

## EXHIBIT E -Work Authorization

# HIDALGO COUNTY

Professional Engineering Services Contract # C-20-185-06-30

## Work Authorization Form

### WORK AUTHORIZATION NO. 01

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

PART 1. SCOPE OF WORK The purpose of this Work Authorization is for the Engineer to provide Engineering services for generator addition at four (4) Health Clinics.

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

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

PART 2. ESTIMATED COST The estimated cost for services under this Work Authorization is for \$136,708.00. This amount is based upon the costs outlined in the Estimated Cost Proposal attached hereto as EXHIBIT "D".

PART 3. PAYMENT Compensation and payment to the Engineer for the services established under this Work Authorization shall be made in accordance with Article/Part/Section 6 of the Agreement.

PART 4. FUNDING This Work Authorization No.6 shall be funded through funding source: Account No. \_\_\_\_\_ Requisition Number \_\_\_\_\_ (MUST BE INCLUDED AFTER CC APPROVAL)

PART 5. PERIOD OF SERVICE This Work Authorization shall become effective on the date of final acceptance of the parties hereto, and terminate and terminate upon completion of scopes of the work authorization.

PART 6. RESPONSIBILITIES AND OBLIGATIONS This Authorization does not waive the parties' responsibilities and obligations provided under the Agreement.

PART 7. ACKNOWLEDGEMENT AND CONFIRMATION Acknowledgement and confirmation by Hidalgo County \_\_\_\_\_, \_\_\_\_\_ as to content and detail of this Work Authorization No. 01.

HIDALGO COUNTY

BY:

PART 8. ACCEPTANCE AND APPROVAL This Work Authorization is hereby accepted, approved by Hidalgo County Commissioners' Court on \_\_\_\_\_ as indicated below and effective as of \_\_\_\_ day of \_\_\_\_\_, 2020.

THE ENGINEER:

THE OWNER:

HALFF ASSOCIATES INC.

HIDALGO COUNTY



By: Jose A. Delgado, P.E., RCDD, LEED AP

By: Richard F. Cortez, County Judge

ATTEST:

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

LIST OF ATTACHMENTS

- ATTACHMENT "A" -Service to be Provided by the Owner
- ATTACHMENT "B" -Services to be Provided by the Engineer
- ATTACHMENT "C" -Work Schedule
- ATTACHMENT "D" -Cost Proposal

# EXHIBIT A

## -Scope of Services to be provided by the Owner

The following provides an outline of the services to be provided by the **OWNER** in the development of the Project.

The **OWNER** will provide to the **ENGINEER** the following:

- (1) Authorization to the **ENGINEER** to begin work in accordance with Section 3 of this Agreement.
- (2) Payment for work performed by the **ENGINEER** and accepted by the **OWNER** in accordance with Section 6 of the Agreement.
- (3) Assistance to the **ENGINEER**, as necessary, to obtain the required data and information from other local, regional, State and Federal agencies that the **ENGINEER** cannot easily obtain.
- (4) Provide any available relevant data the **OWNER** may have on file concerning the project.
- (5) Provide timely review and decisions in response to the **ENGINEER'S** request for information and/or required submittals and deliverables, in order for the **ENGINEER** to maintain the agreed-upon work schedule prepared in accordance with Attachment "C" of this Agreement.
- (6) Attend and participate in progress meetings as required and as coordinated and conducted by the **ENGINEER**.
- (7) Assist the **ENGINEER** in the preparation of the project mailing list; provide representation, a site and stenographer for all public meetings; additionally:
  - Public Meetings*
  - (a) Approve agenda and all exhibits prior to public meeting.
  - (b) Approve date and location of the meeting.
  - (c) Review/approve Public Meeting Report.
- (8) Attend the Preliminary Concept Conference coordinated and conducted by the **ENGINEER** and more particularly identified in Attachment "B" of the Agreement.
- (9) Assist the **ENGINEER** as required in the coordination with the USACE and the Federal Emergency Management Agency (FEMA) and any other coordinating agency or entity.
- (10) Review and approve the Project design criteria.
- (11) Review and approve change orders as required and prepared by the **ENGINEER**.

