

2802 S. Bus. Hwy 281
Edinburg, Texas 78539
Phone: (956) 318-2626
Fax: (956) 318-2629
www.co.hidalgo.tx.us/purchasing

August 07, 2019

Laura Salinas, Owner
4910 N. 12th street
Donna, Texas 78537
P (956) 461-2851

via email rjlawoffice@hotmail.com

Re: **HB form 1295, Insurance & Holdover**
E-18-121-04-171 expiring 09/30/19
Org. CONTRACT# (C-16-015-02-03) – Lease of Office Space in the City of Mercedes- Hidalgo County WIC Program

Dear Ms. Salinas

Be advised, that County will be utilizing the Holdover Provision (Section 1.3) available on contract **E-18-121-04-171 (attached) under the same rates, terms and conditions** with Laura Salinas, Owner for the referenced project while procurement process is completed, the County is required, as of January 1, 2016, to comply with the Texas Government Code, § 2252.908, and the rules issued by the **Texas Ethics Commission** found in Title 1, Section 46.1, 46.3 and 46.5 of the Texas Administrative Code. In accordance with these requirements for the type of contract being considered, a business must submit a completed **Certificate of Interested Parties Form 1295**, to the County before the County may enter into a contract with the business entity.

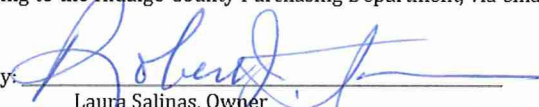
In order for County staff to process the above referenced extension/renewal; you must complete Form 1295 and file Form 1295 with the Texas Ethics Commission. You can find the 1295 Form through the Texas Ethics Commission at the following website:

https://www.ethics.state.tx.us/whatsnew/elf_info_form1295.htm

In box 3 of **Form 1295**, provide **Renewal/Extension No. E-18-121**. Once completed and filed with the Texas Ethics Commission, Form 1295 must be printed and signed in the presence of a notary and submitted to our office by the deadline stated below.

In order to proceed with approval of **Renewal/Extension** for referenced project by **Commissioners Court**, the signed and notarized "**HB Form 1295**" and "**Extension Notice**" must be received in our office completed via fax to (956) 292-7612 or via email to: elena.gomez@co.hidalgo.tx.us. Hidalgo County cannot enter into a contract until Form 1295 is submitted, therefore, failure to timely submit Form 1295 signed, and notarized may result in delay of award.

In, addition, please include your "**Updated Certificate of Insurance**" with acknowledgment of receipt to this notice by signing below and returning to the Hidalgo County Purchasing Department, via email: elena.gomez@co.hidalgo.tx.us by no later than date reflected above.

By:  Date: Aug. 7, 2019
Laura Salinas, Owner
*INDEPENDENT EXECUTOR
OF ESTATE LAURA SALINAS deceased*

Hidalgo County Purchasing Department welcomes and appreciates your participation in the contract process. If any further assistance is required, please do not hesitate to call the Purchasing Department at (956)318-2626.
Sincerely,

Martha L. Salazar, CPPB/Purchasing Agent
Hidalgo County Purchasing Agent

MLS/meg
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.

Laura Salinas
Donna, TX United States

Certificate Number:
2019-526334

Date Filed:
08/07/2019

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Hidalgo County WIC Program - Mercedes Building

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.

E-18-121-04-171
Lease Office Space

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.

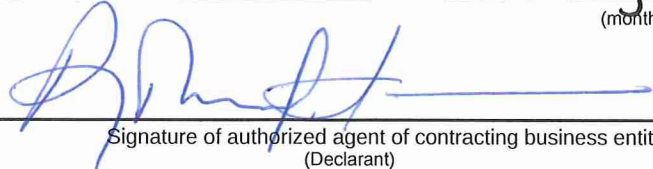
6 UNSWORN DECLARATION

My name is Robert J. Salinas, and my date of birth is 08/23/1937.

My address is 419 N. 12th St (street), Donna (city), TX (state), 78537 (zip code), U.S. (country).

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

Executed in Hidalgo County, State of Texas, on the 7th day of August, 20 19 (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.
 Laura Salinas
 Donna, TX United States

Certificate Number:
 2019-526334

Date Filed:
 08/07/2019

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
 Hidalgo County WIC Program - Mercedes Building

Date Acknowledged:
 08/07/2019

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.
 E-18-121-04-171
 Lease Office Space

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)

Pursuant to Hidalgo County's Exiting Elected Official Expenditure Policy, requesting approval of REQ# 370245 with B2Z Engineering, LLC in the amount of \$214,961.94 for the engineering services required to proceed with Hinojosa Road Project.

- H. AI-64207** Requesting approval to exercise the County's options to renew/extend the following contracts as stipulated and provided in the contracts under the same rates, terms, and conditions for the following:

Vendor	Extension No.	Term	Services
RReal LLC	E-18-118-04-03	1 yr	"Lease of Space Alton" WIC
BIC Realty	E-18-119-04-03	1 yr	"Lease of Space Edinburg" WIC
GBB Rentals	E-18-120-04-03	1 yr	"Lease of Space - City of Donna" - WIC
Laura Salinas	E-18-121-04-03	1 yr	"Lease of Space Mercedes" - WIC
BIC Realty	E-18-122-04-03	1 yr	"Lease of Space Storage" - WIC

- I. AI-64366** Add/Delete Fuel Cards/Users
 1. Hidalgo County Constable Pct No. 1 - Fuel Card and User
 2. Hidalgo County Constable Pct No. 4- Fuel Card
 3. Hidalgo County Adult Probation Department - Add/Delete Fuel Card Users
 4. Hidalgo County Health and Human Services - Add Fuel Card

E-18-121-04-17

10/01/2018 - 09/30/2019



2802 S. Bus. Hwy 281
Edinburg, Texas 78539
Phone: (956) 318-2626
Fax: (956) 318-2629
www.co.hidalgo.tx.us/purchasing

March 22, 2018

via email: rjlawoffice@hotmail.com

Laura Salinas, Owner
4910 N. 12th Street
Donna Texas 78537
956-461-2851

Re: **HB Form 1295 Required/Renewal/Extension Notice**
Extension# ~~E-18-121-04-03~~ - "Lese Office Space-Mercedes" - WIC Program

Dear Ms. Salinas:

Be advised, that in order to proceed with the County's option to extend/renew for the **One (1) final year term, under the same rates, terms and conditions** for the referenced project, the County is required, as of **January 1, 2016**, to comply with the **Texas Government Code, §2252.908**, and the rules issued by the **Texas Ethics Commission** found in Title 1, Section 46.1, 46.3 and 46.5 of the Texas Administrative Code. In accordance with these requirements for the type of contract being considered, a business must submit a completed **Certificate of Interested Parties Form 1295**, to the County before the County may enter into a contract with the business entity.

Thus, in order for County staff to process the above referenced extension/renewal; you must complete Form 1295 and file Form 1295 with the Texas Ethics Commission. You can find the 1295 Form through the Texas Ethics Commission at the following website:

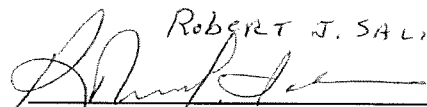
https://www.ethics.state.tx.us/whatsnew/elf_info_form1295.htm

In box 3 of **Form 1295**, provide **Renewal/Extension No. E-18-121-04-03**. Once completed and filed with the Texas Ethics Commission, Form 1295 must be printed and signed and submitted to our office by the deadline stated below.

In order to proceed with approval of **Renewal/Extension** for referenced project by **Commissioners Court on April 03, 2018**, the signed "**HB Form 1295**" and "**Extension Notice**" must be received in our office completed via email to: tanya.delira@co.hidalgo.tx.us **by no later than Wednesday, March 28, 2018**. Hidalgo County cannot enter into a contract until Form 1295 is submitted, therefore, failure to timely submit Form 1295 signed, and notarized may result in delay of award.

Please acknowledge receipt to this notice by signing below and returning to the Hidalgo County Purchasing Department, via email: tanya.delira@co.hidalgo.tx.us by no later than date reflected above.

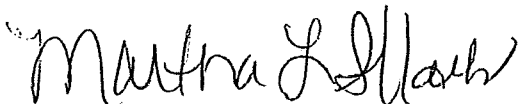
Additionally, we are requesting your company provide an "Updated Certificate of Insurance" as required through Hidalgo County's Request for (Bids, Quotes, Proposals, Statement of Qualifications).

By: 
Robert J. SALINAS
Laura Salinas, Owner

Date: 3-22-18

INDEPENDENT EXECUTOR OF ESTATE OF LAURA SALINAS DECEASED
Hidalgo County Purchasing Department welcomes and appreciates your participation in the contract process. If any further assistance is required, please do not hesitate to call the Purchasing Department (956)318-2626.

