

ARK **ii** FORM

ARCHITECTURE + MANAGEMENT

Date: April 21, 2021 Pages: 6
Attn: Mrs. Eloisa Pena
Hidalgo County – Urban County Program
From: Charlie Garcia III, RA, AIA Architect, Arkiiform LLC
Recommendation: Proposal Award Recommendation – Sullivan City Library

Arkiiform LLC is pleased to submit the following recommendation of award for the Sullivan City Library project.

Based on the submitted bid proposals, the noted company on line #4 of the following Bid Tabulation Sheet dated 4/14/21, Arkiiform recommends award of the 2018/19 City of Sullivan City – Public Facility (Library), Bid No: 5018/19-0300-5000-7700-UCP-EP to:

General Contractor: **Terra Fuerte Construction LLC**
PO Box 5657
McAllen, TX 78501

To include the Base Bid in the amount of \$793,210.00 and an Alternate No. 1 bid in the additional amount of \$10,000.00; **for a Total Project Construction Amount cost of \$803,210.00.**

In summary, the Base Bid and the Alternate No 1 bid are recommended to be accepted by the City of City Sullivan City as the Total Project Construction Cost is stipulated to fall within the project budget amount as provided by the Urban County Program of Hidalgo County and monies as committed to by the City of Sullivan City.

Attached is the Bid Tab and supplemental pages to include Exhibit B from the apparent lowest bidder.

Thank you,



Charlie Garcia III, RA, AIA Architect
Arkiiform LLC

**HIDALGO COUNTY PURCHASING DEPARTMENT
 BID TABULATION SHEET**



DEPARTMENT NAME: HIDALGO COUNTY – URBAN COUNTY PROGRAM					
BID OPENING DATE: April 14th, 2021	BID OPENING TIME: 9:30 A.M.				
DESCRIPTION OF BID: “2018/19 City of Sullivan City - Public Facility Imp. (Library)”					
PROCUREMENT SPECIALIST:					
BID NO: 5018/19-77-0300-5000-7700-UCP-EP					
BID # RFB#	NAME OF COMPANY	BASE BID	ALTERNATE #1	ADDENDUM REQUIRED / ACKNOWLEDGED	BID BOND OR CHECK INCLUDED
#1	RG Enterprises LLC / G&G Contractors 711 E Wisconsin Rd Edinburg, Texas 78539 Mr. Rene Garza	\$992,740.00 Nine Hundred Ninety-Two Thousand Seven Hundred Forty and 00/100 Dollars	\$10,000.00 Ten Thousand and 00/100 Dollars	Yes	Yes
#2	Holchemont LTD 900 N Main St McAllen, Texas 78501 Mr. Michael C Montalvo	\$1,107,000.00 One Million One Hundred Seven Thousand and 00/100 Dollars	\$4,500.00 Four Thousand Five Hundred and 00/100 Dollars	Yes	Yes
#3	NM Contracting, LLC 2022 Orchid Ave McAllen, TX 78504 Mr. Noel Munoz	\$999,400.00 Nine Hundred Thousand Four Hundred and 00/100 Dollars	\$4,200.00 Four Thousand Two Hundred and 00/100 Dollars	Yes	Yes
#4	Terra Fuerte Construction LLC PO Box 5657 McAllen, TX 78501 Mr. Fortunato Garcia	\$793,210.00 Seven Hundred Ninety-Three Thousand Two Hundred Ten and 00/100 Dollars	\$10,000.00 Ten Thousand and 00/100 Dollars	Yes	Yes
#5					
#6					

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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.

Terra Fuerte Construction LLC
McAllen, TX United States

Certificate Number:
2021-741604

Date Filed:
04/21/2021

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

Hidalgo County Urban County Program

Date Acknowledged:

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

5018/19-77-0300-5000-7700-UCP-
General Construction

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.

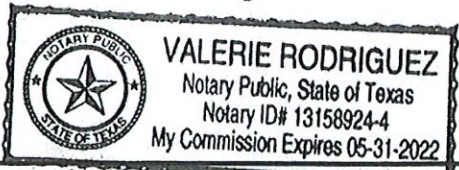
6 UNSWORN DECLARATION

My name is Fortunato Garcia, and my date of birth is 5/2/69.

My address is 614 E. Frontage Rd, Alamo, Tx, H.
(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 21st day of April, 2021.
(month) (year)



[Signature]
 Signature of authorized agent of contracting business entity
 (Declarant)

Valerie Rodriguez 4-21-21

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. Terra Fuerte Construction LLC McAllen , TX United States	Certificate Number: 2021-741604 Date Filed: 04/21/2021
2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Hidalgo County Urban County Program	Date Acknowledged: 04/23/2021

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.

