



600 W. Interstate 2 | Pharr, Texas 78577-1231 | (956) 702-6100 | www.txdot.gov

August 4, 2021

The Honorable Richard Cortez
Hidalgo County Judge
P.O. Box 1356
Edinburg, Texas 78540

RE: Economically Disadvantaged Counties (EDC) Program Application
FM 2220, From SH 107 to Mile 5
CSJ# 2094-01-062
RCSJ# 2094-01-070

Dear Judge Cortez:

Attached for your review and consideration is the draft Economically Disadvantaged Counties (EDC) Program Information Sheet and an Affidavit for the subject project. If the County would like to apply for the EDC reduction on their local participation for Right of Way and Utilities, please complete the affidavit only and return it to the attention of Ms. Melba Schaus, P.E., District Planning Engineer, via e-mail at Melba.Schaus@txdot.gov for further processing. Once the completed affidavit is received, I will sign the EDC Program Information Sheet and e-mail you the approved form for your records.

Should you have any questions regarding this reduction please contact Ms. Melba Schaus, District Planning Engineer, or me at (956)702-6100.

Sincerely,

DocuSigned by:

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Pedro R. Alvarez, P.E.
Pharr District Engineer

cc: Rex A. Costley., P.E., Deputy District Engineer
Norma Y. Garza, P.E., Director of Transportation Planning and Development
Melba R. Schaus, P.E., District Planning Engineer
Rene Garza, P.E., Pharr Area Engineer
Romualdo Mena Jr., P.E., Central Design Supervisor
Roberto Fina Carral, P.E., Pharr Project Manager
Ramon Jimenez Jr., Pharr District ROW Project Delivery Manager
Roberto Gudino, TxDOT ROW Agent
Velinda Reyes, Hidalgo County RPIC

OUR GOALS

MAINTAIN A SAFE SYSTEM ▪ ADDRESS CONGESTION ▪ CONNECT TEXAS COMMUNITIES ▪ BEST IN CLASS STATE AGENCY

An Equal Opportunity Employer

AFFIDAVIT

The State of Texas,
County of _____

Before me, _____, a notary public in and for the State of Texas, on this day personally appeared _____, who being by me duly sworn, upon oath says:

I, _____, representing the city / county of _____, having been duly elected on _____ and having served continuously since that time, certify in my official capacity that, to the best of my knowledge, the information contained in this application is true and correct.

Signature

Date

Subscribed and sworn to before me, by the said _____, this _____ day of _____, _____, to certify which witness my hand and seal of office.

My commission expires _____, _____.

Official Signature

Printed or stamped name of Notary