Sincerely,



Martha L. Salazar, CPPB
Hidalgo County Purchasing Agent

MLS/tdl
Enclosures

SAM Search Results
List of records matching your search for :

Record Status: Active
DUNS Number: 080363913
Functional Area: Entity Management, Performance Information

ENTITY	Salinas, Laura	Status:Active
DUNS: 080363913	+4:	CAGE Code: 7PKV6 DoDAAC:
Expiration Date: Jul 18, 2018	Has Active Exclusion?: No	Debt Subject to Offset?: No
Address: 540 S Texas Ave	City: Mercedes	State/Province: TEXAS
	ZIP Code: 78570-3130	Country: UNITED STATES

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:
 2018-329307

Date Filed:
 03/22/2018

Date Acknowledged:
 03/23/2018

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

Laura Salinas
 Donna, 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 WIC Program - Mercedes Building

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.

E-18-121-04-03
 Lease Office Space

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)

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:
 2018-329307

Date Filed:
 03/22/2018

Date Acknowledged:

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

Laura Salinas
 Donna, 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 WIC Program - Mercedes Building

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.

E-18-121-04-03
 Lease Office Space

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.

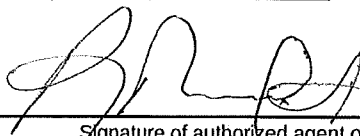
6 UNSWORN DECLARATION

My name is Robert J. Salinas, and my date of birth is 08/23/1937.

My address is 419 N. 12th st. Donna TX 78537 US
(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 23rd day of March, 2018.
(month) (year)


 Signature of authorized agent of contracting business entity
 (Declarant)



Coverage Is Provided In:
The Ohio Casualty Insurance Company

Policy Number:
BZ0 (18) 57 83 24 46
Policy Period:
From 06/16/2017 To 06/16/2018
Endorsement Period:
From 06/16/2017 to 06/16/2018
*12:01 am Standard Time
at Insured Mailing Location*

Policy Change Endorsement

Named Insured & Mailing Address

ROBERT J SALINAS
419 N 12TH ST
DONNA, TX 78537

Agent Mailing Address & Phone No.

(956) 565-2481
MC AFEE AGENCY
PO BOX 625
MERCEDDES, TX 78570-0625

CHANGES TO POLICY - TRANSACTION # 4

This Policy Change Endorsement Results In A Change In The Charges As Follows:

Return Premium		\$236.00
Total Return Charges		\$236.00
Certified Acts of Terrorism Return Charges	\$1.00	(Included)
		<i>Note: This is not a bill</i>

Description of Change(s)

Removed Hired and Non-owned Auto coverage.
See The Revised Declarations and Declarations Schedule

Servicing Office Southern Texas and Louisiana
and Issue Date 06/13/17

Authorized Representative

To report a claim, call your Agent or 1-800-362-0000



Coverage Is Provided In:
 The Ohio Casualty Insurance Company

Policy Number:
BZO (18) 57 83 24 46
 Policy Period:
From 06/16/2017 To 06/16/2018
 Endorsement Period:
From 06/16/2017 to 06/16/2018
*12:01 am Standard Time
 at Insured Mailing Location*

Policy Change Endorsement

Named Insured

Agent

ROBERT J SALINAS

(956) 565-2481
 MC AFEE AGENCY

SUMMARY OF LOCATION(S) AND PREMIUM(S)

0001 540 S Texas Ave, Mercedes, TX 78570

\$3,461.00

POLICY FORMS AND ENDORSEMENTS

This section lists the Forms and Endorsements for your policy. Refer to these documents as needed for detailed information concerning your coverage.

FORM NUMBER	TITLE
BP 00 03 07 13	Businessowners Coverage Form
BP 01 18 11 14	Texas Changes
BP 03 12 01 10	Windstorm or Hail Percentage Deductibles
BP 04 17 01 10	Employment - Related Practices Exclusion
BP 04 41 07 13	Business Income Changes-Time Period
BP 05 23 01 15	Cap On Losses From Certified Acts Of Terrorism
BP 05 77 01 06	Fungi or Bacteria Exclusion (Liability)
BP 15 04 05 14	Exclusion - Access Or Disclosure Of Confidential Or Personal Information And Data-Related Liability - With Limited Bodily Injury Exception
BP 79 19 09 16	Businessowners Property Extension Endorsement
BP 79 74 07 13	Amendment of Pollution Exclusion (Premises)
BP 79 96 09 16	Businessowners Liability Extension Endorsement
BP 80 79 01 07	Texas Equipment Breakdown Amendatory Endorsement
BP 81 15 03 11	Exclusion - Asbestos
BP 82 37 08 15	Equipment Breakdown Coverage Endorsement
BP 82 46 06 09	Employment - Related Practices Liability Coverage
BP 88 04 03 14	Exclusion - Professional Services (Real Estate Agents, Insurance Agents, Travel Agents, Financial Services, Computer Software, Insurance Operations)
BP 88 15 03 12	Identity Recovery Coverage For Defined Individuals

Service Office
 and Issue Date

Southern Texas and Louisiana
 06/13/17

Authorized Representative

To report a claim, call your Agent or 1-800-362-0000



Coverage Is Provided In:
The Ohio Casualty Insurance Company

Policy Number:
BZ0 (18) 57 83 24 46
Policy Period:
From 06/16/2017 To 06/16/2018
Endorsement Period:
From 06/16/2017 to 06/16/2018
*12:01 am Standard Time
at Insured Mailing Location*

Policy Change Endorsement

Named Insured

Agent

ROBERT J SALINAS

(956) 565-2481
MC AFEE AGENCY

POLICY FORMS AND ENDORSEMENTS - CONTINUED

This section lists the Forms and Endorsements for your policy. Refer to these documents as needed for detailed information concerning your coverage.

FORM NUMBER

TITLE

BP 88 77 07 13

Identity Theft Administrative Services and Expense Coverage

Servicing Office
and Issue Date

Southern Texas and Louisiana
06/13/17

Authorized Representative

To report a claim, call your Agent or 1-800-362-0000

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Hidalgo County Purchasing Department
2812 S. Business Highway 281
Edinburg, Texas 78539
(956) 318-2626/ Fax: (956) 318-2629

July 14, 2017

E-17-212-07-25

Laura Salinas, Owner
419 N. 12th Street
Donna, Texas 78537
P (956) 461-2851

via email: rjlawoffice@hotmail.com

TERM:

10/01/17-09/30/18

Re: HB Form 1295 Required/Renewal/Extension Notice
E-16-346-08-30-"Lease Office Space-City of Mercedes"-WIC Program

Dear Mrs. Salinas:

Be advised, that in order to proceed with the with the County's option to extend/renew for an additional **One (1) Year term, under the same rates, terms and conditions** with **Laura Salinas**, for the referenced project, the County is required, as of **January 1, 2016**, to comply with the **Texas Government Code, §2252.908**, and the rules issued by the **Texas Ethics Commission** found in Title 1, Section 46.1, 46.3 and 46.5 of the Texas Administrative Code. In accordance with these requirements for the type of contract being considered, a business must submit a completed **Certificate of Interested Parties Form 1295**, to the County before the County may enter into a contract with the business entity.

Thus, in order for County staff to process the above referenced extension/renewal; you must complete Form 1295 and file Form 1295 with the Texas Ethics Commission. You can find the 1295 Form through the Texas Ethics Commission at the following website:

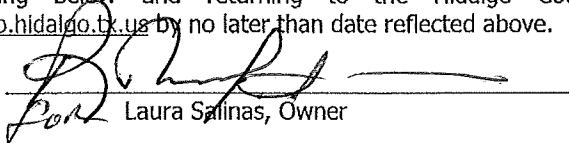
https://www.ethics.state.tx.us/whatsnew/elf_info_form1295.htm

In **box 3** of **Form 1295**, provide **CONTRACT No. E-17-212-00-00**. Once completed and filed with the Texas Ethics Commission, Form 1295 must be printed and signed in the presence of a notary and submitted to our office by the deadline stated below.

In order to proceed with approval of **Renewal/Extension** for referenced project by **Commissioners Court on July 25, 2017**, the signed notarized "**HB Form 1295**" and "**Extension Notice**" must be received in our office completed via fax to (956) 292-7612 or via email to: rocio.villarreal@co.hidalgo.tx.us **by no later than Wednesday, July 19, 2017**. Hidalgo County cannot enter into a contract until Form 1295 is submitted, therefore, failure to timely submit Form 1295 signed, and notarized may result in delay of award.

In, addition, please include your "**Updated Certificate of Insurance**" with acknowledgment of receipt to this notice by signing below and returning to the Hidalgo County Purchasing Department, via email: rocio.villarreal@co.hidalgo.tx.us by no later than date reflected above.

By:

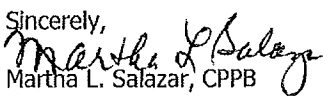


Laura Salinas, Owner

Date:

7/14/17

Hidalgo County Purchasing Department welcomes and appreciates your participation in the contract process. If any further assistance is required, please do not hesitate to call the Purchasing Department 956/318-2626.

