



Texas Department of Transportation

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

August 26, 2022

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

**RE: Revised 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 revised draft Economically Disadvantaged Counties (EDC) Program Information Sheet and an Affidavit for the subject project. If the County would like to re-apply for the new 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:

Pedro R. Alvarez

EABA335C2DAA48C

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
April Morin, 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


TEXAS DEPARTMENT OF TRANSPORTATION
ECONOMICALLY DISADVANTAGED COUNTIES PROGRAM INFORMATION SHEET
COUNTY HidalgoAPPLICANT County of HidalgoDistrict Contact InformationNAME: Melba R. SchausTELEPHONE: 956.702.6181

* If the project is an "OFF-SYSTEM" project, is the project in the Unified Transportation Program (UTP) and have a local funding agreement in place, or in a District Bank Balance Program?

(Circle as appropriate) YES or NO

* If the applicant is a CITY within an eligible county, please answer the two following questions:

1 Economic Development Sales Tax? (Circle as appropriate) YES or NO

2 Population (2010 Census)? _____

PROJECT INFORMATION

UTP PRIORITY STATUS:	DEV
CSJ:	2094-01-062
ESTIMATED LETTING DATE	August-29

On-System? (Circle as appropriate) YES or NO LOCATION AND LIMITS - Give highway number with limits to and from.FM 2220, from SH 107 to Mile 5PROJECT SCOPE- Give type of work.Widen from 2 lane to 6 lane with medianADJUSTMENT RATIONAL- Give reason why the adjustment is needed.

Hidalgo Co. is marked with high unemployment and poverty rates. Addressing the infrastructure demands places a heavy burden on the County's budget.

ANTICIPATED PROJECT COST BREAKDOWN OF ELIGIBLE COMPONENTSTOTAL ADJUSTMENT-

1.	2.	3.	4.	5.
Project Component	Est. Total Cost (\$)	Local Participation (%)	Est. Required Local Match (\$)	Local Participation After Adjustment (\$)
Right of Way	\$10,201,628.00	10%	\$1,020,162.80	\$122,419.54
Eligible Utilities	\$2,100,000.00	10%	\$210,000.00	\$25,200.00
			\$0.00	\$0.00
			\$0.00	\$0.00
TOTAL	\$12,301,628.00		\$1,230,163	\$147,620

Approved by: _____ Date: _____

District Engineer



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