

EXHIBIT "E"

HIDALGO COUNTY UCP Professional Engineering Services

WORK AUTHORIZATION NO. 1

THIS WORK AUTHORIZATION is made pursuant to the terms and conditions of Article 1 of the Agreement made by and between **HIDALGO COUNTY**, acting herein by and through the **Hidalgo County Urban County Program**, hereinafter called the "Owner," and, _____, professional engineers of _____, Texas, hereinafter called "Engineer".

PART 1. SCOPE OF WORK

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

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. CONTRACT AMOUNT

The estimated cost for services under this Work Authorization is \$ _____ This amount is based upon the costs outlined in the **Contract Amount** 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 5** of the Agreement.

PART 4. FUNDING

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

Account No. _____

Requisition/Purchase Order 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 upon completion of scopes of the work authorization within the contract limits of two (2) years from approval of contract.

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 Urban County Program Director, Patricio R. Avila, as to content and detail of this Work Authorization No. ____.

**HIDALGO COUNTY
URBAN COUNTY PROGRAM**

BY: _____
Patricio R. Avila, UCP Director

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 February, 2021.

THE ENGINEER:

THE OWNER:
HIDALGO COUNTY

By:

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" - Contract Amount

EXHIBIT "F"

THE STATE OF TEXAS §
 §
COUNTY OF HIDALGO §

SUPPLEMENTAL AGREEMENT No. _____
TO AGREEMENT FOR PROFESSIONAL ENGINEERING SERVICES

THIS SUPPLEMENTAL AGREEMENT is made pursuant to the terms and conditions of Article 8 of the Agreement made by and between **HIDALGO COUNTY**, acting herein by and through the **HIDALGO COUNTY URBAN COUNTY PROGRAM**, hereinafter called the "**Owner**", and **SAM Engineering & Surveying, Professional Engineers of McAllen, Texas**, hereinafter called the "**Engineer**".

WITNESSETH

WHEREAS, the **Owner** and the **Engineer** executed the **Agreement** on the _____ day of _____
_____ 20____ concerning engineering _____ Hidalgo County Precinct No. _____
(hereinafter referred to as the "**Project**"); and,

WHEREAS, Article ____ of the **Agreement**, (article title), establishes _____; and,

WHEREAS, it has become necessary to amend the contract to _____

A. AGREEMENT

NOW THEREFORE, premises considered, the **Owner** and the **Engineer** agree that said **Agreement** is amended as follows:

I. Article ____ of the **Agreement**, ____ (paragraph title)____, is revised, modified, and amended as follows:

II. Except as modified herein, all terms and conditions of the **Agreement**, as amended, remain in full force and effect.

IN WITNESS WHEREOF, the **Engineer** and the **Owner** have caused this Supplemental

Agreement to the Agreement for Professional Services to be executed as of the _____ day of _____, 20__.

ENGINEER:
(ENGINEERING FIRM NAME)

BY: _____
Name/Title

OWNER:
HIDALGO COUNTY

BY: _____
Richard F. Cortez, County Judge

ATTEST:

Arturo Guajardo, Jr., County Clerk

APPROVED AS TO FORM:
Hidalgo County Office of the Criminal District Attorney
Ricardo Rodriguez, Jr.

By: _____
Victor M. Garza , Assistant District Attorney

ATTACHMENTS:

- Exhibit A: Services being amended from original contract
- Exhibit B: Modified Work Schedule-Time Extension
- Exhibit C: Amended Contract Amount
- Exhibit D: Work Authorization with new Contract Amount

EXHIBIT "G"



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/04/2021

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 Padron Insurance Agency d/b/a SafeGuard Insurance Agency 902 W. Hackberry Ave McAllen TX 78501		CONTACT NAME: Jessica Lopez PHONE (A/C, No, Ext): (956) 664-2246 FAX (A/C, No): (956) 608-6402 E-MAIL ADDRESS: jlopez@safeguardnow.com	
		INSURER(S) AFFORDING COVERAGE INSURER A: Mercury Insurance	NAIC #
INSURED Sames, Inc, DBA: Sam Engineering & Surveying 200 S. 10th Street Suite 1500 McAllen TX 78501		INSURER B: Texas Mutual Fund INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES CERTIFICATE NUMBER: 21-22 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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	BA420000017320	06/26/2021	06/26/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP-Basic \$ 5,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	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	Y	0001273721	08/05/2021	08/05/2022	<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

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

Project:2020 Donna Street Improvement Projects
 Auto, automatic Additional Insured is included per form #MCA85101215, as required by written contract. Auto, Waiver of Subrogation is included per form #MCA85101215. Workers Compensation Waiver of Subrogation is included per form #WC 4203 as required by written contract.