Sincerely,

Martha L. Salazar, CPPB
Hidalgo County Purchasing Agent

MLS/rv
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.

Laura Salinas
Donna, TX United States

Certificate Number:
2017-237392

Date Filed:
07/17/2017

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Hidalgo County WIC Program - Mercedes Building

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.

E-17-212-00-00
Bid No.: 2016-015-01-06-SMA; Office Space

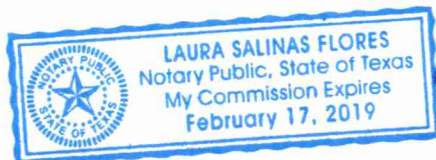
4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.



6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.



[Handwritten Signature]

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Robert Salinas, this the 17th day of August, 2017, to certify which, witness my hand and seal of office.

[Handwritten Signature]

Signature of officer administering oath

Laura Salinas-Flores

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.

**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.
 Laura Salinas
 Donna, TX United States

Certificate Number:
 2017-237392

Date Filed:
 07/17/2017

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
 Hidalgo County WIC Program - Mercedes Building

Date Acknowledged:
 07/17/2017

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.
 E-17-212-00-00
 Bid No.: 2016-015-01-06-SMA; Office Space

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 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



Coverage Is Provided In:
The Ohio Casualty Insurance Company

Policy Number:
BZO (18) 57 83 24 46
Policy Period:
From 06/16/2017 To 06/16/2018
Endorsement Period:
From 06/16/2017 to 06/16/2018
12:01 am Standard Time
at Insured Mailing Location

Policy Change Endorsement

Named Insured & Mailing Address

ROBERT J SALINAS
419 N 12TH ST
DONNA, TX 78537

Agent Mailing Address & Phone No.

(956) 565-2481
MC AFEE AGENCY
PO BOX 625
MERCEDDES, TX 78570-0625

CHANGES TO POLICY - TRANSACTION # 4

This Policy Change Endorsement Results In A Change In The Charges As Follows:

Return Premium		\$236.00
Total Return Charges		\$236.00
Certified Acts of Terrorism Return Charges	\$1.00	(Included)
		<i>Note: This is not a bill</i>

Description of Change(s)

Removed Hired and Non-owned Auto coverage.

See The Revised Declarations and Declarations Schedule

Servicing Office Southern Texas and Louisiana
and Issue Date 06/13/17

Authorized Representative

To report a claim, call your Agent or 1-800-362-0000



Coverage Is Provided In:
The Ohio Casualty Insurance Company

Policy Number:
BZ0 (18) 57 83 24 46
Policy Period:
From 06/16/2017 To 06/16/2018
Endorsement Period:
From 06/16/2017 to 06/16/2018
12:01 am Standard Time
at Insured Mailing Location

Policy Change Endorsement

Named Insured

Agent

ROBERT J SALINAS

(956) 565-2481
MC AFEE AGENCY

SUMMARY OF LOCATION(S) AND PREMIUM(S)

0001 540 S Texas Ave, Mercedes, TX 78570

\$3,461.00

POLICY FORMS AND ENDORSEMENTS

This section lists the Forms and Endorsements for your policy. Refer to these documents as needed for detailed information concerning your coverage.

FORM NUMBER	TITLE
BP 00 03 07 13	Businessowners Coverage Form
BP 01 18 11 14	Texas Changes
BP 03 12 01 10	Windstorm or Hail Percentage Deductibles
BP 04 17 01 10	Employment - Related Practices Exclusion
BP 04 41 07 13	Business Income Changes-Time Period
BP 05 23 01 15	Cap On Losses From Certified Acts Of Terrorism
BP 05 77 01 06	Fungi or Bacteria Exclusion (Liability)
BP 15 04 05 14	Exclusion - Access Or Disclosure Of Confidential Or Personal Information And Data-Related Liability - With Limited Bodily Injury Exception
BP 79 19 09 16	Businessowners Property Extension Endorsement
BP 79 74 07 13	Amendment of Pollution Exclusion (Premises)
BP 79 96 09 16	Businessowners Liability Extension Endorsement
BP 80 79 01 07	Texas Equipment Breakdown Amendatory Endorsement
BP 81 15 03 11	Exclusion - Asbestos
BP 82 37 08 15	Equipment Breakdown Coverage Endorsement
BP 82 46 06 09	Employment - Related Practices Liability Coverage
BP 88 04 03 14	Exclusion - Professional Services (Real Estate Agents, Insurance Agents, Travel Agents, Financial Services, Computer Software, Insurance Operations)
BP 88 15 03 12	Identity Recovery Coverage For Defined Individuals

Servicing Office Southern Texas and Louisiana
and Issue Date 06/13/17

Authorized Representative

To report a claim, call your Agent or 1-800-362-0000



Coverage Is Provided In:
The Ohio Casualty Insurance Company

Policy Number:
BZO (18) 57 83 24 46
Policy Period:
From 06/16/2017 To 06/16/2018
Endorsement Period:
From 06/16/2017 to 06/16/2018
12:01 am Standard Time
at Insured Mailing Location

Policy Change Endorsement

Named Insured

Agent

ROBERT J SALINAS

(956) 565-2481
MC AFEE AGENCY

POLICY FORMS AND ENDORSEMENTS - CONTINUED

This section lists the Forms and Endorsements for your policy. Refer to these documents as needed for detailed information concerning your coverage.

FORM NUMBER	TITLE
BP 88 77 07 13	Identity Theft Administrative Services and Expense Coverage

Servicing Office Southern Texas and Louisiana
and Issue Date 06/13/17

Authorized Representative

To report a claim, call your Agent or 1-800-362-0000



Coverage Is Provided In:
The Ohio Casualty Insurance Company

Policy Number:
BZO (18) 57 83 24 46
Policy Period:
From 06/16/2017 To 06/16/2018
12:01 am Standard Time
at Insured Mailing Location

**Commercial Protector
Declarations - Revised**

Named Insured **ROBERT J SALINAS** Agent **(956) 565-2481
MC AFEE AGENCY**

SUMMARY OF LIMITS AND CHARGES

Businessowners Liability Limits of Insurance	DESCRIPTION	LIMIT
	Liability and Medical Expenses - Occurrence	1,000,000
	Aggregate Limits of Insurance	
	Products-Completed Operations	2,000,000
	Other than Products-Completed Operations	2,000,000
	Broadened Coverage For Damage To Premises Rented To You	1,000,000
	Medical Expenses (Any One Person)	15,000

Explanation of Charges	DESCRIPTION	PREMIUM
	Businessowners Location(s) Total	\$3,461.00
	Businessowners Other Coverage(s) Total	\$65.00
	Certified Acts of Terrorism Coverage	\$18.00

Total Charges: \$3,544.00

Note: This is not a bill

To report a claim, call your Agent or 1-800-362-0000



Coverage Is Provided In:
The Ohio Casualty Insurance Company

Policy Number:
BZO (18) 57 83 24 46
Policy Period:
From 06/16/2017 To 06/16/2018
12:01 am Standard Time
at Insured Mailing Location

Commercial Protector Declarations Schedule -Revised

Named Insured

Agent

ROBERT J SALINAS

(956) 565-2481
MC AFEE AGENCY

SUMMARY OF COVERAGES BY LOCATION

0001 540 S Texas Ave, Mercedes, TX 78570

Property

Description:

Characteristics

Construction: Joisted Masonry

Building
Coverage

Occupancy: Offices Lessors Risk Only - Without Restaurant

DESCRIPTION

Limit of Insurance - Replacement Cost **\$375,000**

Covered Causes of Loss

Special Form

Automatic Increase Building **4%**

Deductible **\$1,000**

Deductible - Windstorm or Hail **2%**

Premium \$3,449.00

Money and
Securities

DESCRIPTION

Limit of Insurance - Inside **\$10,000**

Limit of Insurance - Outside **\$10,000**

Deductible **\$500**

Premium \$12.00

To report a claim, call your Agent or 1-800-362-0000

DS 70 23 01 08



Coverage Is Provided In:
 The Ohio Casualty Insurance Company

Policy Number:
 BZ0 (18) 57 83 24 46
 Policy Period:
 From 06/16/2017 To 06/16/2018
 12:01 am Standard Time
 at Insured Mailing Location

**Commercial Protector
 Declarations Schedule -Revised**

Named Insured	Agent
ROBERT J SALINAS	(956) 565-2481 MC AFEE AGENCY

SUMMARY OF OTHER COVERAGES

Employee Dishonesty Including Forgery and Alteration	DESCRIPTION		
	Limit of Insurance		\$25,000
	Number of Employees		5
	Deductible		\$500

