

**URBAN COUNTY PROGRAM
CONSTRUCTION CONTRACT**

This Agreement entered into this 22nd day of March, 2022 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 ECON Group LLC (a corporation) (a partnership) (an individual) of Edinburg, 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:	CDBG-CV Health Facility Improvements
PROJECT No.:	5320-85-0316-5000-0000-UCP-GVG
PROJECT DESCRIPTION:	Construction of a new BSL Lab

hereinafter called the project, for the sum of (\$5,709,000.00) – Five Million, Seven Hundred and Nine Thousand Dollars and no cents 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 ARCHITECTS 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 (365) Three hundred sixty-five 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.

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.

E-Con Group, LLC
Edinburg, TX United States

Certificate Number:
2022-847623

Date Filed:
02/07/2022

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:

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.

532085031650000000-01UCPGVG
CDBG-CV Health Facility Improvements

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 GILBERT ENRIQUETA, and my date of birth is 12-07-1973

My address is 3015 SUNSET M. (street), EDINBURG (city), TX (state), 78539 (zip code), US (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Hidalgo County, State of Texas, on the 7th day of February, 2022.
(month) (year)



Signature of authorized agent of contracting business entity (Declarant)

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

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E-Con Group, LLC
Edinburg, TX United States

Certificate Number:
2022-847623

Date Filed:
02/07/2022

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:
03/16/2022

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.

532085031650000000-01UCPGVG
CDBG-CV Health Facility Improvements

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)
02/07/2022

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 San Juan Ins Agency, Inc Valley Ins Providers&/orTruckers Ins PO Box 3783 McAllen TX 78502-	CONTACT NAME: DEE GALAN
	PHONE (A/C, No, Ext): (956)685-1922 FAX (A/C, No): (956)781-5247
	E-MAIL ADDRESS: DGALAN@VIP-INS.NET OR INFOCL@VIP-INS.NET
	INSURER(S) AFFORDING COVERAGE NAIC #
	INSURER A: Kinsale Insurance Company 38920
INSURED E-CON GROUP LLC P. O. BOX 2999 EDINBURG TX 78539-	INSURER B: STARSTONE SPECIALTY INS SE
	INSURER C:
	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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	X	0100136630-1	12/31/2021	12/31/2022	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 - COM/POP 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 <input type="checkbox"/> AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			88627C211ALI	12/31/2021	12/31/2022	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	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER CANCELLATION AI 126329

Hidalgo County Urban County Programs	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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/07/2022

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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 FAX (A/C, No): (956) 565-2733 E-MAIL ADDRESS: consuelo@mcafeeagency.com																						
INSURED E-Con Group, LLC P O Box 2999 Edinburg TX 78540		<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>Texas Mutual Ins. Co.</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></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:	Texas Mutual Ins. Co.		INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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COVERAGES **CERTIFICATE NUMBER:** 2021-2022 **REVISION NUMBER:**

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	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ 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/A	0001112208	12/31/2021	12/31/2022	<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)

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	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 

HIDALGO COUNTY-URBAN COUNTY PROGRAM
CITY REPORT ENDING AS OF 3/16/2022

MASK: 5320-??-????-????-????-??

