

EXHIBIT “E”
HIDALGO COUNTY
Agreement #C-20-439-10-27
Work Authorization Form

WORK AUTHORIZATION NO. 1

THIS WORK AUTHORIZATION is made pursuant to the terms and conditions of Section 7 of the Agreement made by and between **HIDALGO COUNTY**, action herein by and through the **Commissioner’s Court**, hereinafter called the “**Owner**,” and, RO Engineering, PLLC, hereinafter called “**Engineer**”.

PART 1. SCOPE OF WORK

The purpose of this Work Authorization is for the Engineer to provide

The **Engineer** is to provide the Services as required by the Agreement with Owner for Engineering Services. This includes but is not limited to the services identified in **ATTACHMENT “A” – *Scope of Services to be provided by the Engineer*** which is attached hereto and incorporated by reference.

PART 2. ESTIMATED COST

The estimated cost for services under this Work Authorization is \$34,960.00. This amount is based upon the costs outlined in the Estimated **Cost Proposal** attached hereto as **ATTACHMENT “D”**.

PART 3. PAYMENT

Compensation and payment to the Engineer for the services established under this Work Authorization shall be made in accordance with the Project Specific Service Agreement between Owner and Engineer

PART 4. FUNDING

This Work Authorization No.1 shall be funded through funding source:

Account No. 0-1100-419-00-124-225-0-334

Requisition Number 425899 (**MUST BE INCLUDED AFTER CC APPROVAL**)

PART 5. PERIOD OF SERVICE

This Work Authorization shall become effective on the date of final acceptance of the parties hereto, and terminate upon completion of the scope of work provided in this work authorization or (DATE).

PART 6. RESPONSIBILITIES AND OBLIGATIONS

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

PART 7. ACKNOWLEDGEMENT AND CONFIRMATION

Acknowledgment and confirmation by Hidalgo County Precinct No. 4 Commissioner Ellie Torres, as to content and detail of this Work Authorization No. ___. (If applicable – Work Schedule attached as Attachment “D-1”)

HIDALGO COUNTY

COMMISSIONER PRECINCT No. 4:

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 _____, 20__.

THE ENGINEER:

RO Engineering, PLLC



By: Rene Olivarez

Print Name

THE OWNER:

HIDALGO COUNTY

By: Richard F. Cortez, County Judge

ATTEST:

By: Arturo Guajardo Jr., County Clerk

ATTACHMENT "A"

We are pleased to submit our proposal on the above referenced project.

Pursuant to your request, we are pleased to provide our fee for the design and construction of a bus shelter at San Carlos. We understand that Hidalgo County entered into a Memorandum of Understanding agreement with LRGVDC. It was agreed that shelter would be located off Highway 107 on Lot 27 Block 9 San Carlos Map-Corner of State Highway 107 and 86th Street in San Carlos, Texas. A 5ft sidewalk is proposed from the shelter to the WIC Clinic behind the Head Start building.

SERVICES TO BE PROVIDED BY ENGINEER

1. RO Engineering will provide topographical survey of existing property conditions. The scope of engineering services includes a field investigation to verify the condition of the existing drainage system. We will visit the job site and perform an observation of the existing systems.
2. RO Engineering will provide sealed engineering plans.
3. RO Engineering will provide coordination with county and TXDOT. Two meetings have been included in our budget.
4. RO Engineering will deliver and install bus shelter to be provided by Valley Metro.
5. RO Engineering will provide construction services to construct sidewalk accessibility from the shelter to the WIC Building. This will include six ramps and one driveway entrance. Refer to Exhibit "D".



ATTACHMENT "D"

