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**PROFESSIONAL SERVICES AGREEMENT**  
**C-CAP-14- 397-10-28**

**THIS AGREEMENT** is made effective the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by and between **HIDALGO COUNTY, TEXAS**, (“County”) and **Millennium Engineers Group, Inc.** a Texas Corporation (“Laboratory”).

**WITNESSETH:**

**WHEREAS**, the County is vested with the responsibility of providing construction materials testing (the “Services”) for its Colonia Access Program Pct No. 1 projects;

**WHEREAS**, the County has determined that the services of a professional laboratory company is necessary to carry out the required Services;

**WHEREAS**, pursuant to Texas Government Code Chapter 2254 (the “Texas Professional Services Procurement Act”), the County requested proposals from a professional laboratory to assist the County by providing the Services;

**WHEREAS**, County has selected the Laboratory to provide the Services within Hidalgo County Precinct No. 1, in accordance to Exhibit “A-1” Request for Qualifications (RFQ) Procurement Packet.

**NOW THEREFORE**, in consideration of the mutual covenants and agreements herein contained, County and Laboratory do mutually agree as follows:

**1. Scope of Services.** The County will provide to Laboratory the services described in Exhibit “A” attached hereto and entitled “Services to be Performed by County.” Laboratory agrees to provide to County with the work described in Exhibit “B”, “Services to be Performed by the Laboratory.”

**2. Non-Exclusive Services of Laboratory.** Hidalgo County reserves the right to request these services from other sources other than the Laboratory and shall not be in violation of any terms or conditions of this Agreement.

**3. Term.** This Agreement becomes effective when fully executed by both parties and will terminate one (1) year from the date of execution or unless sooner terminated as provided herein. The Laboratory will not begin to work or incur costs until authorized in writing by the County with each "Work Authorization" particularly described in Exhibit "D."

**4. Compensation.** The maximum amount payable under this Agreement shall not exceed the amount for each work authorization unless an amendment is executed as provided hereinafter. The Laboratory shall submit periodic requests for payment within (30) thirty days after completion of each Work Authorization. The request for payment shall be made using forms acceptable to the County and shall show the total amount earned to the date of submission and the amount due and payable as of the date of the current billing. Upon receipt of said request for payment, County shall submit a requisition for payment for said Services in the customary manner provided for payments utilized by Hidalgo County, Texas. Laboratory agrees to separately account for the receipt and/or expenditure of funds received pursuant to this Agreement and to keep accurate books and records of all such receipts and/or expenditures. All payments to Laboratory shall be mailed to the address shown in numbered paragraph 24 herein.

**5. Inspection of Work.** The County has the right at all reasonable times to inspect or otherwise evaluate the work performed hereunder and the premises in which it is being performed. If any inspection or evaluation is made on the premises of the Laboratory, or of a subcontractor, the Laboratory shall provide and require its subcontractor to provide all reasonable facilities and assistance for the safety and convenience of the inspectors in the performance of their duties. All inspections and evaluations shall be performed in such a manner as will not unduly delay their work.

**6. Amendments.** If it becomes necessary at any time during this Agreement to change the scope of Services, the Agreement period, the maximum amount payable, the complexity, or the character of this Agreement, an amendment shall be executed by use of a (Supplemental Agreement

Form) more particularly described in Exhibit "E" within the agreement. The County retains the right to reject any such amendment proposed by the Laboratory. Any such amendments shall be made in writing, agreed to by all parties hereto, and duly executed before the end of the Agreement as specified. If the County finds it necessary to require changes in completed work because of errors made by the Laboratory, the County shall require the Laboratory to correct the work at no cost to the County and without amendment to the Agreement. If the changes are made at the request of the County and are not due to errors of the Laboratory, the County will reimburse the Laboratory for the additional work at the same rate of pay established in Exhibit "C," "Laboratory Rates." If payment for the additional work will cause the maximum amount payable under this Agreement to be exhausted, an amendment shall be proposed in accordance with all State procurement laws.

**7. Reporting.** The Laboratory shall promptly advise the County in writing of events which have a significant impact upon the Agreement, including:

- a. Problems, delays, or adverse conditions which will materially affect the ability to meet time schedules and goals, or preclude the attainment of project work units by established time periods. This disclosure shall be accompanied by a statement of the action taken, or contemplated and any County or, if Federal Funds are involved, Federal assistance needed to resolve the situation.
- b. Favorable developments or events which enable meeting time schedules and goals to be met sooner than anticipated or which are producing more work units than originally projected.

**8. Ownership of Documents.** Upon completion or termination of this Agreement, all documents prepared by the Laboratory or furnished to the Laboratory by the County shall be delivered to and become the property of the County. All sketches, photographs, calculations, and other data prepared under this Agreement shall be made available, upon request, to the County without restriction

or limitation on their further use. The Laboratory may, at its own expense, have copies made of the documents or any other data furnished to the County under this Agreement.

**9. Suspension of Work.** Should County desire to suspend the work under this Agreement, but not terminate this Agreement, the County shall provide thirty (30) calendar days verbal notification to Laboratory, followed by written confirmation from the County to Laboratory to that effect. The thirty-day notice may be waived as agreed in writing by both the County and Laboratory to that effect. The work under this Agreement may be reinstated and resumed in full force and effect within sixty (60) days of receipt of written notice from the County to the Laboratory. The sixty-day notice may be waived as agreed in writing by both the County and Laboratory. If the County suspends the work, the Termination Date as identified above is not affected and this Agreement will terminate on the date specified.

**10. Progress and Coordination.** The Laboratory shall, from time to time during the progress of the work, confer with the County. The Laboratory shall prepare and present such information as may be pertinent and necessary, or as may be requested by the County, in order to evaluate features of the Laboratory's services and work.

At the request of the County or the Laboratory, conferences shall be provided at the Laboratory's office, the offices of the County, or at other locations designated by the County. These conferences shall also include evaluation of the Laboratory's services and work when requested by the County.

All applicable study reports shall be submitted in preliminary form for approval by the County before the final report is issued. The County's comments regarding the Laboratory's preliminary report will be addressed by the Laboratory in the final report.

If funds by other agencies or entities are to be used for the development of the project under this Agreement, the Laboratory's Services and work will be subject to periodic review and approval by other agencies or entities, including those of the city, county, state and/or federal agencies.

Should it be determined that the progress in the production of the Laboratory's Services and work does not satisfy the requirements of the approved Work Authorization as provided by Exhibit "D", attached hereto, the County shall review the approved Work Authorization with the Laboratory to determine the corrective action needed by either the County or the Laboratory.

The Laboratory shall promptly advise the County in writing of events which have a significant impact upon the progress of the Laboratory's Services and work and the approved Work Schedule, including:

- a. problems, delays, adverse conditions which will materially affect the ability to attain Agreement objectives, prevent the meeting of time schedules and goals, or preclude the timely completion and submittal of Project deliverables by the Laboratory within established time periods; this disclosure will be accompanied by a statement by the Laboratory of recommended or immediate action taken, or contemplated, and any Owner or other agency or entity assistance needed to resolve the situation: and
- b. favorable developments or events which enable meeting the Work Schedule goals sooner than anticipated.

**11. Independent Contractor.** Laboratory must comply with all applicable Hidalgo County policies and with any applicable federal, state or local laws, regulations, orders or ordinances applicable to the Services provided by Laboratory under this Agreement. Notwithstanding the foregoing sentence, Laboratory represents and maintains that it is an Independent Contractor and is not an employee of Hidalgo County, Texas or any agency thereof, and represents and warrants that it does not desire or request any fringe benefits provided to employees of Hidalgo County, Texas, and/or any agency thereof, including, but not limited to benefits associated with Hidalgo County's civil service program. Laboratory agrees to be responsible for any federal income tax, withholding or social security tax liability that might arise from payments received hereunder.

**12. Subcontracting and Assignment.** The Laboratory shall not assign subconsultant or transfer the Laboratory's interest in this Agreement without the prior written consent of the County. The Laboratory shall bind every subconsultant by written contract to observe all the terms of this Agreement to the extent that they may be applicable to each subconsultant. No subcontractor relieves the Laboratory of any responsibilities under this Agreement.

**13. Voluntary Termination.** County may terminate this Agreement at any time for any reason or no reason at all upon giving thirty (30) days prior written notice to the Laboratory.

**14. Insurance.** Laboratory agrees to provide liability insurance covering its activities in providing the Services for County in an amount not less than the minimum amounts prescribed by the Texas Tort Claims Act, §100.001, et seq., Texas Civil Practices and Remedies Code, and shall furnish County a certificate issued by the insurer that such insurance is in full force and effect.

**15. Payment of Franchise Tax.** The Laboratory hereby certifies that the Laboratory is not delinquent in Texas franchise tax payments, or that the Laboratory is exempt from, or not subject to, such tax. A false statement concerning corporation's franchise tax status shall constitute grounds for termination of the Agreement at the sole option of the County.

**16. No Assignment.** Except as otherwise herein provided, Laboratory may not assign the obligations or rights under this Agreement to any person without the prior written consent of County.

**17. Conflict.** Nothing in this Agreement shall be construed so as to require the commission of any act contrary to law, and whenever there is any conflict between any provision of this Agreement and any present or future law, ordinance or administrative, executive or judicial regulation, order or decree, or amendment thereof, contrary to which the parties have no legal right to Agreement, the latter shall prevail, but in such event the affected provision or provisions of this Agreement shall be modified only to the extent necessary to bring them the legal requirements and only during the time such conflict exists.

**18. Termination by County.** If Laboratory fails to deliver quality Services, fails to achieve the defined goals, outcomes, strategies and outputs required by County, or if Laboratory fails to comply with any conditions in this Agreement, then County shall have the right to terminate this Agreement upon the giving of ten (10) days prior written notice to Laboratory.

**19. No Waiver.** No waiver by County of any breach of any provision of this Agreement shall be deemed to be a waiver of any preceding or succeeding breach of the same or any other provision hereof.

**20. Entire Agreement.** This Agreement contains the entire agreement between the parties hereto, and each party acknowledges that neither has made (either directly or through any agent or representative) any representations or agreements in connection with this Agreement not specifically set forth herein. This Agreement may be modified or amended only by agreement in writing executed by County and Laboratory, and not otherwise.

**21. Venue.** This Agreement shall be construed under and in accordance with the laws of the State of Texas, and all obligations of the parties created hereunder are performable in Hidalgo County, Texas. The parties hereby consent to personal jurisdiction in Hidalgo County, Texas.

**22. Hold Harmless.** In the event Laboratory should cause, either directly or indirectly, damage, loss, destruction, liability, or claims against the other party as a result of intentional conduct, negligence or otherwise, Laboratory shall hold harmless and indemnify County from any and all obligations, liabilities, cause of action, lawsuits, damages, and assessments, including legal fees, etc., that from the Laboratory's intentional actions or negligence. This indemnification clause shall survive this Agreement and be enforceable as a separate agreement in the event its survival and enforcement becomes necessary.

**23. Attorney's Fees.** In the unlikely event that a dispute occurs which is litigated, or a cause of action in law or equity is filed concerning the operation, construction, interpretation, or enforcement

of this Agreement, the losing party shall bear the cost of the attorney's fees incurred by the prevailing party and any and all costs applicable thereto, including, but not limited to, court costs, deposition fees, expert witness fees, out-of-pocket expenses and travel expenses which are incurred by the prevailing party.

**24. Notices.** Except as may be otherwise specifically provided in this Agreement, all notices, demands, requests or communications required or permitted hereunder shall be in writing and shall either be (i) personally delivered against a written receipt, or (ii) sent by a registered or certified mail, return receipt requested, postage prepaid and addressed to the parties at the addresses set forth below, or at such other addresses as may have been theretofore specified by written notice delivered in accordance herewith:

If to County: County of Hidalgo  
Attention: Ramon Garcia, County Judge  
302 West University Drive  
Edinburg, Texas 78539

If to Laboratory: Millennium Engineers Group, Inc.  
Attn: Mr. Raul Palma, P.E. President  
5804 N. Gumwood  
Pharr, Texas 78577

Each notice, demand, request or communication which shall be delivered or mailed in the manner described above shall be deemed sufficiently given for all purposes at such time as it is personally delivered to the addresses or, if mailed at such time as it is deposited in the United States mail.

**25. Executions of Documents.** The parties hereto covenant and agree that they will execute such other and further instruments and documents as are or may become necessary or convenient to effectuate and carry out the terms of this Agreement.

26. **Binding Agreement.** This Agreement shall be binding upon and inure to the benefit of the parties hereto and their respective heirs, executors, administrators, legal representatives, successors, and assigns where permitted by this Agreement.

27. **Gender.** All pronouns used in this Agreement shall include the other gender, whether used in the masculine, feminine or neutral gender, and the singular shall include the plural whenever and as often as may be appropriate.

28. **Authority.** The execution and performance of this Agreement by County and Laboratory have been duly authorized by all necessary laws, resolutions or corporate action, and this Agreement constitutes the valid and enforceable obligations of County and Laboratory in accordance with its terms.

29. **Professional Seal.** All documents and data furnished by the Laboratory to the County shall bear Professional seal of a licensed Engineer employed by the Laboratory.

**EXECUTED** as of the day and year first written above.

**COUNTY:**  
**COUNTY OF HIDALGO, TEXAS**

By: Ramon Garcia  
Ramon Garcia, County Judge

**LABORATORY:**

**Millennium Engineers Group, Inc.**

By: Raul Palma

Printed Name Raul Palma

Title: President

**ATTEST:**

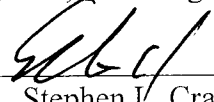
Arturo Guajardo Jr.  
Arturo Guajardo Jr., County Clerk

Approved by Commissioners' Court  
on 1-20-15 10

Approved by Commissioners' Court on 01-20-15

**APPROVED AS TO FORM:**

Atlas, Hall, & Rodriguez, L.L.P.

By: \_\_\_\_\_  
Stephen L. Crain, Attorney

**ATTACHMENTS:**

- |                  |                                                     |
|------------------|-----------------------------------------------------|
| <b>EXHIBIT A</b> | -Scope of Services to be provided by the County     |
| <b>EXHIBIT B</b> | -Scope of Services to be provided by the Laboratory |
| <b>EXHIBIT C</b> | -Laboratory's Rates                                 |
| <b>EXHIBIT D</b> | -Work Authorization Form                            |
| <b>EXHIBIT E</b> | -Supplemental Agreement Form                        |
| <b>EXHIBIT F</b> | -Certificates of Insurance                          |

# **EXHIBIT “A”**

## **SCOPE OF SERVICES TO BE PROVIDED BY THE COUNTY**

## **EXHIBIT “A”**

### Services to be Provided by County

The following provides an outline of the services to be provided by the Owner in the development of Projects (as defined and more particularly identified in Exhibit “A” attached to this Agreement).

