

IN WITNESS WHEREOF, the **Surveyor** and the **Owner** have caused this Supplemental Agreement to the Agreement for Professional Services to be executed as of the 13th day of December, 2022.

ENGINEER:
SAMES, Inc.

BY: _____
Samuel D. Maldonado P.E., President

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" Scope of Services to be provided by Surveyor with additional services
- Exhibit "B" Contract Rates
- Exhibit "C" Work Authorization No. 2 with new contract amount

EXHIBIT "A"

SCOPE OF SERVICES TO BE PROVIDED BY SURVEYOR

Boundary Survey-this service includes defining property lines and corners through field data collection and recorded document research of an vacant subdivided property. Final submittal Includes set and/or flagged property corners and a survey plat reviewed and signed by a Registered Professional Land Surveyor (RPLS).

Plot Plan -this service Includes the addition of a proposed site plan/house plan on the already established defined property boundary. Final submittal includes a survey plat reviewed and signed by a Registered Professional Land Surveyor (RPLS). Site plan/house plan is provided by the Owner.

- **Plot Plan Associated Drafting**-this service Includes minor site plan/site plan modifications as requested by the Owner.

Pre-Pour Survey-this service includes obtaining field information of contractor set foundation forms prior to pouring of concrete which is used to confirm the absence of setback protrusions. Final submittal includes flagged property corners and a survey plat reviewed and signed by a Registered Professional Land Surveyor (RPLS).

As-Built Survey- this service includes obtaining field information of all site Improvements including, house, sidewalk, driveways, fence lines, and vegetation. Final submittal includes flagged property corners and a survey plat reviewed and signed by a Registered Professional land Surveyor (RPLS).

Setback Variance Services - a complete site plan is required to accompany to scale the application. The site plan include all existing building and property lines street lines, all proposed construction, measurements from alt proposed and existing building to the property line. Also measurements from the proposed construction to any other adjacent building or structures on adjacent lots. Also, filing a written request with applicable zoning board (when applicable). In addition and when required, attend board meeting for presentation and/or availability for any questions and answers board may have. Lastly, preparation and development, such as revisions to house plans and specifications, resulting from variance approval.

House Inspections – This service shall be performed the Surveyor that includes four house inspections which are the: 1.) Initial Inspection Assessment, 2.) Foundation Inspection, 3.) Rough-In Inspection and the 4.) Final Walk-Through Inspection. These four (4) inspection will be performed at each of the twenty six project sites.

EXHIBIT "B"

Contract Rates

Professional Surveying Services

| CLASSIFICATION | PER LOT |
|--------------------------|----------------|
| RPLS | \$150.00 |
| Assistant Surveyor (SIT) | \$ 75.00 |
| GPS Crew | \$125.00 |
| CADD Tech II | \$ 55.00 |
| Administrative Assistant | \$ 25.00 |

EXHIBIT "B" Con't.

Setback Variance Services

| | |
|---|----------|
| Item 1. Variance Application Fee plus city processing fee - | \$255.00 |
| • Coordinate with City/County | |
| Item 2. Administration - | \$250.00 |
| • Coordinate application requirements and submittals | |
| Item 3 Approvals - | \$300.00 |
| • Attend board meeting and obtain variance approval | |

This fee is subject to change depending on additional work ordered or change of project scope.

Hourly Rates:

| | |
|--------------------------|----------|
| RPLS | \$150.00 |
| Assistant Surveyor (SIT) | \$ 75.00 |
| Administrative Assistant | \$ 25.00 |

Housing Inspection Services

| | |
|---|----------|
| Item 1. Initial Inspection Assessment - | \$325.00 |
| • Assessment of existing conditions | |
| • Verify form location (tape measure) | |
| • Take pictures for photographic report | |
| Item 2. Foundation - | \$225.00 |
| • Verify foundation trenches (depths & width) | |
| • Verify trench locations (following plan dimensions) | |
| • Verify materials (rebar, spacing, and ties downs) | |
| • Take pictures for photographic report | |
| Item3. Rough-In - | \$325.00 |
| • Roofing | |
| • Exterior finishes | |
| • Framing | |
| • Mechanical | |
| • Electrical | |
| • Plumbing | |
| • Take pictures for photographic report | |
| Item 4. Final Walk-Through - | \$225.00 |
| • Finishes | |
| • Cabinets | |
| • Electrical finishes | |
| • Plumbing fixtures | |
| • Take pictures for photographic report | |

This fee is based on a one-time trip per item, and the fee is subject to change depending on additional work ordered or change of project scope based on contractor preferences. Re-visits for any of the above task due to the site not being ready, will be charged at the same rate identified in the scope of services.