5018/19-77-0300-5000-7700-UCP-
 General Construction

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 LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/21/2021

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 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 E-MAIL ADDRESS: consuelo@mcafeeagency.com FAX (A/C, No): (956) 565-2733																				
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>Colony Insurance Co.</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td>Texas Mutual Ins. Co.</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Colony Insurance Co.		INSURER B:	Texas Mutual Ins. Co.		INSURER C:			INSURER D:			INSURER E:			INSURER F:	
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INSURER F:																					
INSURED Terra Fuerte Construction LLC PO Box 1717 Pharr TX 78577																					

COVERAGES **CERTIFICATE NUMBER:** 2020-2021 **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			600GL018680500	10/15/2020	10/15/2021	EACH OCCURRENCE	\$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							MED EXP (Any one person)	\$ 5,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY	\$ 1,000,000	
	OTHER:						GENERAL AGGREGATE	\$ 2,000,000	
							PRODUCTS - COMP/OP AGG	\$ 2,000,000	
								\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/>	<input type="checkbox"/>				BODILY INJURY (Per accident)	\$	
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/>	<input type="checkbox"/>				PROPERTY DAMAGE (Per accident)	\$	
	<input type="checkbox"/> SCHEDULED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>					\$	
	<input type="checkbox"/> NON-OWNED AUTOS ONLY	<input type="checkbox"/>	<input type="checkbox"/>					\$	
	UMBRELLA LIAB						EACH OCCURRENCE	\$	
	<input type="checkbox"/> OCCUR						AGGREGATE	\$	
	EXCESS LIAB							\$	
	<input type="checkbox"/> CLAIMS-MADE							\$	
	DED							\$	
	RETENTION \$							\$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			0002053716	10/15/2020	10/15/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A				E.L. EACH ACCIDENT	\$ 1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	

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

CERTIFICATE HOLDER Hidalgo County Urban County Program	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 

**CONSTRUCTION
CONTRACT**

This Agreement entered into this May 11, 2021 by and between Hidalgo County acting by and through Hidalgo County Urban County Program, hereinafter called the "OWNER", acting herein through its County Judge and Terra Fuerte Construction, LLC (a corporation) (a partnership) (an individual) of Alamo, State of Texas, hereinafter called "CONTRACTOR".

WITNESSETH

That for and in consideration of the payments and agreements hereinafter mentioned, to be made and performed by the OWNER, the CONTRACTOR hereby agrees with the OWNER to commence and complete the construction described as follows:

PROJECT NAME: 2018/2019 CITY OF SULLIVAN CITY- PUBLIC FACILITY IMPROVEMENT
PROJECT No.: 5018/19-77-0300-5000-7700-UCP-EP
PROJECT DESCRIPTION: PUBLIC FACILITY IMPROVEMENT (LIBRARY)

hereinafter called the project, for the sum of (\$803,210.00) –Eight Hundred Three Thousand Two Hundred Ten Dollars and Zero Cents and all extra work in connection therewith, under the terms as stated in the General and Special Conditions of the Contract; and at his (its or their) own proper cost and expense to furnish all the materials, supplies, machinery, equipment, tools, superintendence, labor, insurance, and other accessories and services necessary to complete the said project in accordance with the conditions and prices stated in the Proposal, the General Conditions, Supplemental General Conditions and Special Conditions of the contract, the plans, which include all maps, plats, blue prints, and other drawings and printed or written explanatory matter thereof, the specifications and contract documents therefore as prepared by Arkiiform, LLC and as enumerated in Paragraph 1 of the Supplemental General Conditions, all of which are made a part hereof and collectively evidence and constitute the contract.

The CONTRACTOR hereby agrees to commence work under this contract on or after a date to be specified in a written "Notice to Proceed" of the OWNER and to fully complete the project within (180) One Hundred eighty Consecutive Calendar Days Thereafter. The CONTRACTOR Further Agrees To Pay, As Liquidated Damages, The Sum Of (\$500.00) Five Hundred Dollars and Zero Cents for each consecutive calendar day thereafter as hereinafter provided in Paragraph 19 of the General Conditions.

The OWNER agrees to pay the CONTRACTOR in current funds for the performance of the contract, subject to additions and deductions, as provided in the General Conditions of the contract, and to make payments on account thereof as provided in Paragraph 25, "Payments to Contractor", of the General Conditions.

IN WITNESS WHEREOF, the parties to these presents have executed this contract in four (4) counterparts, each of which shall be deemed an original, in year and day first above mentioned.