#### **General:**

The Owner will provide to the Laboratory the following:

- 1) Provide the authorization to proceed with services through coordination with the project consulting and design Laboratory.
- 2) Payment for work performed by the Laboratory and accepted by the Owner in accordance with Article 3 of this Agreement.
- 3) Assistance to the Laboratory, as necessary, to obtain the required data and information from other local, regional, State and Federal agencies the Laboratory cannot easily obtain.
- 4) Provide any available relevant data the Owner may have on file concerning the projects.
- 5) Provide timely review and decisions in response to the Laboratory’s request for information and/or required submittals and deliverables, in order for the Laboratory 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 Laboratory.
- 7) Provide the authorization to proceed with services on project by project basis through consulting design and construction Laboratory.

# **EXHIBIT “B”**

## **SCOPE OF SERVICES TO BE PROVIDED BY THE LABORATORY**

## **Exhibit “B”**

### **Services to be Provided by Laboratory**

The services to be provided by the LABORATORY in providing Geotechnical Laboratory services, Construction Materials Testing Services, Construction Observation Services and Environmental Services for: Hidalgo County Precinct No.3 Projects, **“ON A AS NEEDED BASIS”** and projects is as follows:

#### **A. Preliminary Phase:**

- 1) Attend preliminary conferences with the OWNER and, if requested, with the funding agency and other government agencies or interested parties regarding the Project.
- 2) Provide for the necessary geotechnical investigation and testing necessary to develop design.
- 3) Provide environmental studies as may be necessary to complete a project.
- 4) Provide assistance to the OWNER in providing material requirements and specifications for design, construction and maintenance projects.
- 5) Provide assistance to the OWNER in providing pavement design recommendations for the design, construction and maintenance projects.
- 6) Provide assistance to the OWNER in providing pavement rehabilitation recommendations for the design, and maintenance projects.
- 7) Provide assistance to the OWNER in providing pavement condition studies.

#### **B. Design Phase:**

- 1) Attend the OWNER’S and respective Party’s meeting as requested for the purpose of explaining geotechnical investigation report recommendations and preliminary testing results and their impact to proposed design activities.
- 2) Perform any additional geotechnical investigations, testing and environmental studies necessary to collect information required in the design of the Project.
- 3) Provide assistance to the OWNER in providing material requirements and specifications for design, construction and maintenance projects.
- 4) Provide assistance to the OWNER in providing pavement design recommendations for the design, construction and maintenance projects.
- 5) Provide assistance to the OWNER in providing pavement rehabilitation recommendation for the design, construction and maintenance projects.
- 6) Provide assistance to the OWNER in providing pavement condition studies.
- 7) Furnish the OWNER all necessary report for preliminary design, design, and construction and maintenance projects.

**C. Construction/Maintenance Phase:**

- 1) Attend the OWNER'S and respective Party's pre-construction and construction meetings as requested for the purpose of explaining geotechnical investigation report recommendation and preliminary testing results and their impact to proposed construction activities and establish coordination and lines of communication for proposed construction materials testing during construction activities.
- 2) Consult and advise with the OWNER during construction.
- 3) Provide construction materials testing for construction and maintenance project as required by the project plans and specifications and/or specified by the project design Laboratory.
- 4) Review all material designs as requested by the OWNER and/or project design Laboratory.
- 5) Furnish the OWNER all necessary reports for construction and maintenance projects.
- 6) Provide construction observation services as requested by the OWNER on construction and maintenance projects.

**D. Miscellaneous/Other:**

- 1) Act for Owner in professional manner, using that degree of care and skill ordinarily exercised by and consistent with the standards of the profession.
- 2) Perform all technical services under the general direction of a Licensed Professional Laboratory in the State of Texas and in substantial accordance with the basic requirements of the appropriate Standards of the American Society for Testing and Materials, where applicable, or other standards designated by County.
- 3) Employ testing machines which have been calibrated within a period not exceeding twelve (12) months from the time of use by devices of accuracy traceable to the National Institute for Standards and Technology (NIST) of the United States Department of Commerce, and, upon request, submit to the OWNER or its authorized representative documentation of such calibration.
- 4) Promptly submit formal construction materials testing reports for all tests, observations and services performed indicating where applicable, compliance with OWNER specifications or other documents. Such reports shall be completed and factual, citing the tests performed, methods employed, values obtained, parts of the structure and location at which tests were made.
- 5) The plans and specifications prepared under this Agreement shall become the property of the OWNER upon completion of the work and payment in full of all monies due to the Laboratory.
- 6) Retain all pertinent records relating to the services performed for a period of five (5) years following submission of all reports, during which period the records will be made available to the Owner within a reasonable time.

**NOTE:** Change in and/or additional services to Scope will require prior approval from Owner prior to undertaking.

# **EXHIBIT “C”**

## **LABORATORY’S RATES**

**EXHIBIT "C"**  
**LABORATORY'S CONTRACT FEE SCHEDULE**

For the services to be provided by the Laboratory the charge will be on the basis of the units and unit fee rates established in this schedule of tests, staff personnel services and additional services. The overtime premium, required by the Fair Labor Standards Act for nonexempt classifications, will be charged for overtime hours worked because of the County's requirements and its authorization. However, except for the overtime premium, the maximum charges shall not exceed the rates shown in this schedule.

**Soils and Aggregate Section**

|                                                                |         |
|----------------------------------------------------------------|---------|
| Material Preparation Time (per hour).....                      | \$45.00 |
| Atterberg Limits (each test).....                              | 70.00   |
| Sieve Analysis                                                 |         |
| Dry through No. 40 (each test).....                            | 55.00   |
| Additional Sieves (each sieve).....                            | 12.00   |
| Percent Passing No. 200 Sieve (each test).....                 | 45.00   |
| Moisture Density Relationship                                  |         |
| Standard Proctor (each test).....                              | 200.00  |
| Modified Proctor (each test).....                              | 215.00  |
| TxDOT Proctor (each test).....                                 | 215.00  |
| Nuclear Density Test (In conjunction with Inspection)          |         |
| Nuclear Density Test (each test).....                          | 22.00   |
| Depth Test (each test).....                                    | 6.00    |
| Wet Ball Mill (each test) .....                                | 210.00  |
| Determination of Optimum Lime Content                          |         |
| PI Method – (each test) .....                                  | 275.00  |
| Tex 121-E - (each test) .....                                  | 275.00  |
| PH Method - (each test) .....                                  | 275.00  |
| Additional Points (each point).....                            | 75.00   |
| California Bearing Ratio (each test).....                      | 750.00  |
| Additional Specimens (each specimen).....                      | 175.00  |
| Small Moisture Content of Aggregates and Base (each test)..... | 13.00   |
| Large Moisture Content of Aggregates and Base (each test)..... | 35.00   |
| Linear Shrinkage (each test) .....                             | 85.00   |
| pH (each test).....                                            | 80.00   |
| Resistivity of Soils (each test) .....                         | 90.00   |
| Specific Gravity (each test).....                              | 75.00   |
| Unit Weight (each test).....                                   | 45.00   |
| Soundness (each test) .....                                    | 500.00  |
| Sulfate Content (each test).....                               | 80.00   |
| Hydrometer (each test).....                                    | 275.00  |

**Bituminous Section**

|                                                                  |          |
|------------------------------------------------------------------|----------|
| Material Preparation Time (per hour).....                        | \$50.00  |
| Sieve Analysis for Fine and Coarse Aggregate (Tex 200-F or ASTM) |          |
| Dry (each test).....                                             | 55.00    |
| Additional Sieves (each sieve).....                              | 12.00    |
| Sand Equivalent (each test) .....                                | 75.00    |
| Extraction & Gradation, Percent Asphalt (each test).....         | 250.00   |
| Asphalt Cores (each core).....                                   | 60.00    |
| Asphalt Core Density (each core).....                            | 40.00    |
| Thickness of Cores (each core).....                              | 15.00    |
| Theoretical Maximum Specific Gravity (each test) .....           | 60.00    |
| Lab Density (each test).....                                     | 65.00    |
| Effect of Water on Bituminous Paving Mixtures (each test) .....  | 75.00    |
| Hveem Stability (each test).....                                 | 105.00   |
| Coring Rig (per day).....                                        | 95.00    |
| Asphaltic Concrete Design and Other Services .....               | By Quote |
| Percent Passing No. 200 Sieve (per test).....                    | 45.00    |
| Molding Specimens (per set).....                                 | 60.00    |

**Concrete Section**

|                                                                  |              |
|------------------------------------------------------------------|--------------|
| Material Preparation Time (per hour).....                        | \$50.00      |
| Slump Test (In conjunction with Inspection)                      |              |
| Slump Test (each test).....                                      | 20.00        |
| Air Content of Fresh Concrete (In conjunction with Inspection)   |              |
| Pressure (each test).....                                        | 25.00        |
| Volumetric (each test) .....                                     | 35.00        |
| Concrete Cylinder Compressive Strength Test (each cylinder)..... | 16.00        |
| Strip & Hold Cylinder (each cylinder).....                       | 15.00        |
| Concrete Beam Flexure Strength Test                              |              |
| 6x6x22 (each beam).....                                          | 40.00        |
| Strip & Hold Beam (each beam).....                               | 15.00        |
| Concrete Cores By Circumference Area (Min. 100 sq. in.).....     | 2.00/sq. in. |
| Sawing of Concrete Cylinders or Cores (per end, per core).....   | 25.00        |
| Thickness of Cores (each core).....                              | 15.00        |
| Coring Rig (per day).....                                        | 95.00        |
| Portland Cement Concrete Design or other services .....          | By Quote     |

**Masonry Section**

|                                           |         |
|-------------------------------------------|---------|
| Material Preparation Time (per hour)..... | \$54.00 |
| Grout Prism (each prism).....             | 24.00   |
| Mortar Prism (each prism).....            | 24.00   |

### **Soil Exploration and Geotechnical Services**

|                                                                         |            |
|-------------------------------------------------------------------------|------------|
| Drilled Borings                                                         |            |
| In Soil, 0 – 50 feet (per foot).....                                    | \$19.00    |
| In Soil, 50 – 100 feet (per foot).....                                  | 22.50      |
| In Rock .....                                                           | By Quote   |
| Non-Conventional Drilling.....                                          | By Quote   |
| Standard Penetration Test (each test).....                              | 12.00      |
| Texas Cone Penetration Test (each test).....                            | 20.00      |
| Shelby Tube Sampling (each test).....                                   | 20.00      |
| Mobilization and Demobilization - In Rio Grande Valley (each trip)...   | 350.00     |
| Mobilization and Demobilization - Outside Rio Grande Valley (each mile) | 3.50/mile  |
| Mobilization of Non-Conventional Drilling Equipment .....               | By Quote   |
| Trip Charge For Logger (each mile).....                                 | 0.80       |
| Standby Time, Rig plus 2 man crew (per hour).....                       | 200.00     |
| Well Installation.....                                                  | By Quote   |
| Technician To Log Soil Test Boring (per hour).....                      | 54.00      |
| Field Coordination                                                      |            |
| Field Engineer (per hour).....                                          | 115.00     |
| Utility Clearance (per hour).....                                       | 70.00      |
| Flagman (per hour).....                                                 | 45.00      |
| Per Diem (If required) .....                                            | Cost + 15% |
| Unconfined Compression (each test).....                                 | 45.00      |
| Moisture Content (each test).....                                       | 13.00      |
| Grout Backfill (per foot).....                                          | 5.00       |
| Dozer/Clearing .....                                                    | Cost + 15% |
| Asphalt Pavement Coring (each core).....                                | 100.00     |
| Concrete/Asphalt Patch (per location).....                              | 75.00      |

### **Technician Services**

|                                                                     |         |
|---------------------------------------------------------------------|---------|
| Soil Engineering Technician (per hour) (Min. 2 Hrs).....            | \$45.00 |
| Concrete Engineering Technician (per hour) (Min. 2 Hrs).....        | 50.00   |
| Asphalt Engineering Technician (per hour) (Min. 2 Hrs).....         | 50.00   |
| Masonry Engineering Technician (per hour) (Min. 2 Hrs).....         | 54.00   |
| Senior Engineering Technician (per hour).....                       | 54.00   |
| Plant Inspection, Reinforcing Steel Inspection, Etc. (Min. 2 Hrs)   |         |
| Construction Inspection Engineering Technician Time (per hour)..... | 54.00   |
| Plant Inspection, Reinforcing Steel Inspection, Etc. (Min. 2 Hrs)   |         |
| Engineering Specialist (per hour).....                              | 70.00   |
| Pier Inspection, Pile Load Inspections, Etc. (Min. 2 Hrs)           |         |
| Certified Welding Inspector (per hour) (Min. 4 Hrs).....            | 90.00   |

**Other Services**

|                                                                 |            |
|-----------------------------------------------------------------|------------|
| Vehicle Trip Charge (per trip) (within 25 miles of office)..... | \$37.00    |
| Vehicle Trip Charge (per mile) (beyond 25 miles of office)..... | 0.80       |
| Other Testing Not Specified (Option 1) .....                    | Cost + 15% |
| Other Testing Not Specified (Option 2) (per hour).....          | 54.00      |
| Other Services, Outside Services or Supplies.....               | Cost + 15% |
| Test Reports (each report).....                                 | 30.00      |
| Clerical/Administrative (per hour).....                         | 50.00      |
| Fax (per page).....                                             | 1.00       |
| Photocopies                                                     |            |
| 8 ½" x 11" (per page).....                                      | 0.12       |
| 8 ½" x 14" (per page).....                                      | 0.15       |
| 11" x 17" (per page).....                                       | 0.20       |
| Additional Insured (per request).....                           | 200.00     |

**Professional Services**

|                                    |          |
|------------------------------------|----------|
| Principal Engineer (per hour)..... | \$145.00 |
| Project Engineer (per hour).....   | 115.00   |
| Staff Engineer (per hour).....     | 100.00   |

**Project Management and Coordination of Services Provided**

|                                                  |         |
|--------------------------------------------------|---------|
| Applied to each invoice of net services provided |         |
| Project Management (per hour).....               | \$70.00 |

**BASIC SERVICES AGREEMENT**

MEG will charge overtime at the rate of 1.5 applicable for technicians for services performed before 7 AM and after 6 PM on Monday through Friday, after 8 continuous hours on the Client's project and on Saturday, Sunday and holidays.

Hours billed will be from our office at 5804 N. Gumwood, Pharr, Texas, port to port. Fractions of hours will be billed as whole hours. Technician hours will be billed a minimum of 2 hours.

Laboratory testing performed after normal work hours of 7 AM to 6 PM on Monday through Friday will be billed the test rate plus applicable overtime hourly charges.

Project management will be billed for report review, coordination and management of project personnel at a rate of one hour for every four reports.

# **EXHIBIT “D”**

## **WORK AUTHORIZATION FORM**

**WORK AUTHORIZATION NO.** \_\_\_\_\_

Account No. \_\_\_\_\_

Requisition 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 or (DATE).

**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 Precinct No.\_\_\_\_ Commissioner\_\_\_\_ as to content and detail of this Work Authorization No.\_\_\_\_.

