

December 6, 2021

Mr. Patricio R. Avila  
Director  
Hidalgo County Urban County Program  
1916 N Tesoro Blvd  
Pharr, TX 78577

**RE: Recommendation of Award**  
**CDBG-CV Health Facility Electrical Relocation**  
**RFB# 5320-85-0316-5000-8537-01-UCP-GVG**

Dear Mr. Avila,

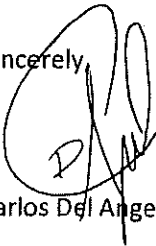
B2Z Engineering has tabulated the official bid amount for the one bidder and analyzed the bid for any errors and omissions. After the review of the bid, it was found to be responsive. Below is the tabulation of the bid.

Bidder Name	Bid	Add. #1	Bid Bond
Metro Electric Inc.	\$148,688.00	Acknowledged	Submitted

Based on our analysis, we recommend awarding the contract in the amount of \$148,688.00 to the lowest responsible bidder, Metro Electric Inc.

If you have any questions or concerns, please contact me at (956) 585-3773.

Sincerely,



Carlos Del Angel, PMP, CCM

# HIDALGO COUNTY PURCHASING DEPARTMENT BID TABULATION SHEET

DEPARTMENT NAME: HIDALGO COUNTY – URBAN COUNTY PROGRAM

BID OPENING DATE: December 1, 2021

BID OPENING TIME: 9:30 A.M.

BID NAME: CDBG-CV HEALTH FACILITY (Electrical Relocation)

BID NO.: 5320-85-0316-5000-8537-01-UCP-GVG

OPENING LOCATION: 2802 S. Business Hwy. 281,  
Hidalgo County Administration Building, Edinburg,  
Texas 78539.

### ADDENDUMS #1 REQUIRED

BID # RFB#	NAME OF COMPANY	TOTAL PRICE	ADDENDUMS #1	BID BOND OR CHECK INCLUDED
#1	Metro Electric	\$ 148,688. <sup>00</sup>	✓	BB ✓
#2				
#3				
#4				
#5				
#6				
#7				
#8				

**URBAN COUNTY PROGRAM  
CONSTRUCTION CONTRACT**

This Agreement entered into this the 14<sup>th</sup> day of December, 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 Metro Electric, Inc., (a corporation) (a partnership) (an individual) of Mc Allen, 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:

<b>PROJECT NAME:</b>	<b>2020 CDBG-CV HEALTH FACILITY (Electrical Relocation)</b>
<b>PROJECT No.:</b>	<b>5320-85-0316-5000-8537-01-UCP-GVG</b>
<b>PROJECT DESCRIPTION:</b>	<b>Electrical Relocation Phase</b>

hereinafter called the project, for the sum of (\$148,688.00) – One Hundred Forty-Eight Thousand, six hundred, eighty –eight dollars, and no 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 Bid, 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 ERO, 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 (90) Ninety 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.





METRELE-01

TRAUCH

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/2/2021

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 Shepard Walton King Insurance Group 121 West Pecan Blvd. McAllen, TX 78501	CONTACT NAME:		
	PHONE (A/C, No, Ext): (956) 682-2841	FAX (A/C, No): (956) 630-4015	
	E-MAIL ADDRESS: mail@swkins.com		
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Acadia Insurance Company		31325
	INSURER B : Continental Western Insurance Company		10804
	INSURER C : Texas Mutual Insurance Company		22945
	INSURER D :		
	INSURER E :		
	INSURER F :		

INSURED  Metro Electric, Inc M&J Leasing Inc. 1901 Industrial Dr. McAllen, TX 78504	INSURER A :	Acadia Insurance Company	31325
	INSURER B :	Continental Western Insurance Company	10804
	INSURER C :	Texas Mutual Insurance Company	22945
	INSURER D :		
	INSURER E :		
	INSURER F :		

COVERAGES CERTIFICATE NUMBER: 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			CPA8010450-12	10/31/2021	10/31/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	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: \$5M Cap Per Project Aggregate						
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			CPA8010450-12	10/31/2021	10/31/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 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			CUA8010451-12	10/31/2021	10/31/2022	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ Aggregate \$ 5,000,000
	DED RETENTION \$						
C	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/A	0001296063	10/31/2021	10/31/2022	<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)