CERTIFICATE HOLDER

Hidalgo County Urban County Program
 1916 Tesoro St.
 Pharr TX 78577

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/01/2021

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 AssuredPartners of Texas, LLC dba Baldwin Cox Allen 5930 Preston View Blvd Ste 200 Dallas TX 75240-4782		CONTACT NAME: Tina Caldwell PHONE (A/C, No, Ext): (972) 644-2688 FAX (A/C, No): (972) 644-8035 E-MAIL ADDRESS: tina@baldwinagency.com																						
INSURED SAMES, Inc., DBA: Sam Engineering & Surveying 200 S. 10th Street Suite 1500 McAllen TX 78501		<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A:</td> <td>Burlington Insurance Company</td> <td>23620</td> </tr> <tr> <td>INSURER B:</td> <td>Starstone National Ins. Co.</td> <td>25496</td> </tr> <tr> <td>INSURER C:</td> <td>Lexington Insurance Company</td> <td>19437</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> </tbody> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Burlington Insurance Company	23620	INSURER B:	Starstone National Ins. Co.	25496	INSURER C:	Lexington Insurance Company	19437	INSURER D:			INSURER E:			INSURER F:		
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INSURER D:																								
INSURER E:																								
INSURER F:																								

COVERAGES

CERTIFICATE NUMBER: CL2110119427

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 OTHER:			674BW60134	10/01/2021	10/01/2022	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			87449X200A.LI	10/01/2021	10/01/2022	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
								\$
	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 <input type="checkbox"/> N/A				PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
C	Professional Liability			031565508	10/01/2021	10/01/2022	Each Claim	\$3,000,000
			Policy Aggregate				\$3,000,000	
			Deductible				\$50,000 Per Claim	

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

The General Liability Policy provides Blanket Additional Insured for Ongoing and Completed Operations as required by written contract between the named insured and certificate holder. A Waiver of Subrogation is provided for General Liability and Professional Liability as required by written contract with the named insured and certificate holder.

CERTIFICATE HOLDER**CANCELLATION**

Hidalgo County Urban County Program 1916 N Tesoro Blvd Pharr TX 78584	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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HIDALGO COUNTY UCP

Professional Engineering Services

WORK AUTHORIZATION NO. 1

THIS WORK AUTHORIZATION is made pursuant to the terms and conditions of Article 1 of the Agreement made by and between **HIDALGO COUNTY**, acting herein by and through the **Hidalgo County Urban County Program**, hereinafter called the “**Owner**,” and, **SAMES, 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 the 2020 Donna Street Improvements

The scope of services to be provided by the **Owner** is identified in *ATTACHMENT “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 *ATTACHMENT “B” – Scope of Services to be Provided by the Engineer* attached hereto.

PART 2. CONTRACT AMOUNT

The estimated cost for services under this Work Authorization is \$ 36,200.00 This amount is based upon the costs outlined in the **Contract Amount** 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 **Article/Part/Section 5** of the Agreement.

PART 4. FUNDING

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

Account No. 5020-15-0311-5000-0000-00
Requisition/Purchase Order 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 upon completion of scopes of the work authorization within the contract limits of two (2) years from approval of contract.

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 Urban County Program Director, Patricio R. Avila**, as to content and detail of this **Work Authorization No. 1**.

**HIDALGO COUNTY
URBAN COUNTY PROGRAM**

BY: _____
Patricio R. Avila, UCP Director

PART 8. ACCEPTANCE AND APPROVAL

This Work Authorization is hereby accepted, approved by Hidalgo County Commissioners' Court on October 19, 2021 as indicated below and effective as of 19th day of October, 2021.

THE ENGINEER:
SAMES, Inc.,

THE OWNER:
HIDALGO COUNTY

By: Samuel Maldonado, P.E., Principal

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" - Contract Amount

Attachment "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 (as defined and more particularly identified on Exhibit "A attached to this Agreement).