Premium *Included*

Employment Related Practices	DESCRIPTION		
	Aggregate Limit		\$10,000
	Each Claim Limit		\$10,000
	Number of Employees		5
	Retroactive Date		06/16/2006
	Deductible		\$5,000
	Coinsurance		0%

Premium *\$43.00*

Property Extension Endorsement	DESCRIPTION		
	See Endorsement		

Premium *\$12.00*

Identity Recovery Coverage for Defined Individuals	DESCRIPTION		
	See Endorsement		

Premium *\$10.00*

Businessowners Location(s) Total	\$3,461.00
Businessowners Other Coverage(s) Total	\$65.00
Businessowners Schedule Total	\$3,526.00

To report a claim, call your Agent or 1-800-362-0000



Hidalgo County Purchasing Department
2812 S. Business Highway 281
Edinburg, Texas 78539
(956) 318-2626/ Fax: (956) 318-2629

COPY

August 18, 2016

E-16-346-08-30

Laura Salinas, Owner
419 N. 12th Street
Donna, TX 78537
P (956) 461-2851

via email: rjlawoffice@hotmail.com

TERM:
10/01/16-09/30/17

Re: **HB Form 1295 Required/Renewal/Extension Notice**
C-16-015-02-03 - "Lease Office Space-City of Mercedes"- WIC Program

Dear Ms. Salinas:

Be advised, that in order to proceed with the with the County's option to extend/renew for an additional **One (1) Year term, under the same rates, terms and conditions** with **Laura Salinas**, for the referenced project, the County is required, as of **January 1, 2016**, to comply with the **Texas Government Code, §2252.908**, and the rules issued by the **Texas Ethics Commission** found in Title 1, Section 46.1, 46.3 and 46.5 of the Texas Administrative Code. In accordance with these requirements for the type of contract being considered, a business must submit a completed **Certificate of Interested Parties Form 1295**, to the County before the County may enter into a contract with the business entity.

Thus, in order for County staff to process the above referenced extension/renewal; you must complete Form 1295 and file Form 1295 with the Texas Ethics Commission. You can find the 1295 Form through the Texas Ethics Commission at the following website:

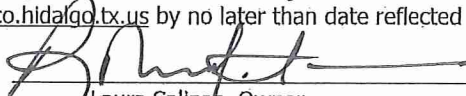
https://www.ethics.state.tx.us/whatsnew/elf_info_form1295.htm

In **box 3** of **Form 1295**, provide **CONTRACT No. C-16-015-02-03**. Once completed and filed with the Texas Ethics Commission, Form 1295 must be printed and signed in the presence of a notary and submitted to our office by the deadline stated below.

In order to proceed with approval of **Renewal/Extension** for referenced project by **Commissioners Court on August 30, 2016**, the signed notarized "**HB Form 1295**" and "**Extension Notice**" must be received in our office completed via fax to (956) 292-7612 or via email to: rocio.villarreal@co.hidalgo.tx.us **by no later than Monday, August 22, 2016**. Hidalgo County cannot enter into a contract until Form 1295 is submitted, therefore, failure to timely submit Form 1295 signed, and notarized may result in delay of award.

In, addition, please include your "**Updated Certificate of Insurance**" with acknowledgment of receipt to this notice by signing below and returning to the Hidalgo County Purchasing Department, via email: rocio.villarreal@co.hidalgo.tx.us by no later than date reflected above.

By:


Laura Salinas, Owner

Date: 8-19-16

ROBERT J. SALINAS, ATTY. IN. PACT

Hidalgo County Purchasing Department welcomes and appreciates your participation in the contract process. If any further assistance is required, please do not hesitate to call the Purchasing Department 956/318-2626.

Sincerely,


Martha L. Salazar, CPPB
Hidalgo County Purchasing Agent

MLS/rv
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.

Laura Salinas
Donna, TX United States

Certificate Number:
2016-102031

Date Filed:
08/19/2016

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Hidalgo County WIC Program - Mercedes Building

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.

C-16-015-02-03
Bid No.: 2016-015-01-06-SMA; Office Space

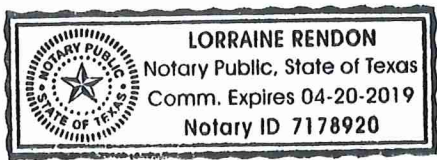
4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.



6 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 Robert Salinas, this the 19th day of August, 2016, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Lorraine Rendon
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.

**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.
 Laura Salinas
 Donna, TX United States

Certificate Number:
 2016-102031

Date Filed:
 08/19/2016

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
 Hidalgo County WIC Program - Mercedes Building

Date Acknowledged:
 08/26/2016

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.
 C-16-015-02-03
 Bid No.: 2016-015-01-06-SMA; Office Space

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 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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/3/2016

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 McAfee Insurance Agency P. O. Box 625 321 Second Street Mercedes TX 78570		CONTACT NAME: Consuelo Cavazos, CISR PHONE (A/C, No, Ext): (956) 565-2481 FAX (A/C, No): (956) 565-2733 E-MAIL ADDRESS: consuelo@mcafeeagency.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A American Economy Ins. Co.	
INSURED Robert J. Salinas & Laura Salinas 419 N 12th St Donna TX 78537		INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 2016-2017

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:			02BZ289289-1	6/16/2016	6/16/2017	EACH OCCURRENCE	\$ 1,000,000
		DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000					
		MED EXP (Any one person)	\$ 10,000					
		PERSONAL & ADV INJURY	\$ 1,000,000					
		GENERAL AGGREGATE	\$ 2,000,000					
		PRODUCTS - COMP/OP AGG	\$ 2,000,000					
		Employee Dishonesty	\$ 15,000					
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTIONS						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						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	Y/N <input type="checkbox"/> N/A

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

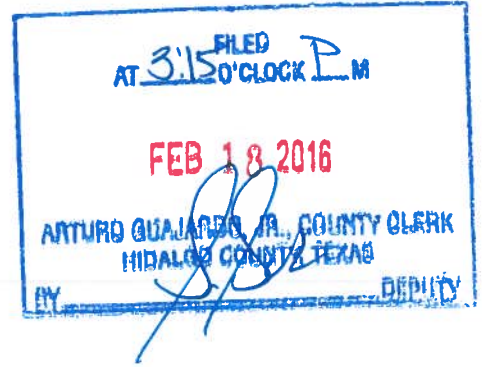
Reference: 540 S Texas Ave, Mercedes, TX, 78570

CERTIFICATE HOLDER**CANCELLATION**

sandra.montalvo@co.hidalgo Purchasing Department of Hidalgo County T 2812 S Business Hwy 281 Edinburg, TX 78539	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 Robert R Garza/CO <i>Robert R Garza</i>
--	--

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THE STATE OF TEXAS §
 §
COUNTY OF HIDALGO §



LEASE
C-16-015-02-03

THIS LEASE is made and entered into by and between **LAURA SALINAS** referred to in this Lease as Lessor, and **THE COUNTY OF HIDALGO**, referred to in this Lease as Lessee.

In consideration of the mutual covenants and agreements set forth in this Lease, and other good and valuable consideration, Lessor demises and leases to Lessee, and Lessee leases from Lessor that certain real property described on Exhibit "A" attached hereto. The premises leased hereunder are referred to in this Lease as "the Premises" or "the Leased Premises." Lessee issued a Request for Bid in accordance with specifications in the Request for Bid and a copy of such Request for Bid Procurement packet and Bid Page is (collectively the "RFB") is attached hereto as Exhibit "B".

ARTICLE 1. TERM

Term of Lease

1.1 Except as otherwise herein provided, the term of this Lease shall commence on **February 28, 2016** and shall terminate on **September 30, 2016** unless sooner terminated as provided herein or unless renewed and extended in accordance with Paragraph 1.2, hereof. If the Premises are sold to an unrelated third party (not affiliated by common ownership with Lessor) at a time when more than six (6) months remains on the unexpired portion of the term of this Lease, then the unexpired portion of this Lease may, at Lessee's option, be shortened to six (6) months from the date of such sale.

Renewal or Termination

1.2. Lessee shall have the right and option to renew and extend the term of this Lease for a three (3) one (1) year terms and additional sixty (60) day grace period under the same rates, terms and conditions. If Lessee desires to renew and extend the term of this Lease for a renewal period, Lessee must give Lessor written notice of such renewal at least sixty (60) days prior to the termination of the initial lease term or any extension thereof. Any renewal or extension of this Lease shall be on the terms and conditions as provided herein. This Lease shall terminate and become null and void without further notice on the expiration of the term specified in Article 1.1, unless sooner terminated or renewed and extended in accordance with this Article 1.2 or 1.4 hereof; and any holding over by Lessee after the expiration of that term shall not constitute a renewal of the Lease or give Lessee any rights under the Lease in or to the Leased Premises.

Holdover

1.3 If Lessee holds over and continues in possession of the Leased Premises after expiration of the term of this Lease, Lessee will be deemed to be occupying the Premises on the basis of a month to month tenancy, subject to all of the terms and conditions of this Lease. The inclusion of this Article 1.2 shall not be construed as Lessor's consent for Lessee to hold over.

