



NO-CONFLICT DISCLOSURE FORM

Project No.: _____

Project Name: FY 2024 Rehab Program

Type of Service: Engineering Services

Evaluator's Name: Steve De La Garza

Title/Position: HOME Division Manager

Evaluated Firms:

1. J&R Engineering LLC
2. SWG Engineering LLC
3. R. Gutierrez Engineering Corporation

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

9/24/24
Date



NO-CONFLICT DISCLOSURE FORM

Project No.: _____

Project Name: FY 2024 Rehab Program

Type of Service: Engineering Services

Evaluator's Name: Nellie Flores

Title/Position: Finance Division Manager

Evaluated Firms:

1. J&R Engineering LLC
2. SWG Engineering LLC
3. R. Gutierrez Engineering Corporation

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

9/24/24
Date



NO-CONFLICT DISCLOSURE FORM

Project No.: _____

Project Name: FY 2024 Rehab Program

Type of Service: Engineering Services


Evaluator's Name: Irene Montoya

Title/Position: Program Coordinator I

Evaluated Firms:

1. J&R Engineering LLC
2. SWG Engineering LLC
3. R. Gutierrez Engineering Corporation

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

9-24-24

Date