ACCOUNT NUMBER / DESCRIPTION	MONTH TO DATE	YEAR TO DATE	YTD ECUM	ANNUAL BUDGET	BUDGET BAL
5320-85-0316-5000-0000-00 HEALTH FACILITIES	0.00	0.00	0.00	5,736,149.32	5,736,149.32
5320-85-0316-5250-8537-01 FOREMOST TELE. CORP.	0.00	0.00	12,500.00	12,500.00	0.00
5320-85-0316-5300-8537-01 AEP TEXAS CENTRAL COMPANY	0.00	16,262.68	0.00	16,262.68	0.00
5320-85-0316-5300-8537-02 METRO ELECTRIC, INC.	0.00	0.00	148,688.00	148,688.00	0.00
5320-85-0500-5000-0000-00 PUBLIC SERVICE (GENERAL)	0.00	0.00	0.00	1,875,000.00	1,875,000.00
5320-99-2101-6110-8539-00 REGULAR EMPLOYEES	184.28	4,207.52	0.00	24,274.08	20,066.56
5320-99-2101-6111-8539-00 LONGEVITY	5.35	102.10	0.00	1,848.00	1,745.90
5320-99-2101-6210-8539-00 HEALTH INSURANCE	34.26	650.47	0.00	12,583.80	11,933.33
5320-99-2101-6221-8539-00 FICA TAX	10.54	255.20	0.00	5,669.92	5,414.72
5320-99-2101-6222-8539-00 MEDICARE TAX	2.46	59.66	0.00	1,363.00	1,303.34
5320-99-2101-6230-8539-00 RETIREMENT	24.71	542.42	0.00	11,032.43	10,490.01
5320-99-2101-6250-8539-00 UNEMPLOYMENT TAX	0.27	4.95	0.00	519.99	515.04
5320-99-2101-6260-8539-00 WORKERS' COMPENSATION	0.40	13.21	0.00	336.33	323.12
5320-99-2101-6290-8539-00 LIFE INSURANCE	0.35	3.17	0.00	69.72	66.55
5320-99-2101-6321-8539-00 ACCOUNTING & AUDIT FEES	0.00	0.00	0.00	21,006.73	21,006.73
5320-99-2101-6501-8539-00 DUES & SUBSCRIPTIONS	0.00	0.00	0.00	0.00	0.00
5320-99-2101-6529-8539-00 INSURANCE	0.00	855.60	0.00	0.00	(855.60)
5320-99-2101-6531-8539-00 TELEPHONE	0.00	0.00	0.00	0.00	0.00
5320-99-2101-6532-8539-00 POSTAGE	0.00	0.00	0.00	800.00	800.00
5320-99-2101-6540-8539-00 ADVERTISING	0.00	9,881.20	0.00	8,530.00	(1,351.20)
5320-99-2101-6580-8539-00 TRAVEL	0.00	0.00	0.00	0.00	0.00
5320-99-2101-6582-8539-00 MILEAGE	0.00	0.00	0.00	3,000.00	3,000.00
5320-99-2101-6610-8539-00 OFFICE SUPPLIES	0.00	0.00	0.00	2,000.00	2,000.00
TOTAL	262.62	32,838.18	161,188.00	7,881,634.00	7,687,607.82

Funds available: \$ 5,736,149.32

Memorandum

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 Improvements
RFCSP Bid NO: 5320-85-0316-5000-0000-01-UCP-GVG

Dear Mr. Avila,

ERO Architects and B2Z Engineering have reviewed the submissions and the ranking documentation submitted by the appointed Hidalgo County ranking committee. There were four proposals submitted and all proposals were found to be responsive. Below is a copy of the Base Bid amounts and all four alternates provided by all proposers who submitted.

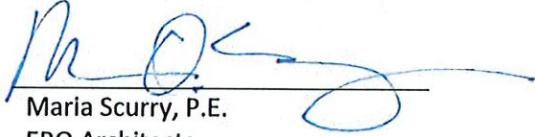
NAME OF COMPANY	BASE BID	ALTERNATE #1	ALTERNATE #2	ALTERNATE #3	ALTERNATE #4
International Consulting Engineers	5,197,325	206,448	289,000	44,880	Included in base bid (confirmed)
Holchemont, LTD	5,000,000	225,000	750,000	103,000	Included in base bid 121,000
NM Contracting, LLC	4,799,900	169,000	679,000	95,000	123,000
Enriquez Construction	4,770,000	165,000	680,000	94,000	Included in base bid

Based on our review and analysis of the proposals and the recommendation of the ranking committee, we recommend that the County accept the base bid and all four alternates and award the contract to the lowest responsible proposer, Enriquez Construction Group, LLC (ECON). The full amount of the contract is \$5,709,000.

Furthermore, we have performed our due diligence and verified ECON's bonding capacity and references as they apply to the reference project

If you have any questions or concerns, please contact Maria Scurry at (956) 802.4863.

Sincerely,



Handwritten signature of Maria Scurry in blue ink, consisting of stylized initials 'MS' followed by a long horizontal stroke.

Maria Scurry, P.E.
ERO Architects

Thank you

Maria O. Scurry, P.E.
Senior Project Manager