**HIDALGO COUNTY**

**COMMISSIONER PRECINCT No. \_\_:**

BY:\_\_\_\_\_

**PART 8. ACCEPTANCE AND APPROVAL**

This Work Authorization is hereby accepted, approved by Hidalgo County Commissioners' Court on \_\_\_\_\_ (DATE) as indicated below and effective as of \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

**THE LABORATORY:**

Millennium Engineer Group, Inc.

By: \_\_\_\_\_

Print Name

**THE OWNER:**

HIDALGO COUNTY

By: Ramon Garcia, County Judge

**ATTEST:**

\_\_\_\_\_  
by: Arturo Guajardo Jr., County Clerk

# **EXHIBIT “E”**

## **SUPPLEMENTAL AGREEMENT FORM**

## EXHIBIT "E"

### Supplemental Agreement Form

THE STATE OF TEXAS   §  
                                          §  
COUNTY OF HIDALGO   §

### SUPPLEMENTAL AGREEMENT NO. \_\_\_\_\_

TO AGREEMENT FOR PROFESSIONAL CONSTRUCTION MATERIAL TESTING SERVICES

THIS **SUPPLEMENTAL AGREEMENT** is made pursuant to the terms and conditions of paragraph 5 of the Agreement made by and between **HIDALGO COUNTY**, acting herein by and through the **Commissioner's Court**, hereinafter called the "**Owner**", and **Millennium Engineer Group, Inc.**, hereinafter called the "**Laboratory**".

#### WITNESSETH

WHEREAS, the **Owner** and the **Laboratory** executed the **Agreement** on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_ concerning Laboratory for \_\_\_\_\_ (hereinafter referred to as the "**Project**"); and,

WHEREAS, Paragraph \_\_\_ of the **Agreement**, (paragraph title), establishes \_\_\_\_\_; and,

WHEREAS, it has become necessary to amend the Agreement to \_\_\_\_\_

#### A. AGREEMENT

NOW THEREFORE, premises considered, the **Owner** and the **Laboratory** agree that said **Agreement** is amended as follows:

I. Paragraph \_\_\_ of the **Agreement**, (paragraph title), is revised to \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**All other provisions are unchanged and remain in full force and effect.**  
**IN WITNESS WHEREOF**, the Laboratory and the Owner have caused this Supplemental Agreement to the Agreement for Professional Services to be executed as of the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

**THE LABORATORY:**

**BY:**\_\_\_\_\_

Address for Giving Notices:

\_\_\_\_\_  
\_\_\_\_\_

**THE OWNER:**  
**HIDALGO COUNTY**

**BY:**\_\_\_\_\_

Ramon Garcia, County Judge

**LIST OF ATTACHMENTS**

(as required)

# **EXHIBIT “F”**

## **CERTIFICATES OF INSURANCE**



# CERTIFICATE OF LIABILITY INSURANCE

SCG  
R045

DATE (MM/DD/YYYY)  
1/7/2015

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 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).

|                                            |  |                                         |  |
|--------------------------------------------|--|-----------------------------------------|--|
| <b>PRODUCER</b>                            |  | <b>CONTACT NAME:</b>                    |  |
| SUPERIOR ACCESS INS SRVC INC/PHS           |  | PHONE (A/C, No, Ext): (866) 467-8730    |  |
| 181840 P: (866) 467-8730 F: (888) 443-6112 |  | FAX (A/C, No): (888) 443-6112           |  |
| PO BOX 33015                               |  | E-MAIL ADDRESS:                         |  |
| SAN ANTONIO TX 78265                       |  |                                         |  |
| <b>INSURED</b>                             |  | <b>INSURER(S) AFFORDING COVERAGE</b>    |  |
| MEG, INC.                                  |  | INSURER A: Hartford Underwriters Ins Co |  |
| PO BOX 4569                                |  | INSURER B:                              |  |
| EDINBURG TX 78540                          |  | 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<br>LIR | TYPE OF INSURANCE                                                                              | ADDL<br>INSR | SUBR<br>LIR | POLICY NUMBER | POLICY EFF<br>(MM/DD/YYYY) | POLICY EXP<br>(MM/DD/YYYY) | LIMITS                                                                 |
|-------------|------------------------------------------------------------------------------------------------|--------------|-------------|---------------|----------------------------|----------------------------|------------------------------------------------------------------------|
|             | COMMERCIAL GENERAL LIABILITY                                                                   |              |             |               |                            |                            | EACH OCCURRENCE                                                        |
|             | CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>                            |              |             |               |                            |                            | DAMAGE TO RENTED PREMISES (Ea occurrence)                              |
|             |                                                                                                |              |             |               |                            |                            | MED EXP (Any one person)                                               |
|             |                                                                                                |              |             |               |                            |                            | PERSONAL & ADV INJURY                                                  |
|             | GEN'L AGGREGATE LIMIT APPLIES PER:                                                             |              |             |               |                            |                            | GENERAL AGGREGATE                                                      |
|             | <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |              |             |               |                            |                            | PRODUCTS - COMPIOP AGG                                                 |
|             | OTHER:                                                                                         |              |             |               |                            |                            |                                                                        |
|             | AUTOMOBILE LIABILITY                                                                           |              |             |               |                            |                            | COMBINED SINGLE LIMIT (Ea accident)                                    |
|             | ANY AUTO                                                                                       |              |             |               |                            |                            | BODILY INJURY (Per person)                                             |
|             | ALL OWNED AUTOS                                                                                |              |             |               |                            |                            | BODILY INJURY (Per accident)                                           |
|             | HIRED AUTOS                                                                                    |              |             |               |                            |                            | PROPERTY DAMAGE (Per accident)                                         |
|             |                                                                                                |              |             |               |                            |                            |                                                                        |
|             | UMBRELLA LIAB                                                                                  |              |             |               |                            |                            | EACH OCCURRENCE                                                        |
|             | EXCESS LIAB                                                                                    |              |             |               |                            |                            | AGGREGATE                                                              |
|             | DED <input type="checkbox"/> RETENTION \$                                                      |              |             |               |                            |                            |                                                                        |
|             | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                                  |              |             |               |                            |                            | X PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> |
| A           | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                    |              | N/A         | 72 WEC GY1880 | 10/16/2014                 | 10/16/2015                 | E.L. EACH ACCIDENT \$1,000,000                                         |
|             | If yes, describe under DESCRIPTION OF OPERATIONS below                                         |              |             |               |                            |                            | 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)

Those usual to the Insured's Operations.

## CERTIFICATE HOLDER

Hidalgo County  
2812 S BUSINESS HIGHWAY 281  
EDINBURG, TX 78539

## 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

*Joe Nailor*



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
1/7/2015

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.

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|                                                                                                         |                                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PRODUCER<br><b>Fenner &amp; Esler</b><br>467 Kinderkamack Road<br>P. O. Box 60<br>Oradell NJ 07649-0060 | CONTACT NAME: <b>Joan Kosch</b><br>PHONE (A/C, No, Ext): <b>(201) 262-1200</b><br>FAX (A/C, No): <b>(201) 262-7810</b><br>E-MAIL ADDRESS: <b>jkosch@fenner-esler.com</b>                    |
| INSURED<br><b>Millennium Engineers Group, Inc.</b><br>5804 N. Gumwood<br>Pharr TX 78577                 | INSURER(S) AFFORDING COVERAGE<br>INSURER A: <b>Amer. Casualty Co./Reading, PA</b><br>INSURER B: <b>Continental Casualty Company</b><br>INSURER C:<br>INSURER D:<br>INSURER E:<br>INSURER F: |

COVERAGES CERTIFICATE NUMBER MASTER 14-15 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 INSR                                | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                      |
|----------|----------------------------------------------------------------------------------------------------------|------------------------------------------|----------|---------------|-------------------------|-------------------------|-----------------------------------------------------------------------------|
| A        | GENERAL LIABILITY                                                                                        |                                          |          | 6011181339    | 11/22/2014              | 11/22/2015              | EACH OCCURRENCE \$ 1,000,000                                                |
|          | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY                                         |                                          |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000                        |
|          | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                           |                                          |          |               |                         |                         | MED EXP (Any one person) \$ 10,000                                          |
|          |                                                                                                          |                                          |          |               |                         |                         | PERSONAL & ADV INJURY \$ 1,000,000                                          |
|          |                                                                                                          |                                          |          |               |                         |                         | GENERAL AGGREGATE \$ 2,000,000                                              |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:                                                                       |                                          |          |               |                         |                         | PRODUCTS - COMP/OP AGG \$ 2,000,000                                         |
|          | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC |                                          |          |               |                         |                         | \$                                                                          |
|          | AUTOMOBILE LIABILITY                                                                                     |                                          |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$                                      |
|          | <input type="checkbox"/> ANY AUTO                                                                        |                                          |          |               |                         |                         | BODILY INJURY (Per person) \$                                               |
|          | <input type="checkbox"/> ALL OWNED AUTOS                                                                 | <input type="checkbox"/> SCHEDULED AUTOS |          |               |                         |                         | BODILY INJURY (Per accident) \$                                             |
|          | <input type="checkbox"/> HIRED AUTOS                                                                     | <input type="checkbox"/> NON-OWNED AUTOS |          |               |                         |                         | PROPERTY DAMAGE (Per accident) \$                                           |
|          |                                                                                                          |                                          |          |               |                         |                         | \$                                                                          |
| B        | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR              |                                          |          | 6011181387    | 11/22/2014              | 11/22/2015              | EACH OCCURRENCE \$ 1,000,000                                                |
|          | <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE                                |                                          |          |               |                         |                         | AGGREGATE \$ 1,000,000                                                      |
|          | DED <input checked="" type="checkbox"/> RETENTION \$ 10,000                                              |                                          |          |               |                         |                         | \$                                                                          |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                                            |                                          |          |               |                         |                         | WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                              |                                          | N/A      |               |                         |                         | E.L. EACH ACCIDENT \$                                                       |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below                                                   |                                          |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE \$                                               |
| B        | PROFESSIONAL LIABILITY                                                                                   |                                          |          | MCH288364872  | 12/12/2014              | 12/12/2015              | PER CLAIM LIMIT \$1,000,000                                                 |
|          |                                                                                                          |                                          |          |               |                         |                         | AGGREGATE LIMIT \$2,000,000                                                 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Additional Insured - Certificate Holder as respects general liability where required by written contract.

|                                                                                              |                                                                                                                                                                                                                                          |
|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CERTIFICATE HOLDER<br><b>Hidalgo County</b><br>2812 S. Business 281<br>Edinburg, Texas 78539 | CANCELLATION<br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br>AUTHORIZED REPRESENTATIVE<br><b>Timothy Esler/JEAN</b> |
|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/20/2015

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.

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|                                                                                                                       |                                                                                                                                             |               |
|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| <b>PRODUCER</b><br>STATE FARM INSURANCE<br>ROBERT ELIZALDE, AGENT<br>StateFarm 5107 S MCCOLL RD<br>EDINBURG, TX 78539 | <b>CONTACT NAME:</b> GARDENIA MARTINEZ                                                                                                      |               |
|                                                                                                                       | <b>PHONE (A/C, No, Ext):</b> 956-683-9800 <b>FAX (A/C, No):</b> 956-683-9810<br><b>E-MAIL ADDRESS:</b> GARDENIA.MARTINEZ.T55B@STATEFARM.COM |               |
| <b>INSURED</b><br>MILLENNIUM ENGINEERS GROUP, INC<br>5804 N GUMWOOD<br>PHARR, TX 78577                                | <b>INSURER(S) AFFORDING COVERAGE</b>                                                                                                        | <b>NAIC #</b> |
|                                                                                                                       | INSURER A: State Farm Mutual Automobile Insurance Company                                                                                   | 25178         |
|                                                                                                                       | INSURER B:                                                                                                                                  |               |
|                                                                                                                       | 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 INSR | SUBR WVD | POLICY NUMBER    | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                        |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|------------------|-------------------------|-------------------------|-------------------------------------------------------------------------------|
|          | <b>GENERAL LIABILITY</b>                                                                                                                                      |           |          |                  |                         |                         | EACH OCCURRENCE \$                                                            |
|          | COMMERCIAL GENERAL LIABILITY                                                                                                                                  |           |          |                  |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$                                  |
|          | CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>                                                                                           |           |          |                  |                         |                         | MED EXP (Any one person) \$                                                   |
|          |                                                                                                                                                               |           |          |                  |                         |                         | PERSONAL & ADV INJURY \$                                                      |
|          |                                                                                                                                                               |           |          |                  |                         |                         | GENERAL AGGREGATE \$                                                          |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:                                                                                                                            |           |          |                  |                         |                         | PRODUCTS - COMP/OP AGG \$                                                     |
|          | POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>                                                                |           |          |                  |                         |                         | \$                                                                            |
| A        | <b>AUTOMOBILE LIABILITY</b>                                                                                                                                   |           |          | 159 6511-A19-53K | 01/19/2015              | 07/19/2015              | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000                              |
|          | ANY AUTO                                                                                                                                                      |           |          |                  |                         |                         | BODILY INJURY (Per person) \$                                                 |
|          | ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS                                                                           |           |          |                  |                         |                         | BODILY INJURY (Per accident) \$                                               |
|          | HIRED AUTOS                                                                                                                                                   |           |          |                  |                         |                         | PROPERTY DAMAGE (Per accident) \$                                             |
|          |                                                                                                                                                               |           |          |                  |                         |                         | \$                                                                            |
|          | <b>UMBRELLA LIAB</b>                                                                                                                                          |           |          |                  |                         |                         | EACH OCCURRENCE \$                                                            |
|          | EXCESS LIAB                                                                                                                                                   |           |          |                  |                         |                         | AGGREGATE \$                                                                  |
|          | DED <input type="checkbox"/> RETENTION \$                                                                                                                     |           |          |                  |                         |                         | \$                                                                            |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>                                                                                                          |           |          |                  |                         |                         | WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input type="checkbox"/> N/A <input type="checkbox"/> |           |          |                  |                         |                         | E.L. EACH ACCIDENT \$                                                         |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                                        |           |          |                  |                         |                         | E.L. DISEASE - EA EMPLOYEE \$                                                 |
|          |                                                                                                                                                               |           |          |                  |                         |                         | E.L. DISEASE - POLICY LIMIT \$                                                |

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

2008 FORD RANGER 1FTYR10D48PA62344  
2008 FORD RANGER 1FTYR10D38PA92175  
2010 FORD RANGER 1FTKR1AD0APA22160  
2011 FORD RANGER 1FTKR1ADXBPA02368

CERTIFICATE HOLDER WILL HAVE WAIVER OF SUBROGATION IN THEIR FAVOR

## CERTIFICATE HOLDER

HIDALGO COUNTY  
2812 SOUTH BUSINESS 281  
EDINBURG, TX 78539

## 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

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**EXHIBIT “A-1”**

**REQUEST FOR  
QUALIFICATIONS (RFQ)  
PROCUREMENT PACKET**



**Hidalgo County Purchasing Department  
New Administration Building  
2812 S. Business Highway 281  
Edinburg, Texas 78539  
(956) 318-2626/ Fax: (956) 318-2629**

November 18, 2013

\_\_\_\_\_  
Participant's name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State, Zip Code

Re: **HIDALGO COUNTY** (Including all funding sources, programs, and entities)  
Request for Qualifications (RFQ)-**"Professional Engineering Services-Construction Materials  
& Geo Technical Testing Pool"**  
RFQ No.: **2014-004-12-11-SMA**

Dear Respondent:

Enclosed please find a Request for Qualifications (RFQ) packet for you review and consideration. Hidalgo County Purchasing Department welcomes and appreciates your participation in the RFQ process.

