks,

Efrain Tafolla

**CADD/CONSTRUCTION INSPECTOR
SUPERVISOR**

Code Enforcement

255 S. Kansas

Weslaco, Texas 78596-6285

Office: (956) 447-3401**Cell: (956) 472-2181****Fax: (956) 973-3128**Email: etafolla@weslacotx.gov

"CITY ON THE GROW"

**CITIES/PRECINCTS OUTSTANDING BALANCES
AS OF DECEMBER 31, 2018**

CITY OF WESLACO	ACCOUNT	ENCUMBERED BALANCE	BUDGET BALANCE	GRAND TOTAL
CDBG 2015	WATER/SEWER IMPROVEMENTS	26,276.23	0.00	
CDBG 2016	WATER/SEWER IMPROVEMENTS	30,633.00	5,115.70	
CDBG 2017	WATER/SEWER IMPROVEMENTS	0.00	270,667.24	
CDBG 2018	WATER/SEWER IMPROVEMENTS	0.00	287,703.00	
CDBG 2018	SENIOR SERVICES	5,000.00	0.00	
CDBG 2018	GENERAL ADMINISTRATION	0.00	2,881.00	
CURRENT RATIO	2.13 TOTAL	61,909.23	566,366.94	628,276.17

PER HUD REGULATIONS:

HUD RECOMMENDS EXPENDITURE RATIO OF 1.75 BY JANUARY 31, 2019.

EXPENDITURES SHORT BY: \$ 111,004.17

1.5 RATIO REQUIRED BY APRIL 30, 2019: \$ 443,376.00.

EXPENDITURES SHORT BY: \$ 184,900.17

Zimbra

monica.leal@co.hidalgo.tx.us

RE: City of Weslaco Professional Service Agreement

From : Steve Crain <scrain@atlashall.com>
Subject : RE: City of Weslaco Professional Service Agreement
To : 'monica leal' <monica.leal@co.hidalgo.tx.us>

Wed, Feb 06, 2019 11:53 AM

Looks good.

From: monica leal <monica.leal@co.hidalgo.tx.us>
Sent: Wednesday, February 06, 2019 11:15 AM
To: scrain <scrain@atlashall.com>
Subject: Re: City of Weslaco Professional Service Agreement

Mr. Crain,

Per your request, I made the changes to add the scope of services and the hourly breakdown as an attachment.

Monica

From: "scrain" <scrain@atlashall.com>
To: "monica leal" <monica.leal@co.hidalgo.tx.us>
Sent: Wednesday, February 6, 2019 11:06:29 AM
Subject: RE: City of Weslaco Professional Service Agreement

Please call me. Thanks.

From: monica leal <monica.leal@co.hidalgo.tx.us>
Sent: Wednesday, February 06, 2019 10:19 AM
To: scrain <scrain@atlashall.com>
Subject: Re: City of Weslaco Professional Service Agreement

Mr. Crain,

Have you had a chance to review the docs?

Monica

From: "monica leal" <monica.leal@co.hidalgo.tx.us>
To: "scrain" <scrain@atlashall.com>
Sent: Wednesday, February 6, 2019 8:20:04 AM
Subject: Re: City of Weslaco Professional Service Agreement

Good morning Steve,

See attached Supplemental agreement and Work Authorization No. 2, for your review and approval.

Monica

From: "scrain" <scrain@atlashall.com>
To: "monica leal" <monica.leal@co.hidalgo.tx.us>
Sent: Tuesday, February 5, 2019 9:25:44 AM
Subject: RE: City of Weslaco Professional Service Agreement

I do not know the facts. Please call me. Thanks.