Hourly Rates:

| | |
|-----------|----------|
| PE | \$125.00 |
| Inspector | \$ 90.00 |

EXHIBIT "C"

HIDALGO COUNTY UCP Professional Surveying Services

WORK AUTHORIZATION NO. 2

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 Surveyors of **McAllen**, Texas, hereinafter called "**Surveyor**".

PART 1. SCOPE OF WORK

The purpose of this Work Authorization is for the **Surveyor** to provide setback variance and housing inspection services.

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 **Surveyor** is identified in **EXHIBIT "B"** - *Scope of Services to be Provided by the Surveyor* attached hereto.

PART 2. CONTRACT AMOUNT

The estimated cost for services under this Work Authorization is \$ 29,405.00. 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 **Surveyor** 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. 2 shall be funded through funding source:
Account No. 6020-37-6485-5000-0000-00-P

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. 2.

**HIDALGO COUNTY
URBAN COUNTY PROGRAM**

BY: _____
Patricio R. Avila, UCP Director

PARTS. ACCEPTANCE AND APPROVAL

This Work Authorization is hereby accepted, approved by Hidalgo County Commissioners' Court on December 13, 2022 as indicated below and effective as of 13th day of December, 2022.

THE SURVEYOR:
SAMES, Inc.

THE OWNER:
HIDALGO COUNTY

BY: _____
Samuel D. Maldonado P.E., President

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 Surveyor
- 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 PROVIDED BY SURVEYOR

Boundary Survey-this service includes defining property lines and corners through field data collection and recorded document research of an vacant subdivided property. Final submittal Includes set and/or flagged property corners and a survey plat reviewed and signed by a Registered Professional Land Surveyor (RPLS).

Plot Plan -this service Includes the addition of a proposed site plan/house plan on the already established defined property boundary. Final submittal includes a survey plat reviewed and signed by a Registered Professional Land Surveyor (RPLS). Site plan/house plan is provided by the Owner.

- Plot Plan Associated Drafting-this service Includes minor site plan/site plan modifications as requested by the Owner.

Pre-Pour Survey-this service includes obtaining field information of contractor set foundation forms prior to pouring of concrete which is used to confirm the absence of setback protrusions. Final submittal includes flagged property corners and a survey plat reviewed and signed by a Registered Professional Land Surveyor (RPLS).

As-Built Survey- this service includes obtaining field information of all site Improvements including, house, sidewalk, driveways, fence lines, and vegetation. Final submittal includes flagged property corners and a survey plat reviewed and signed by a Registered Professional land Surveyor (RPLS).

Setback Variance Services - a complete site plan is required to accompany to scale the application. The site plan include all existing building and property lines street lines, all proposed construction, measurements from alt proposed and existing building to the property line. Also measurements from the proposed construction to any other adjacent building or structures on adjacent lots. Also, filing a written request with applicable zoning board (when applicable). In addition and when required, attend board meeting for presentation and/or availability for any questions and answers board may have. Lastly, preparation and development, such as revisions to house plans and specifications, resulting from variance approval.

House Inspections – This service shall be performed the Surveyor that includes four house inspections which are the: 1.) Initial Inspection Assessment, 2.) Foundation Inspection, 3.) Rough-In Inspection and the 4.) Final Walk-Through Inspection. These four (4) inspection will be performed at each of the twenty six project sites.

Attachment "C"

Work Schedule

Professional Surveying Services

Type of
Service:

Turnaround Time:
(Business Days)

Boundary Survey

2-3 days

Plot Plan

2-3 days

Plot Plan Drafting

1-2 days

Pre-Pour Survey

1-2 days

As-Built Survey

3-4 days

Attachment "D"



Engineering Firm Reg # 10602 Surveying Firm Reg # 101416-00 Architectural Firm Reg # BR 4166
200 S. 10th Street, Suite 1500, McAllen, Texas 78501 Phone: (956) 702-8880 Fax: (956) 702-8883
DUNS 834820735 CAGE CODE 66N60

October 24, 2022

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

Re: Professional Surveying Services: House Inspection Services for Urban County Program

Mr. Avila,

We are pleased to submit this proposal for house inspection services for the above referenced project. The services we propose include the scope of work described below.