We have updated our RFQ packet. Carefully read and review all instructions, requirements, specification and/or scope of work included in this packet

If any further assistance is required, please do not hesitate to call the Purchasing Department at (956) 318-2626.

Sincerely,

Martha L. Salazar, CPPB  
Hidalgo County Purchasing Agent

MLS/sma

Enclosures



**Hidalgo County Purchasing Department**  
**2812 S. Business Highway 281**  
**Edinburg, Texas 78539**  
**(956) 318-2626/ Fax: (956) 318-2629**

REQUEST FOR QUALIFICATIONS (RFQ)

**TABLE OF CONTENTS**

**HIDALGO COUNTY**

(Including all funding sources, programs, and entities)

**Professional Engineering Services-Construction Materials & Geo Technical Testing Pool**

**RFQ NO: 2014-004-12-11-SMA**

| <b>ITEM</b> | <b>DESCRIPTION</b>                                  | <b>NO. OF<br/>PAGES</b> |
|-------------|-----------------------------------------------------|-------------------------|
| 1.          | Request for Qualifications Letter                   | <b>1</b>                |
| 2.          | Request for Qualifications, Legal Notice            | <b>9</b>                |
| 3.          | Exhibit A, Requirements                             | <b>8</b>                |
| 4.          | Attachment A- Schedule of Services and Related Fees | <b>4</b>                |
| 5.          | Exhibit B, Evaluation Criteria and Evaluation Form  | <b>2</b>                |
| 6.          | Exhibit C, Insurance Requirements,                  | <b>4</b>                |
| 7.          | Exhibit D, CIQ Conflict of Interest Questionnaire   | <b>1</b>                |
| 8.          | Exhibit E, Proposer's Affidavit                     | <b>1</b>                |
| 9.          | Vendor/Bidder Application and W-9 form              | <b>6</b>                |
| 10.         | Certification Regarding Debarment                   | <b>1</b>                |
| 11.         | RFQ Submittal Check List                            | <b>1</b>                |

The above mentioned items shall be found in the Request for Qualifications (RFQ) packet that is attached herewith. Should you find that any of the items are not attached in its entirety please contact Purchasing by calling (956) 318-2626, advise of missing documentation, and Purchasing will forward information either through facsimile or by U.S. Mail.

Thank you.

Martha L. Salazar, CPPB, Purchasing Agent

November 18, 2013

Date

## REQUEST FOR QUALIFICATIONS (RFQ)

### HIDALGO COUNTY

(Including all funding sources, programs, and entities)

*“Professional Engineering Services- Construction Materials & Geo  
Technical Testing Pool”*

***RFQ NO: 2014-004-12-11-SMA***

Acceptance Due Date: **December 11, 2013**

Martha L. Salazar, CPPB, Purchasing Agent  
Hidalgo County Purchasing Department

Project Buyer Contact Information:

Sandra Montalvo, Buyer II  
(956) 292-7000 Ext. 4865  
[sandra.montalvo@co.hidalgo.tx.us](mailto:sandra.montalvo@co.hidalgo.tx.us)

1. Sealed qualifications will be received for “HIDALGO COUNTY (Including all funding sources, programs, and entities) Professional Engineering Services-Construction Materials & Geo Technical Testing Pool”, in accordance with the requirements attached hereto as Exhibit "A." Qualifications should address all requirements set forth. Respondents may suggest substitutions of features which they feel would be in the best interest of Hidalgo County ("County"). Strong rationale must be presented for any deviation from the requirements. Hidalgo County reserves the right to reject the deviation and its effect on the overall qualifications.
2. **One (1) original, seven (7) copies** of all qualifications and **two (2) CDs in PDF Format** are required with the respondent's name and address clearly typed/printed on upper left hand corner and the proper notation clearly typed/printed on the lower left hand corner of the envelope and/or package, **RFQ-2014-004-12-11-SMA-“HIDALGO COUNTY(Including all funding sources, programs, and entities) Professional Engineering Services-Construction Materials & Geo Technical Testing Pool”**, and in County's Purchasing Department, Physical Location: 2802 S. Business Hwy. 281 Postal/ Mailing: 2812 S. Business Hwy. 281 New Administration Building , Edinburg, Texas, **ON OR BEFORE 9:30 A.M., WEDNESDAY, December 11, 2013.**

**NO FACSIMILES OR LATE ARRIVALS WILL BE ACCEPTED. ANY QUALIFICATION RECEIVED AFTER THAT TIME WILL NOT BE OPENED AND WILL BE RETURNED. OVERNIGHT MAIL MUST ALSO BE PROPERLY LABELED ON THE OUTSIDE OF EXPRESS ENVELOPE OR PACKAGE IN REFERENCE TO QUALIFICATION.**

Hidalgo County reserves the right to refuse and reject any/all qualifications and to waive any/all formalities or technicalities, or to accept the proposal considered the best and most advantageous to Hidalgo County.

3. Hidalgo County reserves the right to separate and accept, or eliminate any item(s) listed under this qualification that it deems necessary to accommodate budgetary and/or operational requirements. Hidalgo County also reserves the right to reject any or all qualifications submitted and further reserves the right to design the evaluation criteria to be used in selecting the lowest and best qualification for approval. Receipt of any qualification shall under no circumstances obligate County to accept the lowest dollar qualification. The award of this contract shall be made to the responsible offeror whose qualification is determined to be the best evaluated offer resulting from negotiation, taking into consideration the relative importance of price and other evaluation factors as herein set forth.
4. Failure of the delivered item to perform as specified or failure to meet the stated delivery schedule shall release Hidalgo County from all obligations to the contracting party with regard to the item(s) in question. In such event, County may elect to award the contract to the next-lowest responsible respondent, or to reject all qualifications and re-advertise.
5. For work to be performed at a County owned or operated location, each respondent shall, in its sole discretion, visit the job site before preparing the qualification and thoroughly familiarize himself/herself with existing conditions. Respondent should take field dimensions and note all circumstances which affect the dollar amount of the qualification.
6. Descriptive specifications are referenced in this document to indicate the general kind and quality of equipment desired by Hidalgo County. Due to various styles and models of equipment, respondents are required to include illustrations, specifications, explanation of warranties, and service data with

their qualification including catalogue numbers and any necessary references.

7. Proposed prices are to remain firm for a minimum of ninety (90) days after priced qualification opening.
8. County reserves the right to accept or reject any or all qualifications.
9. Any interpretations, amendments, corrections or changes to this qualification document must be in a written addendum and signed by the County Judge or his designee. Addenda will be mailed to all who are known to have received a copy of the Request for Qualifications. Respondents shall acknowledge receipt of all addenda as a part of their qualification.
10. Costs are to be net F.O.B., County Prepaid.
11. County is exempt from Federal Excise Tax, State Tax and Local Tax. Do Not include tax in cost figure. If it is determined that tax was included in the cost figures it will not be included in the tabulation of any awards. Tax exemption certificates will be furnished upon request.
12. Funds for this procurement have been provided through the County budget for this fiscal year only. County, on an annual basis, has the right to reconsider a contract during the budget process for ensuing years if financial resources of County are insufficient to meet the liabilities of said contract. The award of a qualification or contract hereunder will not be construed to create a debt of the County which is payable out of funds beyond the current fiscal year.
13. **DELIVERY INSTRUCTIONS:**
  - No deliveries accepted after 3:00 P.M., Monday-Friday.
  - At least seventy two (72) hours prior notice of delivery must be given to Martha L. Salazar, CPPB, Purchasing Agent before delivery will be accepted.
  - If you need additional information call the office listed below:

Hidalgo County Purchasing Department  
Martha L. Salazar, CPPB, Purchasing Agent  
(956) 318-2626

14. **BILLING AND PAYMENT INSTRUCTIONS:**

- Invoices must include:
  - a) Name and address of successful respondent
  - b) Name and address of receiving department or official
  - c) Purchase Order Number and Contract number (if any)
  - d) Notation- **HIDALGO COUNTY** (Including all funding sources, programs, and entities)  
**Professional Engineering Services-Construction Materials & Geotechnical Testing Pool**,
  - e) Descriptive information as to the items or services delivered, including product code, item number, quantity, etc.

- Discount payments will be considered when offered.
- Contact person for Billing and Payment questions:

**HIDALGO COUNTY AUDITOR'S OFFICE**

Postal/Mailing 2808 S. Business Hwy. 281

Edinburg, Texas 78539

(956) 318-2511

**15. SCHEDULE OF EVENTS**

|                                         |                           |
|-----------------------------------------|---------------------------|
| <b>Qualification Opening, 9:30 A.M.</b> | <b>December 11 , 2013</b> |
| Award of Contract:                      | 2013                      |
| Commence Work or Deliver Products:      | 2013                      |

**16. HIDALGO COUNTY HOLIDAYS:**

| <b>2014 YEAR</b>              |                              |
|-------------------------------|------------------------------|
| <b>New Year's Day</b>         | <b>01/01/14</b>              |
| <b>Martin Luther King Day</b> | <b>01/20/14</b>              |
| <b>President's Day</b>        | <b>02/17/14</b>              |
| <b>Good Friday</b>            | <b>04/18/14</b>              |
| <b>Easter</b>                 | <b>04/21/14</b>              |
| <b>Memorial Day</b>           | <b>05/26/14</b>              |
| <b>Independence Day</b>       | <b>07/04/14</b>              |
| <b>Labor Day</b>              | <b>09/01/14</b>              |
| <b>Veteran's Day</b>          | <b>11/11/14</b>              |
| <b>Thanksgiving Day</b>       | <b>11/27/14 and 11/28/14</b> |
| <b>Christmas Day</b>          | <b>12/25/14 and 12/26/14</b> |
| <b>New Year's Eve</b>         | <b>12/31/14</b>              |

**17. ~~BID OR PERFORMANCE BOND AND DEBARMENT CERTIFICATION; PAYMENT UNDER CONTRACT:~~**

- ~~If the contract proposed is for the construction of public works or is for a contract for goods and services exceeding \$100,000, all bidders shall furnish a good and sufficient bid bond in the amount of five percent of the total contract price. A bid bond must be executed with a surety company authorized to do business in Texas. All respondents are also required to furnish a certification or acknowledgment stating that the contractor or vendor is free from suspension or debarment pursuant to federal regulation 45CFR76.~~

- ~~Together with the signing of a contract or issuance of a purchase order following the acceptance of a qualification, and prior to commencement of the actual work, the respondent shall furnish a performance bond to the County for the full amount of the contract, if that contract exceeds \$50,000.~~
- ~~If the contract is for \$50,000 or less, no money will be paid to the contractor until completion and acceptance of the work or the fulfillment of the purchase obligation to the County, and, if applicable, the receipt by County of satisfactory evidence that all subcontractors and materialmen have been paid.~~
- ~~If a contract is for the construction, alteration or repair of public buildings or public works, the contractor shall provide a payment bond for a contract in excess of Twenty Five Thousand Dollars (\$25,000.00), as required by Tex. Govt. Code Ch. 2253.~~
- ~~For requirements contracts, bond requirements are determined by applying the proposed unit price to the estimated quantities included in the specifications.~~

#### 18. ETHICAL STANDARDS:

- It shall be a breach of ethics to offer, give or agree to give any elected official, department head or employee, or former elected official, department head or employee, of the County, or for any elected official, department head or employee or former elected official, department head or employee of the County, to solicit, demand, accept or agree to accept from another person, entity or organization, a gratuity or an offer of employment in connection with any decision, approval, disapproval, recommendation, preparation or any part of a program requirement or purchase request, influencing the content of any specification or procurement standard, rendering of advice, investigation, auditing, or in any other advisory capacity in any proceeding or application, request for ruling, determination, claim or controversy, or other particular matter pertaining to any program requirement or a contract or subcontract, or to any solicitation or qualification therefore pending before any department or agency of the County.
- It shall be a breach of ethics for any payment, gratuity or offer of employment to be made by or on behalf of a subcontractor under a contract to the prime contractor or higher tier subcontractor for any contract for the County, or any person associated therewith, as an inducement for the award of a subcontract or order.
- No public official shall have an interest in a contract awarded hereunder except in accordance with Tex. Loc. Govt. Code Chapter 171.
- **NOTICE:**  
ALL COMMUNICATIONS BY A VENDOR TO THE COUNTY, ITS OFFICIALS, AND DEPARTMENT HEADS REGARDING THIS PROCUREMENT SHALL BE DONE THROUGH THE HIDALGO COUNTY PURCHASING DEPARTMENT.

No vendor, its representative, agent, or employee shall engage in private communication with a member of the Hidalgo County Commissioners Court or county department heads regarding any procurement of goods or services by the County from the date that the bid, RFP, or RFQ is released. No private communication regarding the purchase shall be permitted until the procurement process is complete and a purchase order is granted or a contract is entered into. Members of the commissioners court are required to make a reasonable effort to inform themselves regarding potential procurements and have a duty to inquire of vendors, their representatives or employees, the nature of any private communication being sought prior to engaging in any communication. "Private Communication" means communication with any vendor outside of a posted meeting of the governing body, a regular meeting of a standing or appointed committee, or a negotiation with a vendor which has been specifically authorized by the governing body.