Termination

1.4 Lessee may declare this Lease, and all rights and interest created by it, to be terminated without cause upon giving the Lessor sixty (60) days written notice. Upon Lessee's electing to terminate, this Lease shall cease and come to an end as if the day

of the termination party's election were the day originally fixed in the Lease for its expiration.

Lessor's Warranty of Quiet Enjoyment

1.5. Lessor covenants and agrees that Lessee on paying the rent and other charges herein provided for and observing and keeping the covenants, conditions, and terms of this Lease on Lessee's part to be kept or performed, shall lawfully and quietly hold, occupy, and enjoy the Leased Premises during the term of this Lease without hindrance or molestation by Lessor or any person claiming under Lessor except such portion of the Leased Premises, if any, as shall be taken under the power of eminent domain.

ARTICLE 2. RENT

Base Rent

2.1 Lessee agrees to pay to Lessor, during the term hereof, a monthly rental equal to **\$ 4,927.60** per month. In the event the Commencement Date is a day other than the first day of the month, the rent for the period from the commencement date to the last day of the month shall be prorated by dividing the monthly rental by thirty (30) days, and multiplying the result by the number of days remaining in the month that includes the Commencement Date.

Time and Manner of Payment

2.2 All rent due under this Lease shall be paid by Lessee on a monthly basis and in advance, on the first business day of each month commencing on the Commencement Date. All installments of rent shall be paid in lawful money of the United States to the Lessor at: **540 South Texas Avenue, Mercedes, Texas 78570** or such

other location or locations as Lessor shall from time to time designate by written notice to Lessee. Any rent due for any partial month at the beginning or the end of the term hereof shall be prorated on the basis of a thirty (30) day month.

Taxes

2.3 Lessor is responsible for rendering and paying all real estate taxes on the Property. Lessee shall be responsible for taxes, if any, on Lessee's personal property located on the Premises.

ARTICLE 3. USE OF PREMISES

Permitted Use

3.1 Lessee may use the Premises for office space and for any other lawful purpose.

Waste, Nuisance, or Illegal Use

3.2 Lessee shall not use, or permit the use of, the Premises in any manner that results in waste of the Premises or constitutes a nuisance or violates any statute, ordinance, rule or regulation applicable to the premises or for any illegal purpose.

ARTICLE 4. REPAIRS AND MAINTENANCE

4.1 Lessee shall be responsible for providing general janitorial service. Lessee shall be responsible for all repairs and maintenance in connection with damage to the Premises caused by Lessee's negligent use of the Premises, and damage to fixtures and improvements resulting from negligent or willful acts of the Lessee, or the Lessee's employees, agents, licenses or invitees. Lessor shall be responsible for all other repairs and maintenance. In addition, Lessee shall repair all injury caused by the installation or removal of furniture, fixtures or property permitted under this Lease to be removed from the Leased Premises. All such repairs shall be made in a good, workmanlike manner

using high quality materials.

LESSOR'S AND LESSEE'S DUTIES TO REPAIR

4.2 Lessor shall maintain the foundation, roof, plumbing, heating, ventilation and air conditioning systems ("HVAC") and structural integrity of the Leased Premises and shall make all such necessary repairs to the foundation, roof plumbing, HVAC and structural integrity of the Leased Premises, except that Lessee shall make those repairs occasioned by Lessee's negligent use of the Leased Premises.

LESSOR'S DUTY

4.3 Lessor shall construct, repair and maintain the Leased Premises so that the Premises will have:

- (1) Effective waterproofing and weather protection of the contents of the Leased Premises by watertight roof, exterior walls, windows, and doors.
- (2) Plumbing facilities that conform to applicable law, maintained in good working order.
- (3) A water supply approved under applicable law that is under the control of Lessee, capable of producing hot and cold running water, or a system that is under the control of Lessor that produces hot and cold running water furnished to Lessee and connected to a sewage disposal system conforming to applicable law.
- (4) Heating, ventilation and air conditioning facilities conforming to applicable law which are more than adequate to heat, ventilate and air condition the improvements on the Leased Premises, and are maintained in good-working order.

- (5) Electrical lighting, with wiring and electrical equipment that conform to applicable law, maintained in good working order.
- (6) Building, grounds, and appurtenances in every part clean, sanitary, and free from all accumulations of debris, and all areas under control of Lessor kept in every part clean, sanitary, and free from all accumulations of debris.
- (7) Floor, stairways, and railings maintained in good repair.
- (9) Landscaping (all greenery, watering, and maintenance).
- (10) Parking Lot (including painting, striping, paving, etc.)

Lessee's Right to Repair for Lessor or Vacate

- 4.4 (a) If after Lessee's notice to Lessor of repairs or maintenance which

Lessor has a duty to undertake, Lessor neglects to make such repairs within thirty (30) days following written notice from Lessee, Lessee may make the repairs itself. In such a case, Lessee may deduct the expenses of the repairs from further payment of rent, terminate this Lease Agreement as of the date Lessee vacates the Premises and any rental shall be abated for the unexpired term of this Lease.

- (b) For purposes of this Section 4.4, if Lessor make repairs at least fifteen (15) days following the date of Lessee's notice to Lessor, it will be presumed to have act in a reasonable time.

ARTICLE 5. UTILITIES

Utility Charges

5.1 Lessee shall pay all utility charges, including but not limited to, electricity and water, used in and about the Leased Premises during the term of this Lease, all such

charges to be paid by Lessee directly to the utility company or municipality furnishing the same, before the same shall become delinquent.

ARTICLE 6. ALTERATIONS, ADDITIONS, AND IMPROVEMENTS

Consent of Lessor

6.1 Lessee shall not make any alterations, additions, or improvements to the Leased Premises without the prior written consent of Lessor. Consent for nonstructural alterations, additions, or improvements shall not be unreasonably withheld by Lessor.

Property of Lessor

6.2 All alterations, additions, or improvements made by Lessee shall become the property of Lessor at the termination of this Lease. Lessor may, however, require that Lessee remove any or all alterations, additions, and improvements installed or made by Lessee, and any other property placed on the Premises by Lessee, upon termination of the Lease. In the event that Lessor requires Lessee to remove such alterations, additions, or improvements, Lessee shall repair any damage to the Premises caused by such removal.

ARTICLE 7. SIGNS

Signs

7.1 Subject to the written approval of Lessor, and further subject to applicable laws, ordinances and regulations, Lessee shall have the right to install signs on the Leased Premises. Lessee must remove all signs at the termination of this Lease and repair any damage resulting from the erection or removal of the signs.

ARTICLE 8. MECHANIC'S LIEN

8.1 Lessee will not permit any mechanic's lien or liens to be placed upon the Leased Premises or improvements on the Premises, and if such lien is claimed as a

result of the acts of Lessee, Lessee will promptly pay the lien. If default in payment of the lien continues for twenty (20) days after written notice from Lessor, Lessor may, at its option, pay the lien or any portion of it without inquiry as to its validity. Any amounts paid by the Lessor to remove a mechanic's lien caused to be filed against the Premises or improvements on the Premises by Lessee, including expenses and interest, shall be due from Lessee to Lessor and shall be repaid to Lessor immediately on rendition of notice, together with interest at ten percent (10%) per annum until repaid.

ARTICLE 9. INSURANCE AND INDEMNITY

Property Insurance

9.1 Lessor shall, at its own expense, during the term of this Lease, keep all buildings and improvements on the Leased Premises insured against loss or damage by fire with extended coverage to include direct loss by windstorm, hail, explosion, riot, or riot attending a strike, civil commotion, aircraft, vehicles, and smoke, in the aggregate amounts of not less than the full fair insurable value of the buildings and improvements. The insurance is to be carried by one or more insurance companies licensed to do business in Texas and approved by Lessee. The policies shall provide that any proceeds for loss or damage to buildings or to improvements shall be payable solely to Lessor, which sum Lessor shall use for repair and restoration purposes as provided herein. Lessee shall maintain all insurance on Lessee's personal property located within the Leased Premises and Lessee covenants and agrees that Lessor shall have no responsibility for damage or destruction of Lessee's personal property located within the Leased Premises.

General Liability Insurance

9.2 **Lessor.** Lessor, at its own expense, shall provide and maintain in force

during the term of this Lease, liability insurance with limits of at least Five Hundred Thousand Dollar (\$500,000.00), naming Lessee as additional insured. Prior to occupancy of the Premises, Lessor shall provide Lessee with evidence of such insurance satisfying the insurance requirements stated in the RFB, such evidence of insurance is attached hereto as "Exhibit C."

9.3 **Lessee.** Lessee, at its own expense, shall provide and maintain in force during the term of this Lease, liability insurance in the amounts deemed adequate by Lessee.