Our lump sum fee for this service is **\$1,100.00** per site. All scope of services as identified below:

- Item 1. Initial Inspection Assessment - \$325.00**
 - a. Assessment of existing conditions
 - b. Verify form location (tape measure)
 - c. Take pictures for photographic report
- Item 2. Foundation - \$225.00**
 - a. Verify foundation trenches (depths & width)
 - b. Verify trench locations (following plan dimensions)
 - c. Verify materials (rebar, spacing, & ties downs)
 - d. Take pictures for photographic report
- Item 3. Rough-In - \$325.00**
 - a. Roofing
 - b. Exterior finishes
 - c. Framing
 - d. Mechanical
 - e. Electrical
 - f. Plumbing
 - g. Take pictures for photographic report
- Item 4. Final walk through – \$225.00**
 - a. Finishes
 - b. Cabinets
 - c. electrical finishes
 - d. plumbing fixtures
 - e. Take pictures for photographic report



Engineering Firm Reg # 10602 Surveying Firm Reg # 101416-00 Architectural Firm Reg # BR 4166
200 S. 10th Street, Suite 1500, McAllen, Texas 78501 Phone: (956) 702-8880 Fax: (956) 702-8883
DUNS 834820735 CAGE CODE 66N60

This fee based on a one-time trip per item, and the fee is subject to change depending on additional work ordered or change of project scope based on contractor preferences. Re-visits for any of the above task due to the site not being ready, will be charged at the same rate identified in the scope of services.

Hourly Rates:

PE: \$125

Inspector: \$90

If you have any questions or would like to discuss this price listing, please contact me at (956) 702-8880.

Respectfully Submitted,

For

Jessica M. Maldonado, P.E., P.M.P.

Authorized Agent

Date

Director of Professional Services
SAMES, Inc.



Engineering Firm Reg # 10602 Surveying Firm Reg # 101416-00 Architectural Firm Reg # BR 4166
200 S. 10th Street, Suite 1500, McAllen, Texas 78501 Phone: (956) 702-8880 Fax: (956) 702-8883
DUNS 834820735 CAGE CODE 66N60

October 26, 2022

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

Re: Professional Surveying Services: Urban County Program 27 Sites

Mr. Avila,
We are pleased to submit this Setback Variance proposal for Site 25 address 400 Palmas St. Weslaco, TX 78596. The services we propose include the scope of work described below.

Our lump sum fee for this service is **\$805.00** (no tax). All scope of services as identified below:

- Item 1. Variance Application Fee plus city Processing fee -\$255.00**
 - Coordinate with city of Weslaco

- Item 2. Administration -\$250.00**
 - Coordinate application requirements & submittals.

- Item 3. Approvals -\$300**
 - Attended board meetings and obtain variance approval.

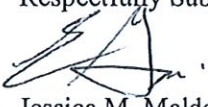
This fee is subject to change depending on additional work ordered or change of project scope.

Hourly Rates:

| | |
|--------------------------|----------|
| RPLS | \$150.00 |
| Assistant Surveyor (SIT) | \$ 75.00 |
| Administrative Assistant | \$ 25.00 |

If you have any questions or would like to discuss this price listing, please contact me at (956) 702-8880.

Respectfully Submitted,

For 
Jessica M. Maldonado, P.E., P.M.P.

Authorized Agent

Date

Director of Professional Services
SAMES, Inc.
SUR 22.99



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/07/2022

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 AssuredPartners of Texas, LLC/Baldwin Cox Agency 500 N Central Expy Ste 550 Plano TX 75074-6742 | | CONTACT NAME: Tina Caldwell PHONE (A/C, No, Ext): (972) 644-2688 E-MAIL ADDRESS: tina.caldwell@assuredpartners.com FAX (A/C, No): | |
| | | INSURER(S) AFFORDING COVERAGE | |
| | | INSURER A: Burlington Insurance Company | NAIC # 23620 |
| | | INSURER B: Mercury Insurance Group | 29394 |
| | | INSURER C: Starstone National Ins. Co. | 25496 |
| | | INSURER D: Texas Mutual Insurance Co | 22945 |
| | | INSURER E: Lexington Insurance Company | 19437 |
| | | INSURER F: North River Insurance Company | 21105 |