#### **19. DISCLOSURE OF CONFLICT OF INTEREST**

- **Effective January 1, 2006, Chapter 176 of the Texas Local Government Code requires that any vendor, person, consultant or contractor considering doing business with Hidalgo County ("the County") to disclose in the Conflict of Interest Questionnaire (the "CIQ") attached as Exhibit D, the vendor, person, consultant or contractor's affiliation or business relationship that might cause a conflict of interest with the County. By law, the CIQ must be filed with the Hidalgo County Clerk's Office no later than the seventh business day after the date the person becomes aware of facts that require that statement to be filed. The disclosure requirement applies to a person or business who contracts or seeks to contract with Hidalgo County for the sale or purchase of property, goods or service. Any purchase order or contract resulting from this process shall be considered null and void if the successful respondent fails to comply with Texas Local Government Code Chapter 176. Vendors, consultants, contractors and others who desire to conduct business with Hidalgo County are encouraged to refer to Texas Local Government Code Chapter 176 for the details of this law. An offense under Texas Local Government Code Chapter 176 is a Class C Misdemeanor.**

**Please submit completed CIQ forms to the Hidalgo County Clerk's Office located at 100 N. Clossner, Edinburg, Texas 78539CHidalgo County Courthouse.**

**COMPLETION AND SUBMISSION OF FORM CIQ IS THE SOLE RESPONSIBILITY OF THE PROSPECTIVE RESPONDENT.**

20. If, during the life of any contract or qualification awarded, the successful respondent's net prices generally available to other customers for items awarded herein are reduced below the contracted price, it is understood and agreed that the benefits of such reduction shall be extended to County.
21. Qualifications, and all goods and services provided thereunder, shall comply with all federal, state and local laws concerning this type(s) of goods and/or services.
22. Minimum Standards for Responsible Prospective Respondents: A prospective respondent must affirmatively demonstrate respondent's responsibility. A prospective respondent, by submitting a

qualification, represents to County that it meets the following requirements:

- Possess or is able to obtain adequate financial resources as required to perform under the qualification;
  - Be able to comply with the required or proposed delivery schedule;
  - Have a satisfactory record of performance;
  - Have a satisfactory record of integrity and ethics;
  - Be otherwise qualified and eligible to receive an award.
23. Successful respondent will pay or cause to be paid, without cost or expenses to County, all FICA, FUTA/SUTA and Federal Income Withholding Taxes of all employees, and all wages and benefits as required by Federal or State law. Successful respondent's officers, agents and/or employees will not be entitled to any benefits of an employee or elected official of County, including, but not limited to, benefits associated with County's civil service system.
24. Any contract award to a successful respondent will be in effect until (a) the contract expires, (b) delivery and acceptance of products, and/or performance of services ordered, or (c) terminated by County with thirty (30) day's written notice prior to cancellation.
25. County reserves the right to enforce performance of any contract awarded hereunder in any manner prescribed by law or deemed to be in the best interest of the County in the event of breach or default by successful respondent; County reserves the right to terminate any contract immediately in the event a successful respondent fails to:
- A. Meet schedules;
  - B. Pay any required fees or taxes; or
  - C. Otherwise perform in accordance with the requirements.
26. Successful respondent shall defend, indemnify and save harmless County and all its elected officials, officers, agents and employees from all suits, actions, or other claims of any character, name and description brought for or on account of any injuries or damages received or sustained by any person, persons, or property on account of any negligent act or fault of the successful respondent, or of any agent, employee, subcontractor or supplier in the execution of, or performance under, any contract which may result from qualification award. Successful respondent indemnifies and will indemnify and save harmless County from liability, claim or demand on their part, agents, servants, customers, and/or employees whether such liability, claim or demand arise from event or casualty happening or within the occupied premises themselves or happening upon or in any of the halls, elevators, entrances, stairways or approaches of or to the facilities within which the occupied premises are located. Successful respondent shall pay any judgment with costs which may be obtained against county growing out of such injury or damages, and shall, upon request, provide a defense to County by counsel reasonably acceptable to County. Successful respondent's indemnity hereunder shall include, but is not limited to, claims relating to patent, copyright or trademark infringement, and the like, arising out of the goods or services provided by successful respondent.

27. Successful respondent shall warrant that all items/services shall conform with the specifications and/or all warranties provided under the Uniform Commercial Code and be free from all defects in material, workmanship and the like. Items supplied under a contract pursuant to this Request for Qualifications shall be subject to County's approval. Items found to be defective or not meeting specifications shall be replaced by successful respondent within two business days at no expense to County. Items not picked up within one (1) week after notification shall be deemed a donation to County and may be used or disposed of at County's discretion and without waiver of any other rights of County as to the item's nonconformity.
28. This document and any disputes arising hereunder shall be governed and construed according to the laws of the State of Texas, and will be performable exclusively in Hidalgo County, Texas.
29. The successful respondent shall not assign, sell, transfer or convey its rights under any awarded contract, in whole or in part, without the prior written consent of County.
30. Respondents shall provide with the qualification response, a list of at least three (3) references where like services have been supplied by their firm. Include the name of the business or government, address, telephone number and name of representative or contact person.
31. Respondents must provide **all** documentation requested with this Qualification in their response. Failure to provide this information may result in rejection of the qualification as none conforming.

Request for Qualifications  
for  
**HIDALGO COUNTY**  
(Including all funding sources, programs, and entities)  
***Professional Engineering Services***  
***“Construction Materials & Geo Technical Testing Pool”***

To: Martha L. Salazar, CPPB, Purchasing Agent  
Hidalgo County Purchasing Department  
Physical Location: 2802 S. Business Hwy. 281  
Postal/ Mailing: 2812 S. Business Hwy. 281  
New Administration Building  
Edinburg, Texas 78539

In accordance with the Requirements, and subject to all laws and regulations of the United States and state and local laws, the undersigned respondent proposes and commits to furnish all labor, equipment, material, software and services as set forth in the documents hereinbefore mentioned. The undersigned further agrees, upon acceptance of its qualification, to execute a contract and/or Purchase Order issued by Hidalgo County for performing and completing the work described in the Requirements within the time stated and for the prices proposed in the documents attached hereto and made a part hereof.

Respondent acknowledges receipt of all of the pages of the documents referenced in the Request for Qualification Checklist presented in connection with this procurement. Respondent understands that Hidalgo County reserves the right to reject any or all qualifications and further reserves the right to design the evaluation criteria to be used in selecting the lowest and best qualification.

Respondent agrees that this qualification shall be good and may not be withdrawn for a period of ninety (90) calendar days after the scheduled closing time for receiving qualifications, as contained in the Requirements.

**Respectfully submitted,**

**Firm:**

\_\_\_\_\_

**Address:**

\_\_\_\_\_

**By:**

\_\_\_\_\_

**Printed Name:**

\_\_\_\_\_

**Title:**

\_\_\_\_\_

# **EXHIBIT A** **REQUIREMENTS**

## **HIDALGO COUNTY** (Including all funding sources, programs, and entities) **REQUEST FOR QUALIFICATIONS**

**HIDALGO COUNTY**  
(Including all funding sources, programs, and entities)

*“Professional Engineering Services-Construction Materials & Geo  
Technical Testing Pool”*

**RFQ NO: 2014-004-12-11-SMA**

The County of Hidalgo will be accepting Statements of Qualifications from qualified State of Texas Professional Independent Testing Laboratories in order to establish a pre-qualified pool of Independent Testing Laboratories on an "As Needed Basis" per project by all County Departments and/or applicable Programs requiring said services as set forth in the requirements. Upon approval and acceptance by Hidalgo County Commissioners' Court, the term of the pre-qualified pool of Independent Testing Laboratories will be for a period starting **February 9, 2014 and ending March 15, 2015**. The Hidalgo County Purchasing Department will receive sealed envelopes containing Statements of Qualifications for the provision of **"PROFESSIONAL ENGINEERING SERVICE-CONSTRUCTION MATERIALS GEO TECHNICAL TESTING POOL" RFQ NO: 2014-004-12-11-SMA** Request For Qualifications" as specified herein. Statements of Qualifications will be accepted until **9:30 A.M., Wednesday, December 11, 2013**. **ANY RFQ RECEIVED AFTER THAT TIME WILL NOT BE OPENED AND WILL BE RETURNED.**

The following outlines the Request for Qualifications:

## **SECTION- I**

### **GENERAL TERMS AND CONDITIONS**

#### **RFQ DOCUMENT SUBMITTALS/DELIVERY:**

**A total of One (1) original, seven (7) copies, and two (2) CD's in PDF Format** of RFQs should be submitted as part of your response.

Respondents must complete and include in their response, all documentation requested in this RFQ. Refer to enclosed RFQ Check List form for documents to be included with your response.

**Hidalgo County is requesting that statements of qualifications responses be sealed, clearly marked and/or labeled with the Company's name, RFQ No. , Project Name, Opening Date and be delivered to Martha L. Salazar, CPPB, Purchasing Agent, at:**

#### **US Postal Mail Address:**

Martha L. Salazar, CPPB, Purchasing Agent  
Hidalgo County Purchasing Department  
Administration Building  
2812 S. Business Hwy 281  
Edinburg, Texas 78539

#### **Physical Address:**

Martha L. Salazar, CPPB, Purchasing Agent  
Hidalgo County Purchasing Department  
Administration Building  
2802 S. Business Hwy. 281  
Edinburg, Texas 78539

Hidalgo County requires respondents, when hand delivering statements of qualifications, to have a Purchasing Department representative time/date stamp and initial the sealed envelope when dropping RFQ off.

All costs and expenses associated with the preparation and submission of (rfq's, bids, proposals and/or quotes) shall be the responsibility of the respondent and no reimbursement for such charges or expenses shall be passed onto Hidalgo County.

**DISCLOSURE OF CONFLICT OF INTEREST:**

Effective January 1, 2006, Chapter 176 of the Texas Local Government Code requires that any vendor, person, consultant or contractor considering doing business with Hidalgo County ("the County") to disclose in the Conflict of Interest Questionnaire ("the CIQ") attached as **Exhibit D**, the vendor, person consultant or contractor's affiliation of business relationship that might cause a conflict of interest with the County. By law, the CIQ must be filed with the Hidalgo County Clerk's Office no later than the seventh business day after the date the person becomes aware of facts that require that statement to be filed. The disclosure requirement applies to a person or business who contract or seeks to contract with Hidalgo County for the sale or purchase of property, goods or service. Any purchase order or contract resulting from this process shall be considered null and void if the Vendors, consultants, contractors and others who desire to conduct business with Hidalgo County are encourage to refer to Texas Local Government Code Chapter 176 for the details of this law. An offense under Texas Local Government Code Chapter 176 is a Class C Misdemeanor.

Please submit complete CIQ forms to the Hidalgo County Clerk's Office located at 100 N. Clossner, Edinburg, TX 78539-Hidalgo County Courthouse. **COMPLETION AND SUBMISSION OF FORM CIQ IS THE SOLE RESPONSIBILITY OF THE PROSPECTIVE BIDDER.**

**PROPOSER'S AFFIDAVIT:**

Respondents to this RFQ must submit a signed Proposer's Affidavit (attached herein in Exhibit E) certifying that the submission is (1) not the result of Collusion as described in the Proposer's Affidavit, (2) that the Respondent does not have a Conflict of Interest as described in the Proposer's Affidavit, or that the Respondent has not and will not attempt to lobby directly or indirectly as described in the Proposer's Affidavit.

**NON-DISCRIMINATION:**

Respondents, during the performance of this contract, will not discriminate against any employee or applicant for employment because of race, religion, sex, national origin or disability except where religion, sex, national origin or disability is a bona fide occupational qualification reasonably necessary to the normal operation of the contractor.

**PROCESSING TIME FOR PAYMENT:**

Submitters are advised that a minimum of thirty (30) days is required to process invoices for payment.

**ELECTRONIC TRANSMISSION OF RFQ's:**

Hidalgo County's Purchasing Department will not accept telegraphic or electronically transmitted submissions.

**PROOF OF FINANCIAL AND BUSINESS CAPABILITY:**

Submitters must, upon request, furnish satisfactory evidence of their ability to furnish products or services in accordance with the terms and conditions of these requirements. Hidalgo County will make the final determination as to the vendor's ability.

**RESPONDENT DEFAULT:**

Hidalgo County reserves the right, in case of respondent default, to procure the articles or services from other sources and hold the defaulting respondent responsible for any excess costs occasioned thereby.

**RESTRICTIVE OR AMBIGUOUS REQUIREMENTS:**

It is the responsibility of the respondent to review the Request for Qualifications (RFQ) packet and to notify in writing the Purchasing Department if the requirements are formulated in a manner that would unnecessarily restrict competition. These criteria also apply to requirements that are ambiguous.

**RFQ QUESTIONS AND ANSWERS:**

Any protest(s) or question(s) regarding the requirements or request for qualifications procedures must be received in the Purchasing Department **via facsimile to (956)292-7612 or via e-mail to sandra.montalvo@co.hidalgo.tx.us BY NO LATER THAN Wednesday, December 04, 2013 at 5:00 p.m. Responses will be sent to all applicants by Friday, December 06, 2013. TELEPHONE INQUIRIES WILL NOT BE ACCEPTED.**

**SIGNING OF QUALIFICATIONS:**

In order to be considered, all submittals **must** be signed. **Please sign the original in blue ink.**

**WAIVING OF INFORMALITIES:**

Hidalgo County reserves the right to waive minor informalities or technicalities when it is in the best interest of Hidalgo County.

**SUBCONTRACTING:**

The successful respondent may not subcontract the award without the written consent of the Commissioners' Court of Hidalgo County.

**TERM OF POOL:**

The pool term is for a period of one (1) year, or upon completion of project(s) unless project specific for more than one (1) year.

**DAVIS BACON ACT ( if applicable):**

All selected and awarded firms are required; if applicable adhere to the Davis-Bacon Act.

## **SECTION II**

### **RFQ REQUIREMENTS**

#### **REQUEST FOR QUALIFICATIONS:**

The required contents and limitations for the preparation of the RFQ are described in this section. Failure to provide the requested information or adhere to any County limitations will may result in disqualification of the submitted RFQ

#### **UNDERSTANDING OF THE PROJECT:**

This section should demonstrate the respondent understands of the project needs, the work required, and any local issues or concerns. This description should be concise, candid, and limited to 3 pages in length.

#### **FIRM QUALIFICATIONS:**

The County of Hidalgo is seeking to contract with a competent independent material testing laboratory, registered and licensed to practice in the State of Texas that has had experience in, but not limited to, the following areas:

- Roadway Material Production and Construction Inspection Testing
- Inspection of Hot Mix and Concrete Plants
- Drilling and Logging of Soil Borings
- Acquisition and Testing of Samples of Existing Soils for the Planning, Design and Construction of Transporting Facilities
- Roadway Construction Project located in Hidalgo County
- TxDot Certification

Additionally, this section should include a description of the firm's project personnel and their most recent similar projects. **A list of ongoing projects similar in scope under TxDOT procurement basis shall be included in a appendix.** For each project, a client contract name and phone number should be included for reference purposes. Additionally, the names of the personnel proposed for this project who participated in the listed projects should be provided. This project list is limited to five (5) pages.

#### **PERSONNEL AND STAFFING:**

The firm should provide an organizational chart for the project and a summary paragraph of the project work to be performed by each proposed staff member. Biographic summaries that highlight the experience relevant to the specific project responsibilities should be provided for all proposed personnel. There is a one (1) page limitation for each biographic summary provided.

#### **REQUIRED CERTIFICATIONS AND SUBMITTAL:**

This section will contain any current licenses and/or certifications as required by STATE OF TEXAS.