Remedy for Failure to Provide Insurance

9.4 Lessor shall furnish Lessee with the original of all insurance policies required by this Article. If Lessor does not provide such policies or proof of such insurance within ten (10) days of the execution of this Lease, or if Lessor allows any insurance required under this Article to lapse after receipt of notice of cancellation or of non-renewal, or if Lessor fails to deliver proof of insurance showing coverages to Lessee prior to the effective date of such insurance and the original insurance policy within thirty (30) days thereafter, such failure shall be a default of Lessor under this Lease; or Lessee may, but shall not be required, to take out such insurance and pay the premiums on the necessary insurance to comply with Lessor's obligations under the provisions of this Article. Lessor agrees to reimburse Lessee all amounts spent by Lessor to procure and maintain such insurance within fifteen (15) days after demand from Lessor. Failure to pay such amount when due shall be a default of Lessor under this Lease.

ARTICLE 10. DAMAGE OR DESTRUCTION OF PREMISES

Notice to Lessor

10.1 If the Leased Premises, or any structures or improvements on the Leased

Premises, should be damaged or destroyed by fire, tornado, or other casualty, Lessee shall give immediate written notice of the damage or destruction to Lessor, including a description of the damage and, as far as known to Lessee, the cause of the damage.

10.2 If the building on the Leased Premises should be totally destroyed by fire, tornado, or other casualty, or if it should be so damaged that rebuilding is necessary, this Lease Agreement, at the option of the Lessee, shall terminate and rent shall be abated for the unexpired portion of this Lease, effective as of the date of said occurrence.

10.3 If the Leased Premises should be damaged by fire, tornado, or other casualty, but not to such an extent that rebuilding or repairs can reasonably be completed with thirty (30) working days from the date of the occurrence of the damage, this Lease shall not terminate, but Lessor shall, if the casualty has occurred prior to the final six (6) months of the lease term, at Lessor's sole cost and risk proceed forthwith to rebuild or repair the Leased Premises to substantially the condition in which they existed prior to such damage. If the casualty occurs during the final six (6) months of the lease term, Lessor shall not be required to rebuild or repair such damage. If the Leased Premises are to be rebuilt or repaired and are untenable in whole or in part following such damage, the rent payable hereunder during the period in which they are untenable shall be adjusted equitably. In the working days from the date of the occurrence of the damage, Lessee may at its option terminate this Lease by written notification at such time to Lessor, whereon all rights and obligations hereunder shall cease.

ARTICLE 11. CONDEMNATION

Total Condemnation

11.1 If during the term of this Lease all of the Leased Premises should be taken

for any public or quasi-public use under any governmental law, ordinance, or regulation, or by right of eminent domain, or should be sold to the condemning authority under threat of condemnation, the Lease shall terminate, and the rent shall be abated during the unexpired portion of this Lease, effective as of the date of the taking of the premises by the condemning authority.

Partial Condemnation

11.2 If less than all, but more than ten percent (10%) of the Leased Premises is taken for any public or quasi-public use under any governmental law, ordinance, or regulation, or by right of eminent domain, or should be sold to the condemning authority under threat of condemnation, Lessee may terminate the Lease by giving written notice to Lessor within thirty (30) days after possession of the condemned portion is taken by the entity exercising the power of condemnation.

If the Leased Premises are partially condemned and Lessee fails to exercise the option to terminate the Lease under this section, or if less than ten percent (10%) of the Leased Premises are condemned, this Lease shall not terminate, but Lessor may, at its sole expense, restore and reconstruct the building and other improvements situated on the Leased Premises to make them reasonably tenantable and suitable for the uses for which the Premises are Leased. The rent payable under Sections 2.1 of this Lease shall be decreased equitably during the period of such restoration or reconstruction.

Condemnation Award

11.3 Lessor and Lessee shall each be entitled to receive and retain such separate awards, and portions of lump sum awards, as may be allocated to their respective interest in any condemnation proceedings. The termination of this Lease shall not affect the rights of the respective parties to such awards.

ARTICLE 12. DEFAULT

Default by Lessee

12.1 If Lessee shall allow the rent to be in arrears more than ten (10) days after written notice of such delinquency, or shall remain in default under any other condition of this Lease for a period of fifteen (15) days after written notice from Lessor, Lessor may at its option, without notice to Lessee, terminate this Lease or, in the alternative, Lessor may re-enter and take possession of the Premises and remove all persons and property without being deemed guilty of any manner of trespass and re-let the Premises, or any part of the Premises, for all or any part of the remainder of the Lease term, to a party satisfactory to Lessor and at such monthly rental as Lessor may with reasonable diligence be able to secure. Should Lessor be unable to relet after reasonable efforts to do so, or should such monthly rental be less than the rental Lessee was obligated to pay under this Lease, or any renewal of this Lease, plus the expense of reletting, then Lessee shall pay the amount of such deficiency plus reasonable attorney's fees to Lessor.

Default by Lessor

12.2 If Lessor defaults in the performance of any terms, covenants, or conditions required to be performed by it under this Lease, in addition to other remedies afforded Lessee under this Lease or at law, Lessee may elect that: Upon Lessee's notice to Lessor of repairs or maintenance which Lessor has a duty to undertake, Lessor neglects to make such repairs within thirty (30) days following written notice from Lessee, Lessee may vacate the Premises, in which case it shall be discharged from further payment of rent, the performance of all other terms and conditions of this Lease, and this Lease shall terminate as of the date Lessee vacates the Premises and any rental shall be abated for

the unexpired term of this Lease.

Cumulative Remedies

12.4 All rights and remedies of Lessor and Lessee under this Article shall be cumulative, and none shall exclude any other right or remedy provided by law or by any other provision of this Lease. All such rights and remedies may be exercised and enforced concurrently and whenever, and as often, as occasion for their exercise arises.

Waiver of Breach

12.5 A waiver by either Lessor or Lessee of a breach of this Lease by the other party does not constitute a continuing waiver or a waiver of any subsequent breach of the Lease.

ARTICLE 13. ASSIGNMENT AND SUBLETTING

Assignment and Subletting by Lessee

13.1 Lessee may sublet, assign, encumber, or otherwise transfer this Lease, or any right or interest in this Lease or in the Leased Premises or the improvements on the Leased Premises, with the written consent of Lessor. If Lessee sublets, assigns, encumbers, or otherwise transfers its rights or interest in this Lease or in the Leased Premises or the improvements on the Leased Premises, other than as specified herein, without the written consent of Lessor, Lessor may, at its option, declare this Lease terminated and Lessee and Lessor shall have no further obligation to each other under this Lease. In the event Lessor consents in writing to an assignment, sublease or other transfer of all or any of Lessee's rights under this Lease, the assignee or sublessee, must assume all of Lessee's obligations under this Lease, and Lessee shall remain liable for every obligation under the Lease. Lessor's consent under this section will not be arbitrarily

or unreasonably withheld.

Assignment by Lessor

13.2 Lessor may assign or transfer any or all of its interests under the terms of this Lease.

ARTICLE 14. MISCELLANEOUS

Notices and Addresses

14.1 All notices required under this Lease will be deemed delivered when deposited in certified or registered mail, addressed to the proper party, at the following addresses:

Lessor:

Laura Salinas, Owner
419 North 12th Street
Donna, Texas 78537

Lessee:

County of Hidalgo
Attn: County Judge
100 East Cano, 2nd Floor
Edinburg, Texas 78539

Either party may change the address to which notices are to be sent it by giving the other party written notice of the new address in the manner provided in this section.

Parties Bound

14.2 This Lease Agreement shall be binding upon, and inure to the benefit of, the parties to the Lease and their respective heirs, executors, administrators, legal representatives, successors and assigns when permitted by this Lease Agreement.

Texas Law to Apply

14.3 This Lease Agreement shall be construed under, and in accordance with, the laws of the State of Texas, and all obligations of the parties created by this Lease are performable in Hidalgo County, Texas.

Legal Construction

14.4 In case any one or more of the provisions contained in this Lease Agreement shall for any reason be held by a court of competent jurisdiction to be invalid, illegal, or unenforceable in any respect, such invalidity, illegality, or unenforceability shall not affect any other provisions of the Lease Agreement, and this Lease Agreement shall be construed as if the invalid, illegal, or unenforceable provision had never been included in the Lease Agreement.

Prior Agreements Superseded

14.5 This Lease Agreement constitutes the sole and only agreement of the parties and supersedes any prior understandings or written or oral agreements between the parties respecting the subject matter of this Lease Agreement.

Amendment

14.6 No amendment, modification, or alteration of the terms of this Lease Agreement shall be binding unless it is in writing, dated subsequent to the date of this Lease Agreement, and duly executed by the parties to this Lease Agreement.

Rights and Remedies Cumulative

14.7 The rights and remedies provided by this Lease Agreement are cumulative, and the use of any one right or remedy by either party shall not preclude or waive that party's right to use any or all other remedies. The rights and remedies provided in this Lease are in addition to any other rights the parties may have by law, statute, ordinance or otherwise.