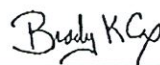
COVERAGES CERTIFICATE NUMBER: CL2293021631 REVISION NUMBER:

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 <input checked="" type="checkbox"/> Blkt Al & WOS/ per contract <input checked="" type="checkbox"/> Blkt PrimNonContributory/Contract GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | 674BG05298-02 | 10/01/2022 | 10/01/2023 | 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 Policy Aggregate \$ 5,000,000 |
| B | <input checked="" type="checkbox"/> 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 | | | BA420000021089 | 11/30/2022 | 11/30/2023 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| C/F | <input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | 87449X211ALI/5228115552 | 10/01/2022 | 10/01/2023 | EACH OCCURRENCE \$ 9,000,000 AGGREGATE \$ 9,000,000 \$ |
| D | 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N/A | | | 0001273721 | 08/05/2022 | 08/05/2023 | <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 |
| E | Professional Liability | | | 031565508 | 10/01/2022 | 10/01/2023 | Each Claim \$3,000,000 Aggregate \$3,000,000 Deductible per claim \$50,000 |

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. A Waiver of Subrogation is provided for General Liability and Professional Liability as required by written contract.

| | |
|--|---|
| CERTIFICATE HOLDER Hidalgo County Urban County Program | 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  |

TEXAS WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because Texas is shown in item 3.A. of the Information Page.

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule, but this waiver applies only with respect to bodily injury arising out of the operations described in the schedule where you are required by a written contract to obtain this waiver from us.

This endorsement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

The premium for this endorsement is shown in the Schedule.

Schedule

1. Specific Waiver

Name of person or organization

Blanket Waiver

Any person or organization for whom the Named Insured has agreed by written contract to furnish this waiver.

2. Operations: ALL TEXAS OPERATIONS

3. Premium:

The premium charge for this endorsement shall be **2.00** percent of the premium developed on payroll in connection with work performed for the above person(s) or organization(s) arising out of the operations described.

4. Advance Premium: Included, see Information Page

This endorsement changes the policy to which it is attached effective on the inception date of the policy unless a different date is indicated below.
(The following "attaching clause" need be completed only when this endorsement is issued subsequent to preparation of the policy.)
This endorsement, effective on 8/5/22 at 12:01 a.m. standard time, forms a part of:

Policy no. 0001273721 of Texas Mutual Insurance Company effective on 8/5/22

Issued to: SAMES INC

DBA: SAM ENGINEERING & SURVEYING

This is not a bill



Authorized representative

NCCI Carrier Code: 29939

7/8/22

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

| Name Of Additional Insured Person(s) Or Organization(s) | Location(s) Of Covered Operations |
|---|---|
| Any person or organization for whom you are performing operations, but only if you have agreed, in a written contract, to add such person or organization as an additional insured on your policy for that location or part thereof, provided such a written contract is fully executed prior to an "occurrence" in which coverage is sought under this policy. | Any location(s) of your covered operations. |
| Information required to complete this Schedule, if not shown above, will be shown in the Declarations. | |

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

| Name Of Additional Insured Person(s) Or Organization(s) | Location And Description Of Completed Operations |
|--|--|
| Any owner, lessee or contractor with whom you have agreed, in a written contract, that such person or organization should be added as an additional insured on your policy, provided such written contract is fully executed prior to an "occurrence" in which coverage is sought under this policy. | Any and all of your completed operations. |
| | |
| | |
| Information required to complete this Schedule, if not shown above, will be shown in the Declarations. | |

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Person Or Organization:

Any person or organization with whom you have agreed, in a written contract to waive the transfer of rights of recovery against others to us, provided such written waiver is fully executed prior to an "occurrence" in which coverage is sought under this policy.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. **Transfer Of Rights Of Recovery Against Others To Us of Section IV – Conditions:**

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMENDMENT – OTHER INSURANCE (PRIMARY AND NON-CONTRIBUTORY COVERAGE)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

Schedule of Additional Insured(s):

Any person or organization named in an Additional Insured endorsement attached to this policy with whom you have agreed, in a written contract, that such person or organization should be provided primary and non-contributory coverage, but only when such written contract is fully executed prior to an "occurrence" in which coverage is sought under this policy.