# **EXHIBIT B**

## **-Scope of Services to be provided by the Engineer**

Through project award via Work Authorization, Engineer shall provide Professional Services required to design and specify Building Repair and Renovation Projects. Type of services that may be included as dictated by the individual project requirements consist of: 1) Surveying, 2) Civil Engineering, 3) Mechanical/ Plumbing Engineering, 4) Electrical Engineering, 5) Structural Engineering. Upon Identification by the Owner of specific projects that require the professional services of the Engineer, a detailed scope of work and identification of professional service disciplines required shall be established.

**Halff Associates, Inc. is pleased to submit this Work Authorization No. 01 proposal under our existing Professional Service Agreement (C-20-185-06-30) with Hidalgo County to provide engineering services for generator addition at four (4) Health Clinics. The Health Clinics are located in Weslaco, Edinburg, McAllen, and Mission Health Clinics:**

### **Phase 1: Electrical Assessment**

- Develop generator system solution assessment for each site
- Perform site investigation with county's electrician to develop high level electrical one-line diagrams
- Assessment to include for each site:
  - Generator fuel type, diesel vs. natural gas, pros and cons
  - Approximate location of generator location
  - Electrical loads to be served by generator
  - Assessment presentation to Purchasing and Health Department

### **Phase 2: Document Production Phase**

- Review existing documents and conditions
- Site investigation/existing conditions for design
- Determine generator rating based on loads
- Modifications to electrical distribution system
- Development of one-line diagram
- Electrical site plans development
- Exterior to building lighting design for generator system
- Develop project specific details
- Consolidation of electrical service
- Coordination with utility company
- Specification of automatic transfer switch
- Survey field ties to all surface improvements on the site, establishing horizontal and vertical control, and obtaining site topography required for design of the generator pad
- Civil task to establishing the base flood elevation for this area to be utilized by the structural engineer for design of the pad
- Structural engineering design for generator pad
- Structural engineering design for generator mechanical yard
- Demolition plans
- Division 1 specs
- Technical specifications
- Design meetings

- Design phase administrative support
- Issuance of final documents

### **Phase 3: Construction Phase Services**

- Pre-construction meeting (1 Visit)
- Response to RFI's
- Review submittals
- Review payment applications (3 visits per site)
- Additional site observation meetings (1 visit per site)
- Field observations/ punch lists (2 field meetings per site)
- Project Close-out

### **Specific Exclusions**

- Work related to ACM Abatement
- Site visits more than those identified
- Survey does not include survey of any subsurface facilities. Existing underground structures or utilities will be obtained from record drawings
- Construction phase activities in excess of 3 months from Contractor Notice To Proceed (NTP)
- Work not associated with the construction scope
- Geotechnical report or soil sampling. The county shall engage others to perform this task
- The County will facilitate an in-house electrician to assist to field locate electrical circuits, electrical panels, and to determine electrical loads relevant to the design at each of the four sites

# EXHIBIT C

## -Work Schedule

A detailed work schedule for each **Work Authorization**, identified and more particularly described in **Article 7** of this Agreement, shall be prepared by the **Engineer** to be submitted and approved by the Owner in writing for each **Work Authorization**. The work schedule will provide specific work sequence and definite review times by the **Owner** and the **Engineer** of the work performed.

The **Engineer** will diligently pursue the completion of each **Work Authorization** as defined by the milestones and deliverable due dates outlined in each **Work Authorization**'s associated work schedule.

The **Engineer** will inform the **Owner** (in reasonable advance of the delay) should the **Engineer** encounter delays that would prevent the performance of all work in accordance with the established work schedule.

The following schedule is contingent on the NTP being provided during the week of 06/15/2020.

**Phase 1: Electrical Assessment**

Start: Week of 07/13, Finish: Week of 07/17

**Phase 2: Document Production Phase**

Start: Week of 07/20, Finish: Week of 08/20

**Phase 3: Construction Phase Services**

Start: Week of 09/14, Finish: Week of 12/04

# EXHIBIT D

## Cost Proposal

Plans and Specifications for Engineering services for generator addition at four (4) Health Clinics: Weslaco, Edinburg, McAllen, Mission sites.