Attorneys' Fees and Costs

14.8 If, as a result of a breach of this Lease Agreement by either party, the other party employs an attorney or attorneys to enforce its rights under this Lease, then the breaching or defaulting party agrees to pay the other party the reasonable attorneys'

fees and costs incurred to enforce the Lease.

Force Majeure

14.9 Neither Lessor nor Lessee shall be required to perform any term, condition, or covenant in this Lease so long as such performance is delayed or prevented by force majeure, which shall mean acts of God, strikes, lockouts, material or labor restrictions by any governmental authority, civil riot, floods, and any other cause not reasonably within the control of Lessor or Lessee and which by the exercise of due diligence Lessor or Lessee is unable, wholly or in part, to prevent or overcome.

Real Estate Commission and Finder's Fees

14.10 Neither Lessor nor Lessee has entered into any real estate commission or finder's fee agreements with any broker, agent or finder in respect of this transaction, and Lessor and Lessee each agree to indemnify and hold harmless the other from and against any and all claims, losses, damages, costs or expenses of any kind, or arrangement or understanding alleged to have been made by the indemnifying party or on its behalf with any broker, salesman or finder in connection with this Lease or the transactions contemplated hereby.

Estoppel Information

14.11 Lessee shall, at the request of Lessor, provide any and all information with respect to this Lease to any person designated by Lessor.

Time of Essence

14.12 Time is of the essence of this Lease Agreement.

Commitment of Current Revenues Only

14.13 In the event that, during any term hereof, the Commissioners Court does not appropriate sufficient funds to meet the obligations of Lessee under this Agreement,

Lessee may terminate this Agreement upon sixty (60) days written notice to Lessor. Lessee agrees, however, to use reasonable efforts to secure funds necessary for the continued performance of this Agreement. The parties intend this provision to be a continuing right to terminate this Agreement at the expiration of each budget period of Lessee pursuant to the provisions of Tex. Loc. Govt. Code Ann. ' 271.903 (Vernon Supp. 1996).

Entire Agreement

14.14 This Lease contains the entire agreement between the parties hereto, and each party acknowledges that neither has made (either directly or through any agent or representative) any representations or agreements in connection with this Contract not specifically set forth herein. This Contract may be modified or amended only by agreement in writing executed by County and Lessor, and not otherwise.

Immunities

14.15 Nothing in this Lease is intended to and Lessee does not hereby waive, release or relinquish any right to assert any of the defenses Lessee enjoys by virtue of the state or federal constitution, laws, rules or regulations, and any sovereign, official or qualified immunity available to Lessee as to any claim or action of any person, entity, or individual against Lessee.

THE UNDERSIGNED Lessor and Lessee execute this Lease Agreement on the
day of February 3rd, 2016.

HIDALGO COUNTY

Ramon Garcia
By: Ramon Garcia, County Judge
APPROVED BY
COMMISSIONERS' COURT
ON: 2/3/16

APPROVED AS TO FORM:
Atlas, Hall & Rodriguez, L.L.P.

SLC
By: Stephen L. Crain

LAURA SALINAS

Laura Salinas
By:

ATTEST:

Arturo Guajardo Jr.
By: Arturo Guajardo Jr., County Clerk



**EXHIBIT “A”
LEGAL DESCRIPTION**

EXHIBIT "A"

DESCRIPTION OF PROPERTY

Mercedes Original Townsite
Lot (7) and Eight (8) , Block Twenty Six (26) City of Mercedes, Hidalgo, County, Texas, as per map
or plat thereof duly of record in the office of the County Clerk of Hidalgo County, Texas, to which
reference in here made for a full description.

**EXHIBIT “B”
BID PAGE**

EXHIBIT-"B"

Bid Page

Hidalgo County WIC Program
"Lease Office Space-City of Mercedes"

RFB NO.: 2016-015-01-06-SMA

Charge for "Lease Office Space-Mercedes" as requested , but not limited to, in the Specifications as herein listed on Exhibit "A" and thereafter, at Hidalgo County's sole discretion and option renew and extend the term for three (3) one (1) year terms [effective October 1, and ending September 30 of each subsequent year] under the same rates, terms and conditions.

PRICE \$ 0.97 per square foot.

OPENED
9:30 1-6-16

Sq. ft of proposed office building 5,080

Witnessed

TOTAL MONTHLY COST \$ 4,927.60



Proposed (address) Location: 540 S. Texas Avenue, Mercedes, Texas 78570

PROPERTY ID # and/or GEOGRAPHIC ID: (Local Appraisal District Info.) _____

HCAD Number 234090 Acct # M3550-00-026-0007-00

LEGAL DESCRIPTION OF PROPERTY: Lots 7 & 8, BLK 26, OT Mercedes, Hidalgo Co., TX

EXHIBIT-"B"

Bid Page

Hidalgo County WIC Program
"Lease Office Space-City of Mercedes"

RFB NO.: 2016-015-01-06-SMA

BIDDER'S INFORMATION:

I/We the undersigned hereby certify that I/We am/are a duly authorized official of the company and have the authority to sign on behalf of the company and assure that all statements made in the bid are true. I/We agree to furnish and deliver the specified items/services at the prices stated herein, and have read, understand, and agree to the terms and conditions contained herein and on all of the attachments.

BIDDER/COMPANY NAME: Laura Salinas

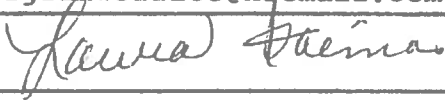
ADDRESS: 419 N. 12th Street

CITY/STATE/ZIP CODE: Donna, Texas 78537

PHONE & FAX NO'S: (956) 461-2851

CELLULAR NO: (956) 342-6542

E-MAIL ADDRESS: rjsslawoffice@hotmail.com

AUTHORIZED SIGNATURE: 

PRINTED NAME: Laura Salinas

TITLE: Owner

EXHIBIT "C"
CERTIFICATE OF INSURANCE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/13/2016

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 McAfee Insurance Agency P. O. Box 625 321 Second Street Mercedes TX 78570	CONTACT NAME: Consuelo Cavazos, CISR PHONE (A/C, No, Ext): (956) 565-2481 FAX (A/C, No): (956) 565-2733 E-MAIL ADDRESS: consuelo@mcafeeagency.com														
INSURED Robert J. Salinas & Laura Salinas 419 N 12th St Donna TX 78537	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: American Economy Ins. Co.</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: American Economy Ins. Co.		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: American Economy Ins. Co.															
INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES CERTIFICATE NUMBER: 15-16 GL 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 <input type="checkbox"/> OTHER			02BP476780-0	6/16/2015	6/16/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 Employee Dishonesty \$ 15,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS						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"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE 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						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Reference: 540 S Texas Ave, Mercedes, TX, 78570

CERTIFICATE HOLDER sandra.montalvo@co.hidalgo Purchasing Department of Hidalgo County T 2812 S Business 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 Robert R Garza/MIN <i>Robert R Garza</i>
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POLICY DECLARATIONS EXTENSION

NAMED INSURED: ROBERT J SALINAS

POLICY NUMBER: 02-BP-476780-0

PREMISES 1	540 S TEXAS AVE	CONSTRUCTION:	JOISTED MASONRY
BUILDING 1	MERCEDES, TX 78570	OCCUPANCY:	OFFICE - LESSORS RISK ONLY

APPLICABLE TO THESE PREMISES	LIMITS OF INSURANCE
EXCEPT WHERE NOTED BELOW, A DEDUCTIBLE OF \$ 1,000 APPLIES	
FOR BUILDING OR BUSINESS PERSONAL PROPERTY, WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLE IS 2%	
BUILDING - REPLACEMENT COST	\$ 413,000
BUSINESS INCOME (NOT EXCEEDING 12 CONSECUTIVE MONTHS)	ACTUAL LOSS SUSTAINED
DEDUCTIBLE: NONE	
DAMAGE TO PREMISES RENTED TO YOU	\$ 1,000,000
DEDUCTIBLE: NONE	
EQUIPMENT BREAKDOWN	INCLUDED
OUTDOOR SIGNS (DEDUCTIBLE: \$ 250)	\$ 7,500
MONEY AND SECURITIES (DEDUCTIBLE: \$ 250):	
INSIDE THE PREMISES	\$ 10,000
OUTSIDE THE PREMISES	\$ 5,000
ACCOUNTS RECEIVABLE	\$ 25,000
COMMERCIAL FINE ARTS	\$ 10,000
VALUABLE PAPERS AND RECORDS	\$ 25,000
SEWER OR DRAIN BACK-UP	\$ 5,000
ORDINANCE OR LAW	SEE ENDORSEMENT
ORDINANCE OR LAW - COVERAGES B AND C - COMBINED LIMIT FOR DEMOLITION COST COVERAGE AND INCREASED COST OF CONSTRUCTION COVERAGE	\$ 150,000
BUSINESS INCOME CAUSED BY DEPENDENT PROPERTIES	\$ 5,000
ELECTRONIC DATA	\$ 25,000