- A. Paragraph C. of this endorsement replaces paragraph 4. **Other Insurance of Section IV-Commercial General Liability Conditions**, but only with respect to the insurance afforded to the additional insured(s) scheduled above.
- B. Paragraph C. of this endorsement replaces paragraph 4. **Other Insurance of Section IV-Products-Completed Operations Liability Conditions**, but only with respect to the insurance afforded to the additional insured(s) scheduled above.

C. Other Insurance

Notwithstanding other valid and collectible insurance available to the insured for a loss we cover under the applicable Coverage Part to which this endorsement is modifying, this insurance is primary and non-contributory.

However, this endorsement:

1. Applies only when you are required by contract, agreement or permit to provide primary and non-contributory coverage for the additional insured, provided such written contract, agreement or permit is fully executed prior to an "occurrence" in which coverage is sought under this policy, and
2. Does not apply to any claim, loss or liability due to the sole negligence of the additional insured.

All other terms and conditions of this Policy remain unchanged.



Appendix F

CERTIFICATION REGARDING DEBARMENT

**Certification
Regarding Debarment, Suspension and Ineligibility**

As is required by the Federal Regulations Implementing Executive Order 12549, Debarment and Suspension, 45 CFR Part 76, Government-wide Debarment and Suspension, the applicant certifies, to the best of his or her knowledge and belief, that both it and its principals:

- a. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency;
- b. Have not within a three-year period preceding this bid proposal and/or application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction, violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- c. Are not presently indicted for or otherwise criminally or civilly charged by a government entity with commission of any of the offenses enumerated herein; and
- d. Have not within a three-year period preceding this bid proposal and/or application had one or more public transactions terminated for cause or default.

PRINTED NAME: Samuel D. Maldonado

TITLE: CEO

UEI NUMBER: DP31KANLHAT1

SIGNATURE: 

TELEPHONE NUMBER: (956)-702-8880

ADDRESS: 200 S. 10th Street, Ste. 1500. McAllen TX 78501

DATE: December 7, 2022

If the bidder is unable to certify to all of the statements in this certification, such bidder should attach an explanation to this proposal.

DEBARMENT CERTIFICATION CHECKLIST
****FOR UCP USE ONLY****

VENDOR/AGENCY NAME: Sames, Inc

UNIQUE IDENTIFYING NUMBER: DP31KANLHAT1

DATE VERIFIED ON SAM.GOV: December 7, 2022

EXCLUSIONS: _____ YES NO

NAME OF UCP COORDINATOR: Steven de la Garza, HOME Manager

PRINT VERIFICATION REPORT AND ATTACH: YES _____ NO

ASSISTANT DIRECTOR APPROVAL: [Signature]

DATE SUBMITTED TO FINANCE: 12.7.2022


FINANCE MANAGER ACCEPTANCE: [Signature]



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Entity Registration

Exclusions

Active Exclusions

Inactive Exclusions

Responsibility / Qualification

SAMES INC

Unique Entity ID

DP31KANLHAT1

CAGE/NCAGE

66N60

Registration Status

Expiration Date

Active Registration

Jun 10, 2023

Purpose of Registration

All Awards

Physical Address

**200 S 10TH ST
STE 1500
McAllen, Texas
78501-4860, United States**

Mailing Address

**200 S 10TH ST STE 1500
McAllen, Texas**

Version

Current Record

There may be instances when an individual or firm has the same or similar name as your search criteria, but is actually a different party. Therefore, it is important that you verify a potential match with the excluding agency identified in the exclusion's details. To confirm or obtain additional information, contact the federal agency that took the action against the listed party. Agency points of contact, including name and telephone number, may be found by navigating to the Agency Exclusion POCs page within Help.

ACTIVE EXCLUSIONS

There are no active exclusion records associated to this entity by its Unique Entity ID.

INACTIVE EXCLUSIONS

There are no inactive exclusion records associated to this entity by its Unique Entity ID.