CONTRACT RATES

1. We propose to provide the following scope work and pricing:

BASE BID					
ITEM NO.	DESCRIPTION	QTY	UNIT	CPU	TOTAL PRICE
1	GENERAL CONDITIONS	1	LS	\$0.00	\$0.00
2	ENGINEERING (10% FEE)	1	LS	\$5,150.00	\$5,150.00
3	CLEAR & GRUBBING (SKID STEER RENTAL & OPERATOR REQUIRED)	1	LS	\$1,500.00	\$1,500.00
4	4' REINFORCED CONCRETE SIDEWALK	2000	SF	\$6.25	\$12,500.00
5	4' CONCRETE HANDICAP RAMPS	6	EA	\$600.00	\$3,600.00
6	TRANSPORT, DELIVER & INSTALL SHELTER PROVIDED BY VALLEY METRO	1	LS	\$4,800.00	\$4,800.00
BASE BID PRICING					\$27,550.00
DRIVEWAY ENTRANCE					
ITEM NO.	DESCRIPTION	QTY	UNIT	CPU	TOTAL PRICE
7	CULVERT PIPES	3	EA	\$750.00	\$ 2,250.00
8	CLEAR & LEVEL	1	LS	\$0.00	\$0.00
9	CONCRETE DRIVEWAY ENTRANCE	480	SF	\$10.75	\$5,160.00
DRIVEWAY ENTRANCE PRICING					\$7,410.00
GRAND TOTAL					\$34,960.00

Total Price \$34,960.00

2. If additional services are requested, we will negotiate a fixed fee amount for the additional work, or we will perform the work on an hourly basis.
3. Hourly billing rates for approved engineering services shall be as follows:

HOURLY BILLING RATES

Principal	\$145.00
Proj. Manager/Engineer	\$125.00
Proj. Engineer	\$100.00
Sr. Technology Designer	\$100.00
Technology Designer	\$90.00
EIT	\$90.00
Sr. Eng. Technician	\$80.00
CAD Technician	\$65.00
Sr. Construction Administrator	\$120.00
Construction Administrator	\$110.00
Project Inspector	\$60.00
Quality Assurance / Control	\$110.00
Sustainability Advisor	\$110.00
Administrative Clerical	\$35.00



ENGINEERING, PLLC
www.ro-engineering.com

2705 E. Davis Rd.
Edinburg, TX 78542
(956) 292-3336
r.olivarez@ro-engineering.com

4. Estimated project expenses are included in the fee amount stated above. No project expenses will be submitted for reimbursement without prior approval in writing from the architect of record or the owner.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/21/2020

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

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

PRODUCER Dagley Insurance Agency, LLC 23114 Seven Meadows Pkwy Katy TX 77494		CONTACT NAME: Kimberly Taylor PHONE (A/C, No, Ext): (281) 644-1000 E-MAIL ADDRESS: certificates@dagleyins.com	FAX (A/C, No): (281) 760-4777
INSURED Ro Engineering, PLLC 2705 E Davis Rd Edinburg TX 78542		INSURER(S) AFFORDING COVERAGE INSURER A: Ohio Security Insurance Co. NAIC # 24082 INSURER B: APO - New Hampshire Insurance Company 23841 INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES

CERTIFICATE NUMBER: CL20101904911

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:			BLS60491690	10/17/2020	10/17/2021	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	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			BAS60491690	10/24/2020	10/24/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	XWS60491690	10/17/2020	10/17/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Professional Liability			022844619-01	10/17/2020	10/17/2021	Each Claim \$1,000,000 Annual Aggregate \$1,000,000

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

Re: Design & Construction of a Bus Shelter at San Carlos-Hidalgo County Precinct No. 4

The General Liability policy includes a blanket additional insured and blanket waiver of subrogation endorsement that provides this status to the certificate holder only when there is a written contract between the named insured and the certificate holder that requires such status.

The General Liability policy contain an endorsement with primary and noncontributory wording that may apply only when there is a written contract between the named insured and the certificate holder that may

CERTIFICATE HOLDER**CANCELLATION**

Hidalgo County Precinct 4 2812 S. Business Highway 281 New Administration Building 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
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AGENCY CUSTOMER ID: 00063813

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY Dagley Insurance Agency, LLC		NAMED INSURED Ro Engineering LLC	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

require such status.

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.

RO ENGINEERING, PLLC
 Edinburg, TX United States

Certificate Number:
 2021-703168

Date Filed:
 01/05/2021

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

Hidalgo County Purchasing Dept. Precinct 4

Date Acknowledged:
 01/06/2021

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-20-439-10-27 & WA#1
 Design & Construction of Bus Shelter at San Carlos-Hidalgo County Precinct No. 4

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

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C-20-439-10-27 & WA#1
Design & Construction of Bus Shelter at San Carlos-Hidalgo County Precinct No. 4

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 Rene Olivarez, and my date of birth is November 6, 1973.

My address is 2705 E Davis Rd., Edinburg, TX, 78542, 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 5 day of January, 2021.
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)