



NO-CONFLICT DISCLOSURE FORM

Project No.: TBD by PURCHASING

Project Name: Completion of TASK 2 (2.2 & 2.3) Drainage System Characterization
of the TWBD LRGV Regional Flood Protection Planning Cat I Program

Type of Service: PROJECT SPECIFIC from the PROFESSIONAL ENGINEERING SERVICES POOL

Evaluator's Name: VELINDA REYES

Title/Position: CHIEF ADMINISTRATOR OF EXTERNAL AFFAIRS

Evaluated Firms:

1. HALFF ASSOCIATES, INC.
2. FULCRUM CONSULTING SERVICES
3. BTI, INC.

Through my evaluation of the above-identified vendors, I hereby affirm that I have no conflicts to disclose (employment/business, family, or gifts exceeding \$100) in connection with the aforementioned potential vendor(s), as required by Section 176 of the Texas Local Government Code.

Signature

A handwritten signature in blue ink that reads "Velinda Reyes". The signature is written over a horizontal line.

09/26/2024

Date



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Evaluator's Name: LETTY SAENZ

Title/Position: DIRECTOR OF ADMINISTRATIVE OPERATIONS

Evaluated Firms:

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Evaluator's Name: NICK PEREZ

Title/Position: BUDGET MANAGER I

Evaluated Firms:

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