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Business Information

Entity Types

Financial Information

Points of Contact

Assertions

Reps and Certs

Exclusions

Responsibility / Qualification

SAMES INC

Unique Entity ID

DP31KANLHAT1

CAGE/NCAGE

66N60

Registration Status

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All Awards

Physical Address

**200 S 10TH ST
STE 1500
McAllen, Texas
78501-4860, United States**

Mailing Address

**200 S 10TH ST STE 1500
McAllen, Texas
78501-4860, United States**

Version

Current Record

BUSINESS INFORMATION

Doing Business As

Sam Engineering & Surveying

URL

<https://www.samengineering-surveying.com/>

State / Country of Incorporation

Texas, United States

Division Name

(blank)

Division Number

(blank)

Congressional District

Texas 15

Registration Dates

Activation Date

Jun 14, 2022

Submission Date

Jun 10, 2022

Initial Registration Date

Nov 5, 2010

Entity Dates

Entity Start Date

Jun 28, 2008

Fiscal Year End Close Date

Dec 31

Immediate Owner

CAGE

(blank)

Legal Business Name

(blank)

Highest Level Owner

CAGE

(blank)

Legal Business Name

(blank)

Executive Compensation

Registrants in the System for Award Management (SAM) respond to the Executive Compensation questions in accordance with Section 6202 of P.L. 110-252, amending the Federal Funding Accountability and Transparency Act (P.L. 109-282). This information is not displayed in SAM. It is sent to USAspending.gov for display in association with an eligible award. Maintaining an active registration in SAM demonstrates the registrant responded to the questions.

Proceedings Questions

Registrants in the System for Award Management (SAM) respond to proceedings questions in accordance with FAR 52.209-7, FAR 52.209-9, or 2.C.F.R. 200 Appendix XII. Their responses are not displayed in SAM. They are sent to FAPIIS.gov for display as applicable. Maintaining an active registration in SAM demonstrates the registrant responded to the proceedings questions.

SAM Search Authorization

I authorize my entity's non-sensitive information to be displayed in SAM public search results:

Yes

ENTITY TYPES

Business Types

Entity Structure

Corporate Entity (Not Tax Exempt)

Organization Factors

Subchapter S Corporation

Entity Type

Business or Organization

Profit Structure

For Profit Organization

Socio-Economic Types

Self Certified Small Disadvantaged Business, DOT Certified DBE, Hispanic American Owned

SBA Certified 8(a) Program Participant

Entrance Date: **Jul 26, 2013**

Exit Date: **Jul 26, 2023**

SBA Certified Hub Zone Firm

Entrance Date: **Apr 25, 2016**

Exit Date: **(blank)**

Check the registrant's Reps & Certs, if present, under FAR 52.212-3 or FAR 52.219-1 to determine if the entity is an SBA-certified HUBZone small business concern. Additional small business information may be found in the SBA's Dynamic Small Business Search if the entity completed the SBA supplemental pages during registration.

FINANCIAL INFORMATION

Accepts Credit Card Payments

Yes

Debt Subject To Offset (What is this?)

No

Account Details

EFT Indicator

0000

CAGE Code

66N60

POINTS OF CONTACT

Electronic Business

 ★ Saul D Maldonado, President

200 S 10TH Street
Suite 1500
Mcallen, Texas 78501-4860
United States

Samuel D Maldonado, CEO

200 S 10TH Street
Suite 1500
Mcallen, Texas 78501
United States

Government Business

 ★ Saul D Maldonado, President

200 S 10TH Street
Suite 1500
Mcallen, Texas 78501-4860
United States

Samuel D Maldonado, CEO

200 S 10TH Street
Suite 1500
Mcallen, Texas 78501
United States



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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

Certificate Number:
2022-962222

Date Filed:
12/07/2022

Date Acknowledged:
12/07/2022

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Sames Inc
McAllen, TX United States

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

Hidalgo County-Urban County Program

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.

6020-37-6485-5000-0000-00-P
HC UCP- HOME - Surveying and Inspection Services.

| 4 | Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|--------------------------|--|---------------------------------------|--------------|
| | | | Controlling | Intermediary |
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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 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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| | | | Controlling | Intermediary |
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5 Check only if there is NO Interested Party.


6 UNSWORN DECLARATION

My name is Samuel D. Maldonado, and my date of birth is 08-02-1975.

My address is 200 S. 10th Street Ste. 1500, McAllen, TX, 78501, Hidalgo.
(street) (city) (state) (zip code) (country)

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

Executed in Hidalgo County, State of Texas, on the 07 day of 12, 20 22.
(month) (year)


Signature of authorized agent of contracting business entity
(Declarant)