1209072425284740100000569



POLICY DECLARATIONS EXTENSION

NAMED INSURED: ROBERT J SALINAS

POLICY NUMBER: 02-BP-476780-0

APPLICABLE TO ALL PREMISES YOU OWN, RENT OR OCCUPY	LIMITS OF INSURANCE
BUSINESS LIABILITY:	
LIABILITY (INCLUDING PRODUCTS AND COMPLETED OPERATIONS) AND MEDICAL EXPENSES	\$ 1,000,000
MEDICAL EXPENSES (ANY ONE PERSON)	\$ 10,000
AGGREGATE LIMITS	\$ 2,000,000
HIRED AUTO AND NON-OWNED AUTO LIABILITY	SEE BUSINESS LIABILITY
EMPLOYEE DISHONESTY (DEDUCTIBLE: NONE)	\$ 15,000
FORGERY OR ALTERATION (DEDUCTIBLE: NONE)	\$ 25,000
EMPLOYMENT PRACTICES (DEDUCTIBLE: NONE):	
EACH INCIDENT LIMIT	\$ 10,000
AGGREGATE LIMIT	\$ 10,000
RETROACTIVE DATE OF 06/16/06	
IDENTITY RECOVERY COVERAGE EXPENSE REIMBURSEMENT	\$ 25,000
PREMIUM FOR CERTIFIED ACTS OF TERRORISM	\$ 20.00
TERM PREMIUM	\$ 4,901.00
TOTAL TERM PREMIUM	\$ 4,921.00

1209072425284740100000570



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.

Laura Salinas
Donna, TX United States

Certificate Number:
2016-7361

Date Filed:
01/29/2016

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Hidalgo County WIC Program - Mercedes Building

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 goods or services to be provided under the contract.

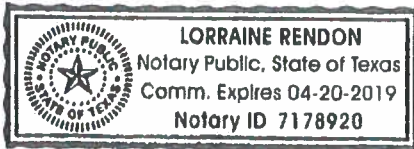
Bid No: 2016-015-01-06-SMA
Office Space

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 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.



Laura Salinas
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Laura Salinas, this the 3rd day of Feb., 2016, to certify which, witness my hand and seal of office.

Lorraine Rendon Lorraine Rendon _____
Signature of officer administering oath Printed name of officer administering oath 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.

**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.

Laura Salinas
 Donna, TX United States

Certificate Number:
 2016-7361

Date Filed:
 01/29/2016

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Hidalgo County WIC Program - Mercedes Building

Date Acknowledged:
 02/03/2016

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 goods or services to be provided under the contract.

Bid No: 2016-015-01-06-SMA
 Office Space

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.

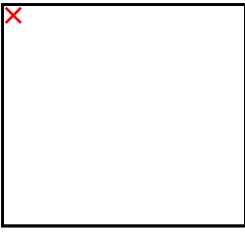
6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

 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



AGENDA
HIDALGO COUNTY
COMMISSIONERS COURT
MEETING
February 3, 2016
9:30 A.M.

NOTICE is hereby given in accordance with Chapter 551, Texas Government Code, that a SPECIAL MEETING of the Commissioners Court will be held in the Commissioners Courtroom of the Administration Building, 100 E. Cano, 1st floor, Edinburg, Hidalgo County, Texas. Discussion and possible action relating to the following business will be transacted:

1. **Roll Call**
2. **Pledge of Allegiance**
3. **Prayer**
4. **Approval of Consent Agenda**
5. **Open Forum**
6. **County Judge's Office:**
 - A. AI-53133 Discussion, consideration, and approval of letter of support for Pharr, San Juan, Alamo Promesas del Valle Initiative (PSJA PVI).
7. **District Attorney's Office:**
 - A. AI-53236 Proclamation declaring February 2016 as Teen Dating Violence Awareness month.
 - B. AI-53140 District Attorney - USDJ (1256):
Approval of 2016 appropriation of funds in the amount of \$13,000.00 to fund the purchase of uniforms and travel expenditures for law enforcement personnel.
8. **District Clerk - Laura Hinojosa:**
 - A. AI-53215 Discussion, consideration and approval to increase change fund from \$ 200.00 to \$400.00, in accordance with Texas Local Government Code 130.902.

- A. AI-53177 Pct. 4 Rd. Maint (1200):
1. Approval of Certification of Revenues as certified by the County Auditor for Pct. 4 Misc. Reimbursements- JO 9 Drainage Project.
 2. Approval of 2015 appropriation of funds for Pct. 4 in the amount of \$185,817.35.

23. **Budget & Management:**

- A. AI-53225 County Clerk:
Requesting authority to set up an escrow account of \$5,000.00 for recording fees assessed by the County Clerk's Office with authority for County Treasurer to issue payment after auditing procedures are completed by the County Auditor.
- B. AI-53222 Authorization to participate in the 2016 Texas Warrant Round Up Program.
- C. AI-53202 Confirmation of Indigent Defense (1100-412-00-009-003-0) as a County Department and Isidro Sepulveda (slot 0001) as the Department Head.
- D. AI-53059 Various Departments: Approval of salary schedule corrections as listed on Exhibit A.

E. **Budget Appropriations:**

1. AI-52969 Sanitation Program Approval to amend the Countywide Solid Waste Citizen Collection Station Rules.
2. AI-53206 Various Pct 4 Projects (1200):
Approval of 2016 appropriation of funds from the R&B unreserved fund balance in the amount of \$396,302.86 to fund Pct 4 Rio Grande Care & Trenton road projects.

F. **Interfund transfers:**

1. AI-53211 Pct 4 Rio Grande Care Rd (1200):
Approval of 2016 interfund transfer from Co. Wide Adm-Contingency (1100) to Pct 4 Rio Grande Care Road Project (1200) in the amount of \$148,697.14 to partially fund anticipated project expenditures.

Purchasing Department:

Notes:

A. FOR ANY CONTRACT(S) AWARDED AND APPROVED UNDER THIS AGENDA, EXECUTED COPIES OF THE CONTRACT(S) WILL BE AVAILABLE ON THE COUNTY INTRA-NET WEBSITE AND WILL BE FOWARDED VIA E-MAIL, FAX OR HAND DELIVERED TO HIDALGO

1. AI-53226 Requesting approval to submit application for Electricity Services with deposit and application fees in the amount of \$865.00 for the Linn San Manuel Emergency Services Facility, payable to Magic Valley Electric Cooperative, Inc., with authority for County Treasurer to issue payment/check after completion of Auditor's review/audit/processing procedures are completed.

2. AI-53107
 - a. Acceptance and approval of a Professional Engineering Agreement# C-16-048-02-03 with L&G Consulting Engineers, Inc. d/b/a L&G Engineering, for: "Job Specific" Project: "FM 1925 from 1,500 ft. West of FM 2220 (Ware Road) to 10th Street" for Hidalgo County Precinct No. 4 including compliance with HB1295 [if and when applicable];

 - b. Pursuant to Article 14 of the "professional engineering services" agreement #C-16-048-02-03 with L&G CONSULTING ENGINEERS, INC. d/b/a L&G ENGINEERING, is requesting approval to engage the services of SUB-CONTRACTOR (AMA TERRA ENVIRONMENTAL, INC.) with adherence to insurance provisions required by said article;

 - c. Acceptance and approval of Work Authorization No. 1 (with an estimated cost of \$ 681,350.00) as submitted by project engineer, L&G Engineering for "Job Specific" Project: "FM 1925 from 1,500 ft. West of FM 2220 (Ware Road) to 10th Street" project for Hidalgo County Precinct No. 4, in connection to agreement # C-16-048-02-03.

D.**WIC**

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|-----------------|--|
| APPROVED | <ol style="list-style-type: none"> 1. AI-53033 Presentation of sole responsible vendor [Laura Salinas] submitting the lowest and best bid meeting all specifications and/or requirements for the purpose of award and approval of contract for Request for Bids titled: Hidalgo County WIC Program-"Lease Office Space-City of Mercedes through project No.: 2016-015-01-06-SMA. Subject to compliance with HB1295 [when and/or if applicable]. |
|-----------------|--|

E.**Co. Wide**

1. AI-53092 Action to reject all bids received for Hidalgo County "Extraction of Water [aka, De-watering] Project through the Request for Bid: No.: 2016-022-MEG and modification of a new procurement packet [RFB: No.:2016-055-MEG] will be developed and drafted by/through the Purchasing Department and Emergency Management Coordinator so as to remove services/requirements not needed by HC and reflect compliance with HB1295 as well.

Closed Session:

25. Commissioners' Court may go into Closed Session pursuant to Chapter 551, Texas Government Code, Sections 551.071 & 551.072 to discuss the following: