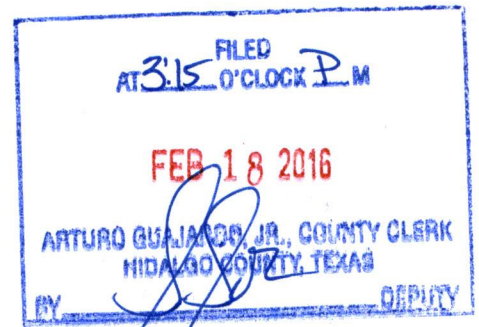


STATE OF TEXAS §
COUNTY OF HIDALGO §



**AMENDMENT#1
TO CONSTRUCTION CONTRACT
BETWEEN OWNER AND CONTRACTOR,
C-14-047-01-20**

This AMENDMENT to the Construction Contract, between Central Air and Heating Services, Inc. ("the Contractor") and **HIDALGO COUNTY, TEXAS** ("Owner"), effective 19th day of January, 2016, is made between the Contractor and the Owner, (the "Amendment"), as follows:

WHEREAS, Contractor and Owner executed that certain Construction Contract between Contractor and the Owner dated January 20, 2015 (the "Contract"), in which the Contractor agreed to provide construction services for the Adult Detention Center and Law Enforcement Facility Repairs and/or Replacement (the "Project");

WHEREAS, due to unforeseen circumstances the allowances included in the Contract require adjustment; and

WHEREAS, the parties desire to amend the Agreement as hereinafter provided.

NOW THEREFORE, for and in consideration of the terms and provisions set forth herein and, for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, Owner and Contractor hereby agree to the following amendment to the Contract.

1. Section 012000 Part 1- General- 1.2 Allowances of the Agreement is amended as follows:

The balance in F.1-Allowance Schedule-Steel Support Column shall be reduced to \$0.00 and the remaining balance prior to reduction of \$25,000.00 shall be transferred to the Contingency Allowance.

2. Section 012000 Part 1-General-1.4 Testing and Inspection Allowances is amended as follows:

D.1- Testing and Inspection Allowance Schedules shall be reduced to \$0.00 and the remaining balance prior to reduction of \$10,000.00 shall be transferred to the Contingency Allowance.

3. Section 012000 Part 1-General-1.3.A. Contingency Allowances shall be increased by the transfer of the \$25,000.00 from F.1-Allowance Schedule-Steel Support Column and by the \$10,000.00 transferred from D.1-Testing and Inspection Allowance Schedule
4. Except as modified herein, all terms and conditions of the Contract, as amended by this Amendment, remain in full force and effect and Contractor and Owner ratify and confirm the terms and provisions of the Contract, as amended by this Amendment.

EXECUTED IN DUPLICATE ORIGINALS and effective as of the day and year first written above.

CENTRAL AIR AND HEATING SERVICE, INC.



Frank E. Matz, III, President

HIDALGO COUNTY, OWNER



Ramon Garcia, County Judge

ATTEST:



Arturo Guajardo Jr., County Clerk



APPROVED BY
COMMISSIONERS' COURT
ON: 1/19/16

APPROVED AS TO FORM:

ATLAS, HALL & RODRIGUEZ



By: Steve L. Crain

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
 Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY CERTIFICATION OF FILING

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

Central Air and Heating Service, Inc.
 Harlingen, TX United States

Certificate Number:
 2016-10031

Date Filed:
 02/08/2016

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

Hidalgo County

Date Acknowledged:
 02/08/2016

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the goods or services to be provided under the contract.

C-14-047-01-20
 Hidalgo County Detention Center facility repairs and HVAC

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.

6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

 Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY CERTIFICATION OF FILING

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

Central Air and Heating Service, Inc.
Harlingen, TX United States

Certificate Number:
2016-10031

Date Filed:
02/08/2016

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

Hidalgo County

Date Acknowledged:

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the goods or services to be provided under the contract.

C-14-047-01-20
Hidalgo County Detention Center facility repairs and HVAC

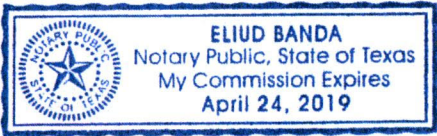
4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.



6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.



[Handwritten Signature]

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Frank Matz, this the 8th day of February, 2016, to certify which, witness my hand and seal of office.

[Handwritten Signature]

Signature of officer administering oath

Eliud Banda

Printed name of officer administering oath

Notary Public

Title of officer administering oath



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/13/2015

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).

PRODUCER SUNBELT INSURANCE PARTNERS, INC. 2150 Justin Rd. Suite 500 Highland Village TX 75077	CONTACT NAME: Rhonda Lawson PHONE (A/C, No, Ext): (972) 764-6500 E-MAIL ADDRESS: rhonda@springerins.com	FAX (A/C, No): (972) 764-6510													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: American Fire & Casualty Company</td> <td>24066</td> </tr> <tr> <td>INSURER B: Ohio Casualty Insurance Company</td> <td>24074</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: American Fire & Casualty Company	24066	INSURER B: Ohio Casualty Insurance Company	24074	INSURER C:		INSURER D:		INSURER E:		INSURER F:
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: American Fire & Casualty Company	24066														
INSURER B: Ohio Casualty Insurance Company	24074														
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															
INSURED Central Air and Heating Service, Inc. 3008 Spur 54 Harlingen TX 78552															

COVERAGES CERTIFICATE NUMBER: 15-16 GL-Auto-UMB REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			BKO(16) 55338164	11/16/2015	11/16/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			BAA(16) 55338164	11/16/2015	11/16/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			USO(16) 55338164	11/16/2015	11/16/2016	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 RE: Hidalgo County Adult Dep. Center & Law Endorsement Facility - 2014-047-09-17-YSS
 The General Liability & Business Auto includes a blanket automatic Additional Insured and Waiver of Subrogation endorsement that provides Additional Insured and Waiver of Subrogation status to the certificate holder only where there is a written contract between the named insured and the certificate holder that requires such status. The General Liability Policy contains a special endorsement with "Primary & Noncontributory" wording. Umbrella is "Follow Form".

