

Affidavit & Indemnity Agreement

Date: 02/19/2020

Affiant: Mario M. Davila

Affiant on oath swears that the following statements are true and correct and are within the personal knowledge of Affiant.

Affiant Mario M Davila states he is a sole proprietor doing business as Davila & Associates, Inc. with Hidalgo County under **Contract # C-2020-088-02-25** dated _____ Affiant will provide services for Hidalgo County & Hidalgo Drainage District under a Hidalgo County Purchase Order # _____ as approved on _____

Affiant further states that he has no employees and does not anticipate employing any during the term of this contract. In the event Affiant does employ any staff during the contract, Affiant shall immediately notify Hidalgo County and obtain the Workers Compensation coverage required by law. Affiant further acknowledges that failure to do so will result in cancellation of the purchase order.

Affiant further agrees to indemnify, defend and hold harmless the County of Hidalgo and its agents, employees and elected officials from and against any and all claims, suits, demands and causes of action, of any kind or nature, arising out of or in any way relating to the services performed by Affiant.

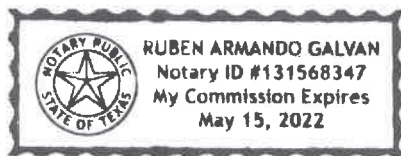
Further Affiant sayeth not.

Mario M. Davila

Printed Name of Affiant



SWORN AND SUBSCRIBED TO under oath before me on 02/19/2020



[Signature]
Notary Public, State of Texas

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:
 2020-589835

Date Filed:
 02/19/2020

Date Acknowledged:

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

Davila & Associates, Inc.
 McAllen, 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

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-2020-088
 Translations Interpreters Services

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.



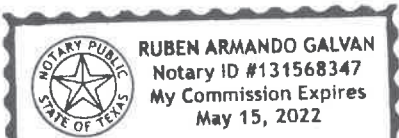
6 UNSWORN DECLARATION

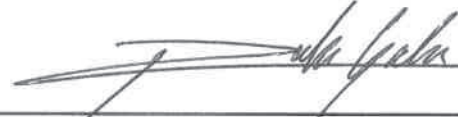
My name is Mario M Davila, and my date of birth is 01/06/1991.

My address is 4900 W 23rd St., McAllen, TX, 78504, Hidalgo
(street) (city) (state) (zip code) (country)

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

Executed in Hidalgo County, State of Texas, on the 19th day of February, 2020.
(month) (year)




 Signature of authorized agent of contracting business entity
 (Declarant)

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C-2020-088
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			Controlling	Intermediary

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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)