<b>Phase 1</b>	
• Electrical Assessment	\$16,792.00
<b>Phase 2</b>	
• Document Production Phase	\$79,148.00
<b>Phase 3</b>	
• Construction Phase Services	\$40,168.00
• Expenses	\$600.00
<b>Total:</b>	<b><u>\$136,708.00</u></b>









# CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 2

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:  
 2020-638048

Date Filed:  
 06/29/2020

Date Acknowledged:

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**  
 Halff 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-20-185-06-30  
 Engineering Services for Generator Addition at Four (4) Health Clinics

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Adams, Bobby	Houston, TX United States	X	
	Baker, Jessica	Richardson, TX United States	X	
	Bargainer, Tim	Austin, TX United States	X	
	Edwards, Mark	Richardson, TX United States	X	
	Jackson, Todd	Austin, TX United States	X	
	Ickert, Andrew	Fort Worth, TX United States	X	
	Kunz, Pat	Richardson, TX United States	X	
	Miller, Steven	Austin, TX United States	X	
	Moya, Mike	Austin, TX United States	X	
	Murray, Menton	McAllen, TX United States	X	
	Sagel, Joseph	Richardson, TX United States	X	
	Tanksley, Dan	Richardson, TX United States	X	
	Zapalac, Russell	Austin, TX United States	X	

# CERTIFICATE OF INTERESTED PARTIES

FORM 1295

2 of 2

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CERTIFICATION OF FILING**

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

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.  
Half 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-20-185-06-30  
Engineering Services for Generator Addition at Four (4) Health Clinics

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 MENTON J. MURRAY, III, and my date of birth is 4/2/1972.

My address is 5000 W. MILITARY STE 100, MCALLEN, TX, 78503, USA.  
(street) (city) (state) (zip code) (country)

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

Executed in HIDALGO County, State of TEXAS, on the 29<sup>th</sup> day of JUNE, 20 20.  
(month) (year)

  
Signature of authorized agent of contracting business entity (Declarant)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/7/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Bell Insurance Group 16980 DALLAS PKWY STE 210 DALLAS TX 75248	<b>CONTACT NAME:</b> Candy Goehring	
	<b>PHONE (A/C, No, Ext):</b> 972-581-4915	<b>FAX (A/C, No):</b> 972-581-4850
<b>E-MAIL ADDRESS:</b> cgoehring@bellgroup.com		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> National Fire Ins. Co.		20478
<b>INSURER B:</b> Amer. Casualty Co of ReadingPA		20427
<b>INSURER C:</b> Allied World Surplus Lines		24319
<b>INSURER D:</b> Continental Ins Co		35289
<b>INSURER E:</b>		
<b>INSURER F:</b>		

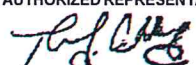
**INSURED** HALFASI-01  
 Half Associates, Inc.  
 1201 N. Bowser  
 Richardson TX 75081

**COVERAGES** CERTIFICATE NUMBER: 2040705820 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Contractual Liab			6049909053	7/12/2019	7/12/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			6049909036	7/12/2019	7/12/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
D	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			6049909070	7/12/2019	7/12/2020	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	6049909067	7/12/2019	7/12/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Professional Liab. Claims Made			0311-3813	7/12/2019	7/12/2020	Per Claim 5,000,000 Aggregate 5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 AVO: 32530 - (3)(2017) - Contract No. C-16-141-10-31, Project No. 1001-6246 - Hidalgo County Courthouse; HDR Architecture, Inc. (HDR) and Hidalgo County and other parties as required by written contract are included as additional insureds as respects general and auto liability if required by written contract. GL and auto are primary non contributory if required by written contract. Personal Injury contractual exclusion has been deleted. Waiver of subrogation applies to the same as respects general and auto liability, workers compensation and professional liability if required by written contract. Umbrella follows form of the underlying policies. Professional liability \$250,000 retention. 30 day notice of cancellation except 10 days non pay. GL Additional insured and schedule of forms page and 30 day forms attached. Umbrella 30 day notice requested

<b>CERTIFICATE HOLDER</b>  Hidalgo County (Owner) 2802 S. Business Hwy. 281 Edinburg TX 78539	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	<b>AUTHORIZED REPRESENTATIVE</b> 

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