**SCOPE OF SERVICES:**

The construction materials testing services contract will encompass all project-related testing services to the County of Hidalgo including, but not limited to, the following:

Hidalgo County is inviting qualifications from qualified Independent Testing Laboratories to provide construction materials testing services for the "Projects". **Name additional testing services that are sublet to other consulting firms.**

Minimum Qualifications for Independent Testing Laboratories include, but may not be limited to the following:

- a) Ability to perform Geotechnical Testing/ Investigation/ Drilling
- b) Ability to perform Environmental Services
- c) Ability to perform Soil Density Testing
- d) Ability to perform Surveying and Sampling Soils
- e) Ability to perform Materials Testing (Asphaltic and Concrete)
- f) Ability to perform Material Testing and Laboratory Analysis
- g) Ability to perform Hot Mix Plant Inspections and Testing
- h) Ability to perform Transportation Foundation Studies
- i) Ability to perform Building Foundation Studies
- j) Ability to perform Professional Liability Insurance for \$1 Million Dollars without limiting liability to Professional Fees
- k) Average response time from your office to the job site

**CONSTRUCTION MATERIALS & GEO TECHNICAL TESTING FIRMS ARE NOT TO PROVIDE A FEE PROPOSAL WITH THIS SUBMITTAL:**

The fee will be negotiated in accordance with the Professional Services Procurement Act, Tex. Govt. Code Ann. 2254.001, et seq.

# **SECTION -III**

## **SELECTION / EVALUATION**

### **SELECTION/EVALUATION PROCESS:**

The evaluation system consists of a 100-point system.

#### **1. STAFFING OF PROJECT TEAM**

The firms should provide information on their proposed professional team members, i.e. applicable certifications/registrations and other pertinent information that demonstrates their qualifications to perform the contract. The professional team members responsible/assigned to assist County projects shall be identified in the organizational chart. Team members shall have experience in performing various types of contracts for counties, cities or other clients as stated in the Request for Qualifications (RFQ). Varied experience gained through other clients should be substantiated by reference. A list of, and scope of, the various projects, for comparative purposes, shall be included in an appendix. **Indicate the number of engineers on your staff.**

#### **2. EXPERIENCE OF PROJECT TEAM/ABILITY TO COMMIT RESOURCES**

The provider shall designate experienced independent testing laboratory staff to completely and efficiently perform the work. The designated individuals (Project Manager and Key Personnel) may not be replaced during the project unless approved by the County. The proposal shall identify the project team composition, project leadership and reporting responsibilities and address how sub providers, if any, will fit into the management structure. Resumes of the key technical staff members, limited to two (2) pages per person must be included in an appendix, as well as narrative descriptions of projects proposed as similar work experience. Also, in this selection, outline the firm's contingency plans for servicing the project in the event that one or more key personnel are not available for any reason during the period of performance.

#### **3. METHODOLOGY**

The RFQ should provide a description of the firm's approach to the methodology and management to the scope of services for the project.

- Knowledge, experience, and the equipment to provide the anticipated services
- Management Plan for the anticipated services that will be highly responsive to the needs and interests of the County.

#### **4. UNDERSTANDING OF PROJECT/SIMILAR PROJECTS**

The statement of qualifications shall include the following:

- demonstrate an understanding of the scope of services
- address appropriate Federal/State/Local regulations and policies
- identify information to be gathered or obtained
- Responsiveness to RFQ:
  - Response is Clear
  - Response is Well Organized
  - Easy to Evaluate
  - Appropriate to this RFQ.

#### Minimum Qualifications

The RFQ must address knowledge and experience of working with multiple entities, such as counties, cities, etc.

#### Preferred Qualifications

The RFQ must address the proposed approach to complete the scope and identify information to be gathered or obtained and how it will be used in addition to the minimum qualifications.

### **5. FAMILIARITY WITH APPLICABLE RULES AND REGULATIONS**

The RFQ should indicate through past experience of the proposed Team that they possess sufficient knowledge of governmental regulations, appropriate codes, guidelines, professional standards and policies (as required)

#### Minimum Qualifications

The RFQ must contain a narrative that outlines applicable regulations, guidelines, standards and policies.

#### Preferred Qualifications

Suitable examples of previous projects completed in the area by the Project Manager, in addition to the minimum qualifications.

### **STATEMENT OF QUALIFICATIONS GRADING AND RANKING PROTOCOL:**

Once a Project has been identified and it is determined that Construction Materials Testing Services are required, approval to seek engagement for professional services is sought from Hidalgo County Commissioners Court. The following protocol and procedures are utilized;

1. Hidalgo County Commissioners' Court , Elected Official and/or the User Department in need of Construction Materials Testing Services will nominate (at the minimum) three (3) firms from Hidalgo County's approved pool of firms, thereafter, will review, score, and evaluate the statement of qualifications received in response to this Hidalgo County Request for Qualifications.
2. A grid of the scores will be presented to Commissioners' Court for the purpose of **ranking and approval** for the Purchasing Department to enter into negotiations with the number one (1) ranked firm;

### **NEGOTIATION PROCESS:**

Negotiations will commence with Commissioners' Court approved number one ranked firm;

1. Firms will be asked to submit (as part of those negotiations) Attachment "A" including fees;
2. The negotiated contract including best and final offer with the successful firm will be presented to Commissioners' Court (including compliance with all requirements as well as insurances) for consideration and final approval.
3. If negotiations with the number one (1) ranked firm fail, the Purchasing Department will recommend to Commissioners' Court that negotiations cease with the number one (1) ranked firm and commence to negotiate with the next highest ranked firm;

# ATTACHMENT "A"

## Engineering Laboratories-Schedule of Services and Related Fees

RFQ NO: 2014-004-12-11-SMA

***\*\*This form is merely to be used as a guide for the used post ranking by commissioners' court only\*\****  
***Refer back to requirements page 8, negotiations process***

| NO.                                                   | DESCRIPTION                                                                                                 | UNIT COST |
|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-----------|
| <b>PERSONNEL RATES</b>                                |                                                                                                             |           |
| 01                                                    | Soils and Aggregate Technician                                                                              | \$ / Hour |
| 02                                                    | Surveying and Sampling Soils for Highways                                                                   | \$ / Hour |
| 03                                                    | Soils Technician- Density Testing, Radiation Safety Certified                                               | \$ /Hour  |
| 04                                                    | HMA Level 1-A Certified Technician                                                                          | \$ / Hour |
| 05                                                    | HMA Level 1-B Certified Technician                                                                          | \$ / Hour |
| 06                                                    | ACI Certified Field Grade I Technician<br>A. Includes necessary concrete slump cone, air meter, thermometer | \$ / Hour |
| 07                                                    | ACI Certified Field Grade II Technician                                                                     | / Hour    |
| 08                                                    | Geotechnical Engineer, P.E.                                                                                 | \$ / Hour |
| 09                                                    | Geotechnical Engineer, M.T.                                                                                 | \$ / Hour |
| 10                                                    | Secretarial, Report Preparation and Reporting                                                               | / Hour    |
| 11                                                    | Logger (In Conjunction with Engineer)                                                                       | / Hour    |
| <b>TRAVEL EXPENSE</b>                                 |                                                                                                             |           |
| 12                                                    | Vehicle Mileage (Applicable for all Trips)                                                                  | \$ / Mile |
| 13                                                    | Mobilization of Truck Mounted Rig, Full Crew & Support                                                      | \$ / Mile |
| 14                                                    | Mobilization non-stacked equipment (4x4 and Terrain R)                                                      | Cost + %  |
| 15                                                    | Large Mobilization and Rental                                                                               | Cost + %  |
| <b>GEOTECHNICAL DRILLING AND ENGINEERING SERVICES</b> |                                                                                                             |           |
| 16                                                    | Borings in Soil                                                                                             | \$ / Foot |
| 17                                                    | Borings in Soil/Rock                                                                                        | \$ / Foot |
| 18                                                    | Rock Coring                                                                                                 | \$ / Foot |
| 19                                                    | Standby Time (Drill Rig and Crew)                                                                           | \$ / Foot |
| 20                                                    | Grout/ Bentonite Backfill                                                                                   | \$ / Foot |
| 21                                                    | Tree/ Clearing Cost                                                                                         | Cost + %  |
| 22                                                    | Concrete/ Asphalt Patch                                                                                     | \$        |
| 23                                                    | Traffic Control Signs, Barricades, etc.                                                                     | Cost + %  |
| 24                                                    | All Other Outside Expenses                                                                                  | Cost + %  |
| NO.                                                   | DESCRIPTION                                                                                                 | UNIT COST |
| <b>EQUIPMENT EXPENSE</b>                              |                                                                                                             |           |
| 25                                                    | Laptop Computer Rental (w/ Printer)                                                                         | \$ /Day   |
| 26                                                    | Laptop Computer Rental (w/ Printer)                                                                         | \$ /Wk    |

## ATTACHMENT "A"

### Engineering Laboratories-Schedule of Services and Related Fees

RFQ NO: 2014-004-12-11-SMA

| 27                                | Laptop Computer Rental (w/ Printer)                                                                                | \$ /Mo.   |
|-----------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------|
| 28                                | Concrete Beam Breaker                                                                                              | \$ /Day   |
| 29                                | Concrete Beam Breaker                                                                                              | \$ /Wk    |
| 30                                | Concrete Beam Breaker                                                                                              | \$ /Mo.   |
| 31                                | Vacuum Extractor                                                                                                   | \$ /Mo.   |
| 32                                | Asphalt Thermometer (Provided w/ Technician)                                                                       | NC        |
| 33                                | Miscellaneous Expenses                                                                                             | Cost + %  |
| TEX METHOD                        | TEST DESCRIPTION                                                                                                   | UNIT COST |
| <b>SOILS SECTION</b>              |                                                                                                                    |           |
| Tex-100-E                         | Surveying and Sampling Soils for highways                                                                          | \$ Ea     |
| Tex-103-E                         | Determination of Moisture Content of Soil Material                                                                 | \$ Ea     |
| Tex-104-E                         | Determination of Liquid Limit of Soils                                                                             | \$ Ea     |
| Tex-105-E                         | Determination of Plastic Limit of Soils                                                                            | \$ Ea     |
| Tex-106-E                         | Methods of Calculating Plasticity Index of Soils w/ 104-E and 105-E                                                | \$ Ea     |
| Tex-107-E                         | Determination of Bar Linear Shrinkage of Soil                                                                      | \$ Ea     |
| Tex-108-E                         | Determination of Specific Gravity of Soils                                                                         | \$ Ea     |
| Tex-110-E                         | Part I Sieves No. 40                                                                                               | \$ Ea     |
|                                   | Part II Sieves No. 200                                                                                             | \$ Ea     |
|                                   | Additional Sieves                                                                                                  | \$ Ea     |
| Tex-111-E                         | Minus 200 Sieve Analysis                                                                                           | \$ Ea     |
| Tex-113-E                         | Laboratory Compaction Characteristics and Moisture Density Relationship of Base Materials and Unconsolidated Soils | \$ Ea     |
| Tex-116-E                         | Ball Mill Method for Determination of Disintegration of Flexible Base Material                                     | \$ Ea     |
| <b>AXIAL COMPRESSION TEST FOR</b> |                                                                                                                    |           |
| Tex-117-E                         | Disturbed Soils and Base Materials (Part I Standard Method)                                                        | \$ Ea     |
|                                   | Disturbed Soils and Base Materials (Part II)                                                                       | \$ Ea     |
| Tex-118-E                         | Triaxial Compression Test for Undisturbed Samples                                                                  | \$ Ea     |
| Tex-128-E                         | Determination of Soil pH                                                                                           | \$ Ea     |
| Tex-129-E                         | Method of Test for the Resistivity of Soils Material                                                               | \$ Ea     |
| <b>HOT MIX SECTION</b>            |                                                                                                                    |           |
| Tex-200-F                         | Sieve Analysis of Fine and Coarse Aggregates (Dry)                                                                 | \$ Ea     |
|                                   | Sieve Analysis of Fine and Coarse Aggregates (Wet)                                                                 | \$ Ea     |
| Tex-201-F                         | Bulk Specific Gravity and Water Absorption of Aggregate                                                            | \$ Ea     |
| Tex-202-F                         | Apparent Specific Gravity of material Finer than 180m (No. 80) Sieve                                               | \$ Ea     |
| Tex-203-F                         | Sand Equivalent Test                                                                                               | \$ Ea     |

# ATTACHMENT "A"

## Engineering Laboratories-Schedule of Services and Related Fees

**RFQ NO: 2014-004-12-11-SMA**

| Tex-205-F        | Laboratory Method of Mixing Bituminous Mixtures                                                                          | \$ Ea     |
|------------------|--------------------------------------------------------------------------------------------------------------------------|-----------|
| TEX METHOD       | TEST DESCRIPTION                                                                                                         | UNIT COST |
| Tex-206-F        | Method of Compacting Test Specimens of Bituminous Mixtures                                                               | \$ Set    |
| Tex-207-F        | Determination of Density of Compacted Bituminous Mixtures                                                                | \$ Ea     |
| Tex-208-F        | Test for Stabilometer Value of Bituminous Mixtures                                                                       | \$ Set    |
| Tex-210-F        | Determination of Asphalt Content of Bituminous Mixtures by Extraction                                                    | \$ Ea     |
| Tex-212-F        | Determination of Moisture Content of Bituminous Mixtures Part II                                                         | \$ Ea     |
| Tex-217-F        | Determination of Deleterious Material and Degradation                                                                    | \$ Ea     |
|                  | Test for Coarse Aggregate                                                                                                | \$ Ea     |
| Tex-224-F        | Determination of Fines in Bituminous Mixtures                                                                            | \$ Ea     |
| Tex-227-F        | Theoretical Maximum Specific Gravity of Bituminous Mixtures                                                              | \$ Ea     |
| CONCRETE SECTION |                                                                                                                          |           |
| Tex-401-A        | Sieve Analysis of Fine and Coarse Aggregate (Dry)                                                                        | \$ Ea     |
|                  | Sieve Analysis of Fine and Coarse Aggregate (Wet)                                                                        | \$ Ea     |
| Tex-402-A        | Fineness Modulus of Fine Aggregate (in Conjunction with 401-A)                                                           | \$ Ea     |
| Tex-403-A        | Saturated Surface Dry Specific Gravity and Absorption of Aggregates                                                      | \$ Ea     |
| Tex-404-A        | Determination of Unit Mass/Weight of Aggregates                                                                          | \$ Ea     |
| Tex-405-A        | Determination of Percent Solids and Solids in Concrete Aggregate                                                         | \$ Ea     |
| Tex-406-A        | Material Retention on 75um (No. 200) Sieve in Mineral Aggregates (Retention Test for Concrete Aggregates)                | \$ Ea     |
| Tex-407-A        | Method for Sampling Freshly Mixed Concrete (included in hourly technician rate)                                          | \$ Ea     |
| Tex-408-A        | Organic Impurities in Fine Aggregate for Concrete                                                                        | \$ Ea     |
| Tex-409-A        | Free Moisture and Water Absorption in Aggregate for Concrete                                                             | \$ Ea     |
| Tex-410-A        | Determination of Deleterious Materials in Mineral Aggregate                                                              | \$ Ea     |
| Tex-415-A        | Slump of Portland Cement Concrete (Included in hourly technician rate)                                                   | N/C       |
| Tex-416-A        | Air Content of Freshly Mixed Concrete by the Pressure Method (Included in hourly technician rate)                        | N/C       |
| Tex-420-A        | Flexural Strength of Concrete (Using Simple Beam Center Point Loading)                                                   | \$ Ea     |
| Tex-447-A        | Making and Curing Concrete Test Specimens<br>(Technician fee to make cylinders will be charged at approved hourly rates) | \$ Ea     |
| Tex-448-A        | Flexural Strength of Concrete (Using Sample Beam Third Point Loading)                                                    | \$ Ea     |

## ATTACHMENT "A"

### Engineering Laboratories-Schedule of Services and Related Fees

RFQ NO: 2014-004-12-11-SMA

|                       |                                                                                             |                  |    |
|-----------------------|---------------------------------------------------------------------------------------------|------------------|----|
| Tex-460-A             | Determination of Crushed Face Particle Count                                                | \$               | Ea |
| <b>TEX<br/>METHOD</b> | <b>TEST DESCRIPTION</b>                                                                     | <b>UNIT COST</b> |    |
| ASPHALT SECTION       |                                                                                             |                  |    |
| Tex-530-C             | Effect of Water on Bituminous Paving Mixtures                                               | \$               | Ea |
| Tex-531-C             | Prediction of Moisture Induced Damage to Bituminous Paving Materials Using Molded Specimens | \$               | Ea |
| other section         | Insert any other services provided and unit price category (e.g. Each, Set, Hour, Etc.)     |                  |    |

# **EXHIBIT "B"**

Evaluation Criteria and Form

Hidalgo County

(Including all funding sources, programs, and entities)

***"Professional Engineering Services- Construction Materials Geo Technical Testing Pool"***

**RFQ NO: 2014-004-12-11-SMA**

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The respondent's RFQ will be evaluated based on the criteria presented below. These criteria will be scored on the scales shown on the enclosed "RFQ Evaluation Form."