### CERTIFICATE HOLDER

Hidalgo County Urban County Program  
1916 Tesoro Street  
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

Shepard Walton King Insurance Group



## ADDITIONAL REMARKS SCHEDULE

AGENCY <b>Shepard Walton King Insurance Group</b>		NAMED INSURED <b>Metro Electric, Inc M&amp;J Leasing Inc.</b> 1901 Industrial Dr. McAllen, TX 78504	
POLICY NUMBER <b>SEE PAGE 1</b>		EFFECTIVE DATE: <b>SEE PAGE 1</b>	
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>		

### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

#### Extension Endorsements (see forms attached)

##### General Liability:

CLCG0114 09-2016 Primary and Noncontributory - Other Insurance Condition (Additional Insured)  
 CLCG0443 09-2016 Contractors General Liability Ultra Endorsement (Miscellaneous Additional Insured, Aggregate Limit of Insurance for Construction Projects-\$5M Cap, Waiver of Subrogation)  
 CLCG2039 09-2016 Additional Insured- Owners, Lessees or Contractors- Completed Operations, Automatic Status (Going Forward)

##### Automobile:

CLCA2014 07-2021 Business Auto Ultra Plus Endorsement (Additional "Insured" by Contract or Agreement, Waiver of Subrogation by Contract or Agreement)  
 CA 04 49 11 16 Primary and Noncontributory- Other Insurance Condition

##### Umbrella:

Additional Insured - following form underlying  
 CLCU2427 09-16 Umbrella Ultra Endorsement - Contractors (Waiver of Subrogation by contract or agreement)

##### Worker's Compensation:

WC 42 03 04 B Texas Waiver of our Right to Recover from Others Endorsement - Blanket Waiver  
 WC 42 06 01 Blanket Texas Notice of Material Change Endorsement - 30 Days (Per List on File)

# **METRO**

**ELECTRIC, INC.**

CDBG-CV Health Facility – (Electrical Relocation)

RFB # 5320-85-0316-5000-8537-01-UCP-GVG

Hidalgo County

2802 S. Bus. Hwy 281

Edinburg, TX 78539

12/1/2021

HB 1295 Form

**COMMERCIAL • INDUSTRIAL**



# 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.**

Metro Electric Inc  
 McAllen, TX United States

Certificate Number:  
 2021-824464

Date Filed:  
 11/16/2021

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

Hidalgo County

Date Acknowledged:  
 12/02/2021

**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.**

5320-85-0316-5000-853701UCPGVG  
 CDBG-CV Health Facility-Electrical Relocation

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)



Guadalupe Garcia <guadalupe.garcia@co.hidalgo.tx.us>

**Re: AGENDA APPROVAL OF CONTRACT**

1 message

**Victor Garza** <victor.garza@da.co.hidalgo.tx.us>  
To: Guadalupe Garcia <guadalupe.garcia@co.hidalgo.tx.us>

Tue, Dec 7, 2021 at 9:49 AM

Ms. Garcia,

Our office reviewed the proposed construction contract, general conditions and supplemental conditions for the Health Facility (electrical relocation). Our office approves the form of the contracts.

Please let us know if you have any questions or concerns.

Respectfully,

**Victor M. Garza**  
*Chief Administrative Attorney*  
Civil Division-Assistant District Attorney  
**Office of the Criminal District Attorney**  
Hidalgo County, Texas  
100 East Cano Street  
Edinburg, Texas 78539

(956) 292-7609 EXT. 8185  
(956) 292-7619 FAX  
victor.garza@da.co.hidalgo.tx.us

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On Thu, Dec 2, 2021 at 2:49 PM Guadalupe Garcia <guadalupe.garcia@co.hidalgo.tx.us> wrote:

Mr. Garza,  
Can you please review and approve for the next HCCC meeting.  
any questions please let me know. Thank you!

**Guadalupe V. Garcia.**  
**UCP Coordinator III**  
**Hidalgo County-Urban County Program**  
1916 Tesoro Street,  
Pharr, Texas 78577  
956-787-8127 Ext. 2237  
<https://www.hidalgocounty.us/618/Urban-County>

**1 Peter 4:8. There is no fear in love.**