CERTIFICATE HOLDER Hidalgo County Purchasing Department 2812 S. Bus Hwy 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 Donna Stevens/RHONDA <i>Donna Stevens</i>
---	---



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/8/2016

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).

PRODUCER Insurance One Agency, L.C. 601 Embassy Oaks Suite 101 San Antonio TX 78216-2019	CONTACT NAME: Delia Willis PHONE (A/C, No. Ext): (210) 587-6632 E-MAIL ADDRESS: dwillis@insuranceoneagency.com	FAX (A/C, No): (210) 402-4032
	INSURER(S) AFFORDING COVERAGE	
INSURED Infinite Workforce Solutions, LLC DBA TX Works For Client: Central Air & Heating Service, Inc 3008 Spur 54 Harlingen TX 78552	INSURER A: Texas Mutual Insurance Company NAIC # 22945	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 15/16 Central Air **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
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
				TSP0001230308	10/31/2015	10/31/2016	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Project: Hidalgo County Detention Center Facility Repairs

Waiver of Subrogation applies as per attached endorsement.

CERTIFICATE HOLDER (956) 292-7612 Hidalgo County Purchasing Department 2812 S Business Hwy 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 T Ryan Hutchison/DFW1

TEXAS WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

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

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

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

The premium for this endorsement is shown in the Schedule.

Schedule

1. () Specific Waiver
Name of person or organization
- (X) Blanket Waiver
Any person or organization for whom the Named Insured has agreed by written contract to furnish this waiver.

2. Operations: ALL TEXAS OPERATIONS

3. Premium

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

4. Advance Premium INCLUDED, SEE INFORMATION PAGE.

This endorsement changes the policy to which it is attached effective on the inception date of the policy unless a different date is indicated below.

(The following "attaching clause" need be completed only when this endorsement is issued subsequent to preparation of the policy.)

This endorsement, effective on

at 12:01 A.M. standard time, forms a part of

Policy No. TSF-0001230308 2015 1031 of the Texas Mutual Insurance Company

Issued to INFINITE WORKFORCE SOLUTIONS LLC

DBA: TX WORKS

Premium \$

NCCI Carrier Code 29939

Endorsement No.



Authorized Representative

WC420304B (ED. 6-01-2014)

CC REG. AGENDA 01/19/16

Heidi

A. Final construction contract (CC awarded 12-01-15) in the amount of \$197,079.75;

B. Pursuant to TXLGC 262.031 and in the interest of *Raul Lozano* expediting a project's progress, requesting authority/approval for the Precinct Commissioner or designee Armando Garza, Jr. [unless otherwise announced] to execute change orders that involve ...'an increase or decrease in cost of \$50,000.00 or LESS...'. The original contract price may not be decreased by 18 % or more without the consent of the contractor".

E. Sheriff's Office

OK
1. AI-52974 a. Approval of an Amendment No. 1 to the current agreement between Hidalgo County and Central Air Heating Services, Inc. for the "Law Enforcement/Adult Detention Facilities Repair," to adjust allowance balances due to unforeseen circumstances. C-14-047-01-20 subject to compliance with HB23 and/or HB1295 [when and/or if applicable];

b. Approval of Construction Change Directive #3 (as drafted/submitted through project engineering, Chanin Engineering, LLC) in the amount of \$37,584.25 [Allowance] from contracted vendor, CAHS, Inc. subject to compliance with HB23 and/or HB1295 [when and/or if applicable];

c. Approval of Change Order No. 2 in connection with the "Adult Detention and Law Enforcement Facility Repairs and/or Replacement," to include an additional 45 Days from contracted vendor, CAHS, Inc. and as recommended by project engineer, Chanin Engineering, LLC subject to compliance with HB23 and/or HB1295 [when and/or if applicable].

21.

Closed Session:

Commissioners' Court may go into Closed Session pursuant to Chapter 551, Texas Government Code, Sections 551.071, 551.072 & 551.074 to discuss the following:

A. Real Estate Acquisition

B. Pending and/or potential litigation

C. AI-52983 Deliberation of the appointment, employment and duties of the Hidalgo County Fire Marshal

D. AI-52913 C-5096-15-E; State Farm Mutual Automobile Insurance Company As Subrogee of Aaron Gonzalez v. Hidalgo County, Texas

E. AI-53018 C-0152-16-C; Santiago Zavala v. Hidalgo County and Juan Bernal

F. AI-52865 Claim of Jesus Gonzalez

G. AI-52863 Claim of Ruth Machado

H. AI-52950 Claim of Maria del Rosario Cervantes

I. AI-52976 Claim of Jorge Ramos

J. AI-52978 Claim of Miguel Angel Moreno

K. AI-52981 Claim of Roberto Garza

L. AI-52985 Hidalgo County v. Maria De Jesus Hernandez & Juan Jose Hernandez

M. AI-52895 Hidalgo County v. John Jacob Toavalu & Shelly Guerra

*in @ 11:53
out @ 12:51*

22.

A. Requesting exemption from competitive bidding requirements under the Texas Local Government Code, Section 262.024(A) (4) "a Professional Service" for the "provision of legal services/representation in connection with litigation."

B. Requesting engagement with the firm of _____ for the "Provision of Legal Services/Representation in connection with Litigation" and authority to submit letter of engagement

23.

Open Session:

OK
A. Real Estate Acquisition and appropriation for same