## **1. STAFFING OF PROJECT TEAM-- (25) points**

The firms should provide information on their proposed professional team members, i.e. applicable certifications/registrations and other pertinent information that demonstrates their qualifications to perform the contract. The professional team members responsible/assigned to assist County projects shall be identified in the organizational chart. Team members shall have experience in performing various types of contracts for counties, cities or other clients as stated in the Request for Qualifications (RFQ). Varied experience gained through other clients should be substantiated by reference. A list of, and scope of, the various projects, for comparative purposes, shall be included in an appendix. **Indicate the number of engineers on your staff.**

## **2. EXPERIENCE OF PROJECT TEAM/ABILITY TO COMMIT RESOURCES (20 points)**

The provider shall designate experienced independent testing laboratory staff to completely and efficiently perform the work. The designated individuals (Project Manager and Key Personnel) may not be replaced during the project unless approved by the County. The proposal shall identify the project team composition, project leadership and reporting responsibilities and address how sub providers, if any, will fit into the management structure. Resumes of the key technical staff members, limited to two (2) pages per person must be included in an appendix, as well as narrative descriptions of projects proposed as similar work experience. Also, in this selection, outline the firm's contingency plans for servicing the project in the event that one or more key personnel are not available for any reason during the period of performance.

## **3. METHODOLOGY (20 points)**

The RFQ should provide a description of the firm's approach to the methodology and management to the scope of services for the project.

- Knowledge, experience, and the equipment to provide the anticipated services
- Management Plan for the anticipated services that will be highly responsive to the needs and interests of the County.

## **4. UNDERSTANDING OF PROJECT/SIMILAR PROJECTS (25 points)**

The statement of qualifications shall include the following:

- demonstrate an understanding of the scope of services
- address appropriate Federal/State/Local regulations and policies
- identify information to be gathered or obtained

### **➤ Responsiveness to RFQ:**

- Response is Clear
- Response is Well Organized
- Easy to Evaluate
- Appropriate to this RFQ

Minimum Qualifications - The RFQ must address knowledge and experience of working with multiple entities, such as counties, cities, etc..

Preferred Qualifications - The RFQ must address the proposed approach to complete the scope and identify information to be gathered or obtained and how it will be used in addition to the minimum qualifications.

## **5. FAMILIARITY WITH APPLICABLE RULES AND REGULATIONS (10 points)**

The RFQ should indicate through past experience of the proposed Team that they possess sufficient knowledge of governmental regulations, appropriate codes, guidelines, professional standards and policies (as required)

Minimum Qualifications - The RFQ must contain a narrative that outlines applicable regulations, guidelines, standards and policies.

Preferred Qualifications - Suitable examples of previous projects completed in the area by the Project Manager, in addition to the minimum qualifications.

# EXHIBIT "B"

Evaluation Criteria and Form

Hidalgo County

(Including all funding sources, programs, and entities)

**"Professional Engineering Services- Construction Materials Geo Technical Testing Pool"**

RFQ NO: 2014-004-12-11-SMA

| SELECTION CRITERIA                                                                                                                                          | POINTS       | SCORE |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------|
| <b>1) STAFFING OF PROJECT TEAM -- (25 points maximum)</b>                                                                                                   |              |       |
| ➤ Provide information on their proposed professional team members                                                                                           | 10           |       |
| ➤ Experience in performing various types of contracts for counties, cities or other clients as stated                                                       | 10           |       |
| ➤ A list of various projects for comparative purposes                                                                                                       | 5            |       |
| Comments/Rationale for points:                                                                                                                              | <b>TOTAL</b> |       |
| <b>2) EXPERIENCE OF PROJECT TEAM/ABILITY TO COMMIT RESOURCES (20 points maximum)</b>                                                                        |              |       |
| ➤ Designate experienced engineering staff to efficiently perform the work.                                                                                  | 10           |       |
| ➤ Identify the project team composition, project leadership, reporting responsibilities etc.                                                                | 10           |       |
| Comments/Rationale for points:                                                                                                                              | <b>TOTAL</b> |       |
| <b>3) METHODOLOGY (20 points maximum)</b>                                                                                                                   |              |       |
| ➤ Knowledge, experience, and the equipment to provide the anticipated services                                                                              | 10           |       |
| ➤ Management Plan for the anticipated services that will be highly responsive to the needs and interests of the County                                      | 10           |       |
| Comments/Rationale for points:                                                                                                                              | <b>TOTAL</b> |       |
| <b>4) UNDERSTANDING OF PROJECT/SIMILAR PROJECTS (25) points maximum)</b>                                                                                    |              |       |
| ➤ Demonstrate an understanding of the scope of services                                                                                                     | 10           |       |
| ➤ Address appropriate Federal/State/Local regulations and policies. Knowledge and experience of working with multiple entities, counties, cities, etc.      | 5            |       |
| ➤ Identify information to be gathered or obtained/proposed approach to complete the scope                                                                   | 5            |       |
| ➤ RFQ responsiveness. Response is clear, well organized, easy to evaluate and appropriate to this RFQ                                                       | 5            |       |
| Comments/Rationale for points:                                                                                                                              | <b>TOTAL</b> |       |
| <b>5) FAMILIARITY WITH APPLICABLE RULES and REGULATIONS (10 points maximum))</b>                                                                            |              |       |
| ➤ Indicate passed experience of the proposed Firm knowledge of governmental regulations, appropriate codes, guidelines, professional standards and policies | 5            |       |
| ➤ Must contain a narrative that outlines applicable regulations, guidelines, standard and polices                                                           | 5            |       |
| Comments/Rationale for points:                                                                                                                              | <b>TOTAL</b> |       |

**TOTAL  
SCORE:**

# EXHIBIT C

## **Insurance Requirements Professional Services (i.e...Engineers, Architects, Appraisers, Surveyors & Other Professional Services)**

The proposer awarded the contract shall furnish proof of insurance, which will also include any subcontractor that is subcontracted by the proposer in at least the following limits, to be in place prior to providing any services under this Contract and to continue at all times in force in effect during the term of this Contract:

1. Professional liability insurance policy with limits of at least One Million Dollars (\$1,000,000) per occurrence, or limited to claims made, include at least a five (5) year extended reporting period.
2. A Five Hundred Thousand Dollars (\$500,000.00) Comprehensive General Liability insurance policy providing additional coverage to all underlying liabilities of County.
3. Automobile liability insurance policy with limits of at least Three Hundred Thousand Dollars (\$300,000.00) per person and Five Hundred Thousand Dollars (\$500,000.00) per occurrence. Coverage should include injury to or death of persons and property damage claims with limits up to Five Hundred Thousand Dollars (\$500,000.00) arising out of the services provided to County hereunder.
4. Uninsured/Underinsured motorist coverage in an amount equal to the bodily injury limits set forth immediately above;
5. Workers compensation insurance in amounts established by Texas law, unless the Bidder is specifically exempted from the Texas Workers Compensation Act, Texas Labor Code Chapter 401, et. seq.

### **Hidalgo County will only accept certificates of insurance on an Acord form (as attached hereto).**

Certificates of insurance naming County as an additional insured shall be submitted to County for approval prior to any services being performed by Contractor. Each policy of insurance required hereunder shall extend for a period equivalent to, or longer than the term of the Contract, and any insurer hereunder shall be required to give at least thirty (30) days written notice to the County prior to the cancellation of any such coverage on the termination date, or otherwise. This Contract shall be automatically suspended upon the cancellation, or other termination, of any required policy of insurance hereunder, and such suspension shall continue until evidence adequate replacement coverage is provided to County. If replacement coverage is not provided within thirty (30) days following suspension of the Contract, this Contract shall automatically terminate.

|              |  |                                                                                                                                                                                                             |  |                 |
|--------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------|
| <b>ACORD</b> |  | <b>CERTIFICATE OF INSURANCE</b>                                                                                                                                                                             |  | DATE (MM/DD/YY) |
| PRODUCER     |  | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. |  |                 |
| INSURED      |  | <b>INSURERS AFFORDING COVERAGE</b><br>INSURER A:<br>INSURER B:<br>INSURER C:<br>INSURER D:<br>INSURER E:                                                                                                    |  |                 |

| COVERAGES                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                        |                                     |                                  |                                                                                                                                                                                                                                                                                                                                                                        |                                           |    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|----|
| 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 THEIR TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS |                                                                                                        |                                     |                                  |                                                                                                                                                                                                                                                                                                                                                                        |                                           |    |
| INSR LTR                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | TYPE OF INSURANCE                                                                                      | POLICY NUMBER                       | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY)                                                                                                                                                                                                                                                                                                                                      | LIMITS                                    |    |
| A                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>GENERAL LIABILITY</b>                                                                               |                                     |                                  |                                                                                                                                                                                                                                                                                                                                                                        | EACH OCCURRENCE                           | \$ |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY                                                  |                                     |                                  |                                                                                                                                                                                                                                                                                                                                                                        | FIRE DAMAGE (Any one fire)                | \$ |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> CLAIMS MADE OCCUR                                                             |                                     |                                  |                                                                                                                                                                                                                                                                                                                                                                        | MEDICAL (Any one person)                  | \$ |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> OWNER'S & CONT. PROT.                                                         |                                     |                                  |                                                                                                                                                                                                                                                                                                                                                                        | PERSONAL AND ADV. INJURY                  | \$ |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> OWNER'S PROTECTIVE LIABILITY                                                  |                                     |                                  |                                                                                                                                                                                                                                                                                                                                                                        | ANNUAL AGGREGATE                          | \$ |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER POLICY PROJECT <input type="checkbox"/> LOC |                                     |                                  |                                                                                                                                                                                                                                                                                                                                                                        | PRODUCTS - COMP/OP                        | \$ |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                        |                                     |                                  |                                                                                                                                                                                                                                                                                                                                                                        | AGG                                       | \$ |
| B                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>AUTOMOBILE LIABILITY</b>                                                                            |                                     |                                  |                                                                                                                                                                                                                                                                                                                                                                        | COMBINED SINGLE LIMIT (Ea accident)       | \$ |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> ANY AUTO                                                                      |                                     |                                  |                                                                                                                                                                                                                                                                                                                                                                        | BODILY INJURY (Per person)                | \$ |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> ALL OWNED AUTOS                                                               |                                     |                                  |                                                                                                                                                                                                                                                                                                                                                                        | BODILY INJURY (Per accident)              | \$ |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> SCHEDULED AUTOS                                                               |                                     |                                  |                                                                                                                                                                                                                                                                                                                                                                        | PROPERTY DAMAGE (Per accident)            | \$ |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> HIRED AUTOS                                                                   |                                     |                                  |                                                                                                                                                                                                                                                                                                                                                                        |                                           |    |
| <input type="checkbox"/> NON-OWNED AUTOS                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                        |                                     |                                  |                                                                                                                                                                                                                                                                                                                                                                        |                                           |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>GARAGE LIABILITY</b>                                                                                |                                     |                                  |                                                                                                                                                                                                                                                                                                                                                                        | AUTO ONLY-EA ACCIDENT                     | \$ |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> ANY AUTO                                                                      |                                     |                                  |                                                                                                                                                                                                                                                                                                                                                                        | OTHER THAN AUTO ONLY EA ACC AGG           | \$ |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                        |                                     |                                  |                                                                                                                                                                                                                                                                                                                                                                        |                                           | \$ |
| C                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>EXCESS LIABILITY</b>                                                                                |                                     |                                  |                                                                                                                                                                                                                                                                                                                                                                        | EACH OCCURRENCE                           | \$ |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE                                    |                                     |                                  |                                                                                                                                                                                                                                                                                                                                                                        | AGGREGATE                                 | \$ |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> DEDUCTIBLE                                                                    |                                     |                                  |                                                                                                                                                                                                                                                                                                                                                                        |                                           | \$ |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> RETENTION \$                                                                  |                                     |                                  |                                                                                                                                                                                                                                                                                                                                                                        |                                           | \$ |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                        |                                     |                                  |                                                                                                                                                                                                                                                                                                                                                                        |                                           | \$ |
| D                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>WORKERS COMPENSATION AND EMPLOYER'S LIABILITY</b>                                                   |                                     |                                  |                                                                                                                                                                                                                                                                                                                                                                        | WC STATUS: <input type="checkbox"/> OTHER |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                        |                                     |                                  |                                                                                                                                                                                                                                                                                                                                                                        | TORY LIMITS                               |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                        |                                     |                                  |                                                                                                                                                                                                                                                                                                                                                                        | E L EACH ACCIDENT                         | \$ |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                        |                                     |                                  |                                                                                                                                                                                                                                                                                                                                                                        | E L DISEASE-EA EMPLOYEE                   | \$ |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>OTHER</b>                                                                                           |                                     |                                  |                                                                                                                                                                                                                                                                                                                                                                        | E L DISEASE-POLICY LIMIT                  | \$ |
| DESCRIPTION OF OPERATIONS / LOCATION / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                        |                                     |                                  |                                                                                                                                                                                                                                                                                                                                                                        |                                           |    |
| County of Hidalgo shall be named as additional insured on all Commercial General Liability policies.                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                        |                                     |                                  |                                                                                                                                                                                                                                                                                                                                                                        |                                           |    |
| CERTIFICATE HOLDER                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                        | ADDITIONAL INSURED; INSURER LETTER: |                                  | CANCELLATION                                                                                                                                                                                                                                                                                                                                                           |                                           |    |
| Hidalgo County<br>Attn: Purchasing Department<br>2812 S Highway Bus. 281<br>Edinburg, Texas 78539                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                        |                                     |                                  | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BY CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <b>30</b> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES<br>AUTHORIZED REPRESENTATIVE |                                           |    |

## Insurance Requirement Acknowledgment

I, \_\_\_\_\_, authorized representative for \_\_\_\_\_,  
Company/Vendor

hereby acknowledge receipt of the County's required insurance limits. Said requirements:

- ☐ will be acquired within 10 working days after notification from Purchasing Department of award of project by the Hidalgo County Commissioners' Court;
- ☐ will acquire additional amounts required to meet the County's requirements within 10 working days after notification from Purchasing Department of award of project by the Hidalgo County Commissioners' Court; currently carry the following

Professional Liability (Errors & Omissions): \$\_\_\_\_\_

Automobile Liability: \$\_\_\_\_\_ General Liability: \$\_\_\_\_\_

- ☐ have already been met, see attached copy of insurance certificate.