General:

The Owner will provide to the Engineer the following:

- 1) Provide the authorization to proceed with services through coordinator with the project consulting and design Engineer.
- 2) Payment for work performed by the Engineer and accepted by the Owner in accordance with Article 3 of this Agreement.
- 3) Assistance to the Engineer, as necessary, to obtain the required data and information from other local, regional, State and Federal agencies 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 Exhibit A attached to this agreement.
- 6) Attend and participate in progress meetings as required and as coordinated and conducted by Engineer.
- 7) Provide authorization to proceed with services on project by project basis through consulting design and construction Engineer.

ATTACHMENT B
SCOPE OF SERVICES TO BE PROVIDE BY THE ENGINEER

Hidalgo County – Urban County Program
2020 Donna Street Improvements Project

SCOPE OF SERVICES

1. Preliminary Phase

- a. Attend preliminary conferences with the County/City regarding the requirements of the project.
- b. Produce topographic surveying and survey related services for design requirements and easement/right of way identification.
- c. Coordinate with utility companies for identification of existing utilities.
- d. Prepare a preliminary engineering plans (schematics/30% submittal) on the project in sufficient detail to clearly identify any problems involved, solutions recommended and with cost estimates.
- e. Obtain UPC's approval for preliminary phase before proceeding with the next phase.

2. Design Phase

- a. Incorporate all field information and surveys scope of work required for the design of the project.
- b. Prepare detailed plans and specification for construction of the project. Project plans and specifications will be submitted for approvals at 60% and 100% PS&E complete to UCP.
- c. Assist UCP with advertisement and bidding process, including attending bid opening, tabulation of bids, and recommendation for award. Attend commissioners court and other meetings as needed.

3. Construction Phase

The construction phase will commence with the execution of the prime construction contract and will terminate upon approval via the Engineer's written approval of final payment to the contractor.

During the construction phase, the engineer will:

- a. Coordinate and hold a pre-construction conference with the contractor and all interested parties.
- b. Make periodic visits to the site as required, provide project construction observations of progress and quality of the executed work to determine if the work is proceeding in accordance with the contract documents.
- c. Consult and advise with UCP and Contractor for any clarifications, revisions, or changes.
- d. Review and provide a recommendation concerning all project submittals and samples, catalog data, schedules, shop drawings, laboratory results, shape and mill tests of material and equipment and other data which the contractor is required to submit in compliance with the contract documents.
- e. Review monthly and final pay estimate for payments to contractor and provide recommendation to UCP.

- f. Review Construction material testing results and provide comments for compliance with contract documents.
- g. Engineer shall accompany UCP on the FINAL inspection to assure that the total work has been completed in accordance with contract documents.
- h. Engineer shall render a written opinion (prepare a certificate of construction completion) to UCP that the construction has been completed according to the contract documents and provide UCP with a certificate of complete and release of liens documents from contractor, subcontractors, and or material suppliers.
- i. Provide UCP with copies of as-builts plans of constructed improvements.

SAM Engineering and Surveying



Engineering Firm Reg # 10602 Surveying Firm Reg # 101416-00
200 South 10th Street, Suite 1500, McAllen, Texas 78501 Phone: (956) 702-8880 Fax: (956) 702-8883

October 8, 2021

Patricio Avila
Executive Director
Hidalgo County-Urban County Program
1916 Tesoro Street
Pharr, Texas 78577

Re: Professional Surveying & Engineering Services for
2020 Donna Street Improvements

Mr. Avila,

We are pleased to submit this proposal to provide Professional Surveying & Engineering Services related to the above-mentioned Project specifically, **Miller Avenue (S. 11th St. to 12th St.), S. 26th St. (Business 83 to Fordyce Ave.), Lissner Ave (FM 493 to 20th St.) and South Avenue (11th St. to FM 493)** in Donna, Texas. This project consists of providing Surveying & Engineering Services for the proposed roadway improvements on behalf of the County of Hidalgo. Our proposal ensures full scope of services as required to successfully complete this project for a total fee of \$31,810.00.

Please find attached the following:

Exhibit D-1: Engineering Fee Table

We appreciate the opportunity to assist the City of Donna with this important project. Please call me at 956-207-7130 if you have any questions or would like to discuss this project.

Thank you,

for Samuel D. Maldonado, PE, RPLS
Principal