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Date

### **Notice to Proposer:**

A certificate of insurance for the required insurance limits shall be provided to the Purchasing Department's Contract Managers in order to qualify for award and to execute a contract between your Company and the County.

Failure to provide Certificates of Insurance to the Purchasing Department's Contract Managers will cause the award to be rescinded and re-awarded to next qualified vendor. Certificates of Insurance will be monitored and verified on a **quarterly basis** to ensure coverage policy is in place. It is the Company's obligation to maintain the appropriate insurance coverage throughout the term of the contract.

**THIS FORM MUST ACCOMPANY YOUR PACKET**

# PROJECT REQUIREMENTS ACKNOWLEDGMENT

This is to certify that I, \_\_\_\_\_, possess all of the **APPLICABLE:**

1. Licenses: \_\_\_\_\_

2. Bonds: \_\_\_\_\_

3. Certificates: \_\_\_\_\_

4. Permits: \_\_\_\_\_

5. Other: \_\_\_\_\_

necessary to carry out the required project. Furthermore, I am providing copies of the required documentation so that, if my company is awarded this project, I may be eligible to enter into a contract with Hidalgo County and proceed to complete the project in a timely manner.

**\* Any licenses, bonds, certificates, permits, etc. which are required must be presented as part of the packet in order to expedite the evaluation process. Failure to provide said documentation will result in the disqualification of your proposal/qualification.**

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

# CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor or other person doing business with local governmental entity

This questionnaire reflects changes made to the law by H.B. 1491, 80th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code by a person who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the person meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the person becomes aware of facts that require the statement to be filed. See Section 176.006, Local Government Code.

A person commits an offense if the person knowingly violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor.

## OFFICE USE ONLY

Date Received

1 Name of person who has a business relationship with local governmental entity.

2 ☐ Check this box if you are filing an update to a previously filed questionnaire.

(The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)

3 Name of local government officer with whom filer has employment or business relationship.

\_\_\_\_\_  
Name of Officer

This section (item 3 including subparts A, B, C & D) must be completed for each officer with whom the filer has an employment or other business relationship as defined by Section 176.001(1-a), Local Government Code. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer named in this section receiving or likely to receive taxable income, other than investment income, from the filer of the questionnaire?

☐ Yes ☐ No

B. Is the filer of the questionnaire receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer named in this section AND the taxable income is not received from the local governmental entity?

☐ Yes ☐ No

C. Is the filer of this questionnaire employed by a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?

☐ Yes ☐ No

D. Describe each employment or business relationship with the local government officer named in this section.

4

\_\_\_\_\_  
Signature of person doing business with the governmental entity

\_\_\_\_\_  
Date

**EXHIBIT "E"**  
**PROPOSER'S AFFIDAVIT**

|                                                                                              |
|----------------------------------------------------------------------------------------------|
| <b>PROPOSER'S AFFIDAVIT OF NON-COLLUSION<br/>NON-CONFLICT OF INTEREST, AND ANTI-LOBBYING</b> |
|----------------------------------------------------------------------------------------------|

STATE OF TEXAS  
COUNTY OF HIDALGO

Affiant, \_\_\_\_\_, being first duly sworn, deposes that:

(1) Affiant does hereby state neither the Proposer nor any of the Proposer's officers, partners, owners, agents, representatives, employees, or parties in interest, has in any way colluded, conspired, agreed, directly or indirectly with any person, firm, corporation, or other proposer, or potential proposer, to provide any money or other valuable consideration for assistance in procuring or attempting to procure a contract or fix the prices in the attached proposed or the proposal of any other proposer, and further states that no such money or other reward will be hereinafter paid.

(2) Affiant further states they have neither recommended or suggested to Hidalgo County or any of its officials or employees, any of the terms or provisions set forth in their Request for Proposal and subsequent agreement, except at a meeting open to all interested proposers, of which proper notice was given.

(3) Affiant, further states their officers, employees, or agents have not, and will not attempt to lobby, directly or indirectly, the Hidalgo County Commissioner's Court between proposal submission date and award by the Hidalgo County Commissioner's Court.

(4) Affiant further states no officer, or stockholder of the Proposer is a member of the staff, or related to any employee of the Hidalgo County except as noted herein below:

\_\_\_\_\_  
Signature/Title: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary Public \_\_\_\_\_

My commission expires: \_\_\_\_\_, 20\_\_\_\_\_.

**HIDALGO COUNTY  
PURCHASING DEPARTMENT  
Bidder/Vendor Application**

## **HISTORICALLY UNDERUTILIZED BUSINESS (HUB) DECLARATION**

The primary objective of the Hidalgo County HUB Program is to ensure Historically Underutilized Businesses receive a fair and equal opportunity for participation in the County's procurement process. This fact holds true for Services (Professional & Non-Professional), Commodities, and Construction contracts and any subcontracts thereto. The program strongly encourages Prime Contractors to provide subcontracting opportunities to Certified Hub Contractors/Vendors. Our goal for HUB contractor/vendor participation, as well as HUB subcontractor participation is 30%. To be considered as a "Certified HUB Contractor/Vendor" the contractor/vendor must have been certified by, and hold a current and valid certification with any of the three agencies listed below.

Have you been Certified as a HUB or an MBE/WBE source?: ☐ Yes ☐ No

If yes, by whom?: ☐ Texas Building & Procurement Commission ☐ Other \_\_\_\_\_

Indicate Certification No(s): \_\_\_\_\_ or Are Certificate(s) Attached?: ☐ Yes ☐ No

---

### **LIST OF CERTIFIED HUB SUBCONTRACTORS**

(Attach additional pages if necessary)

What percentage of the Bid, RFP, or RFQ is to be subcontracted with Certified HUB sources?: \_\_\_\_\_ %  
(List HUB Subcontractor information below).

HUB Subcontractor Name: \_\_\_\_\_ HUB Status: \_\_\_\_\_

Certifying Agency (Check all applicable): ☐ Texas Building & Procurement Commission ☐ Other \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Phone No.: (    ) \_\_\_\_\_

Subcontract Amount: \$ \_\_\_\_\_ Description of Work to be Performed: \_\_\_\_\_

---

HUB Subcontractor Name: \_\_\_\_\_ HUB Status: \_\_\_\_\_

Certifying Agency (Check all applicable): ☐ Texas Building & Procurement Commission ☐ Other \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Phone No.: (    ) \_\_\_\_\_

Subcontract Amount: \$ \_\_\_\_\_ Description of Work to be Performed: \_\_\_\_\_

---

HUB Subcontractor Name: \_\_\_\_\_ HUB Status: \_\_\_\_\_

Certifying Agency (Check all applicable): ☐ Texas Building & Procurement Commission ☐ Other \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Phone No.: (    ) \_\_\_\_\_

Subcontract Amount: \$ \_\_\_\_\_ Description of Work to be Performed: \_\_\_\_\_

## Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

|                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                         |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| Print or type<br>See Specific Instructions on page 2. | Name (as shown on your income tax return)                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                         |
|                                                       | Business name/disregarded entity name, if different from above                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |
|                                                       | Check appropriate box for federal tax classification (required):<br><input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate<br><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____<br><input type="checkbox"/> Other (see instructions) ▶ _____ |                                         |
|                                                       | <input type="checkbox"/> Exempt payee                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                         |
|                                                       | Address (number, street, and apt. or suite no.)                                                                                                                                                                                                                                                                                                                                                                                                                                             | Requester's name and address (optional) |
| City, state, and ZIP code                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                         |
| List account number(s) here (optional)                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                         |

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

|                        |  |  |  |   |  |  |  |   |  |  |
|------------------------|--|--|--|---|--|--|--|---|--|--|
| Social security number |  |  |  |   |  |  |  |   |  |  |
|                        |  |  |  | - |  |  |  | - |  |  |

|                                |  |  |  |   |  |  |  |  |  |  |
|--------------------------------|--|--|--|---|--|--|--|--|--|--|
| Employer identification number |  |  |  |   |  |  |  |  |  |  |
|                                |  |  |  | - |  |  |  |  |  |  |

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

|                  |                            |        |
|------------------|----------------------------|--------|
| <b>Sign Here</b> | Signature of U.S. person ▶ | Date ▶ |
|------------------|----------------------------|--------|

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,
- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

### Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

**Sole proprietor.** Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

**Partnership, C Corporation, or S Corporation.** Enter the entity's name on the "Name" line and any business, trade, or "doing business as (DBA) name" on the "Business name/disregarded entity name" line.

**Disregarded entity.** Enter the owner's name on the "Name" line. The name of the entity entered on the "Name" line should never be a disregarded entity. The name on the "Name" line must be the name shown on the income tax return on which the income will be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a domestic owner, the domestic owner's name is required to be provided on the "Name" line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the "Business name/disregarded entity name" line. If the owner of the disregarded entity is a foreign person, you must complete an appropriate Form W-8.

**Note.** Check the appropriate box for the federal tax classification of the person whose name is entered on the "Name" line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

**Limited Liability Company (LLC).** If the person identified on the "Name" line is an LLC, check the "Limited liability company" box only and enter the appropriate code for the tax classification in the space provided. If you are an LLC that is treated as a partnership for federal tax purposes, enter "P" for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter "C" for C corporation or "S" for S corporation. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the "Name" line) is another LLC that is not disregarded for federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the "Name" line.

**Other entities.** Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name/disregarded entity name" line.

## Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the "Business name/disregarded entity name," sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

**Note.** If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
  2. The United States or any of its agencies or instrumentalities,
  3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
  4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
  5. An international organization or any of its agencies or instrumentalities.
- Other payees that may be exempt from backup withholding include:
6. A corporation,
  7. A foreign central bank of issue,
  8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
  9. A futures commission merchant registered with the Commodity Futures Trading Commission,
  10. A real estate investment trust,
  11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
  12. A common trust fund operated by a bank under section 584(a),
  13. A financial institution,
  14. A middleman known in the investment community as a nominee or custodian, or
  15. A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

| IF the payment is for . . .                                                            | THEN the payment is exempt for . . .                              |
|----------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| Interest and dividend payments                                                         | All exempt payees except for 9                                    |
| Broker transactions                                                                    | Exempt payees 1 through 5 and 7 through 13. Also, C corporations. |
| Barter exchange transactions and patronage dividends                                   | Exempt payees 1 through 5                                         |
| Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup> | Generally, exempt payees 1 through 7 <sup>2</sup>                 |

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

## Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note.** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at [www.ssa.gov](http://www.ssa.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/businesses](http://www.irs.gov/businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting [IRS.gov](http://IRS.gov) or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note.** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, below, and items 4 and 5 on page 4 indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see *Exempt Payee* on page 3.

**Signature requirements.** Complete the certification as indicated in items 1 through 3, below, and items 4 and 5 on page 4.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

### What Name and Number To Give the Requester

| For this type of account:                                                                                                                                                                   | Give name and SSN of:                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| 1. Individual                                                                                                                                                                               | The individual                                                                                          |
| 2. Two or more individuals (joint account)                                                                                                                                                  | The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup> |
| 3. Custodian account of a minor (Uniform Gift to Minors Act)                                                                                                                                | The minor <sup>2</sup>                                                                                  |
| 4. a. The usual revocable savings trust (grantor is also trustee)                                                                                                                           | The grantor-trustee <sup>1</sup>                                                                        |
| b. So-called trust account that is not a legal or valid trust under state law                                                                                                               | The actual owner <sup>1</sup>                                                                           |
| 5. Sole proprietorship or disregarded entity owned by an individual                                                                                                                         | The owner <sup>3</sup>                                                                                  |
| 6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))                                                                               | The grantor*                                                                                            |
| For this type of account:                                                                                                                                                                   | Give name and EIN of:                                                                                   |
| 7. Disregarded entity not owned by an individual                                                                                                                                            | The owner                                                                                               |
| 8. A valid trust, estate, or pension trust                                                                                                                                                  | Legal entity <sup>4</sup>                                                                               |
| 9. Corporation or LLC electing corporate status on Form 8832 or Form 2553                                                                                                                   | The corporation                                                                                         |
| 10. Association, club, religious, charitable, educational, or other tax-exempt organization                                                                                                 | The organization                                                                                        |
| 11. Partnership or multi-member LLC                                                                                                                                                         | The partnership                                                                                         |
| 12. A broker or registered nominee                                                                                                                                                          | The broker or nominee                                                                                   |
| 13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments | The public entity                                                                                       |
| 14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation section 1.671-4(b)(2)(i)(B))                                           | The trust                                                                                               |

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

\*Note. Grantor also must provide a Form W-9 to trustee of trust.

**Note.** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

### Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

### Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: [spam@uce.gov](mailto:spam@uce.gov) or contact them at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 1-877-IDTHEFT (1-877-438-4338).

Visit [IRS.gov](http://IRS.gov) to learn more about identity theft and how to reduce your risk.

### Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

**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.

Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Date: \_\_\_\_\_

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

## HIDALGO COUNTY

(Including all funding sources, programs, and entities)

***“Professional Engineering Services-Construction Materials & Geo Technical Testing Pool”***

**RFQ NO: 2014-004-12-11-SMA**

### **RFQ SUBMITTAL CHECK LIST**

All forms listed below must be included in the RFQ response. .

**Indicate with a check mark (✓) the Forms completed and included in this response:**

- \_\_\_\_\_ Page 9 of Legal Notice
- \_\_\_\_\_ Attachment “A” –Procurement Form –Areas of Specialization
- \_\_\_\_\_ Exhibit “C” -Acknowledgement forms (pages 3 and 4)
- \_\_\_\_\_ Exhibit “D” -CIQ Form -Copy of County Clerk File Recording fee receipt.
- \_\_\_\_\_ Exhibit “E” –Proposers Affidavit
- \_\_\_\_\_ Vendor Bidder Application and IRS form W-9
- \_\_\_\_\_ Certification Regarding Debarment
- \_\_\_\_\_ One (1) original, seven (7) copies and two (2) CD’s in PDF format containing a complete copy of Response.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date