

EXHIBIT D
-Work Authorization Form

HIDALGO COUNTY
Professional Engineering Services

FILED
AT <u>2:45</u> O'CLOCK <u>P</u> M
MAY 22 2018
ARTURO GUJARDO, JR. COUNTY CLERK HIDALGO COUNTY TEXAS
BY <u>[Signature]</u> DEPUTY

WORK AUTHORIZATION NO. 1

THIS WORK AUTHORIZATION is made pursuant to the terms and conditions of Section I.A. of the Agreement made by and between **HIDALGO COUNTY**, action herein by and through the **Commissioner's Court**, hereinafter called the "**Owner**," and, **SAMES, Inc.** professional engineers of **McAllen**, Texas, hereinafter called "**Engineer**".

PART 1. SCOPE OF WORK

The purpose of this Work Authorization is for the "engineering services" to provide **Professional Engineering Services.**

The scope of services to be provided by the **Owner** is identified in **EXHIBIT "A" – Scope of Services to be provided by the Owner** attached hereto.

The scope of services to be provided by the **Engineer** is identified in **EXHIBIT "B" – Scope of Services to be provided by the Engineer** attached hereto.

PART 2. ESTIMATED COST

The estimated cost for services under this Work Authorization is **\$ 279,000.00**. This amount is based upon the costs outlined in the Estimated **Cost Proposal** attached hereto as **EXHIBIT "D"**.

PART 3. PAYMENT

Compensation and payment to the Engineer for the services established under this Work Authorization shall be made in accordance with Article/Part/Section **4** of the Agreement.

PART 4. FUNDING

This Work Authorization No. **1** shall be funded through funding source:

Account No. **GLO 2015 Floods / 18-271-000-A923**

Purchase Order Number _____ (**MUST BE INCLUDED AFTER CC APPROVAL**)

PART 5. PERIOD OF SERVICE

This Work Authorization shall become effective on the date of final acceptance of the parties hereto, and terminate **upon completion of scope of the work authorization.**

PART 6. RESPONSIBILITIES AND OBLIGATIONS

This Authorization does not waive the parties' responsibilities and obligations provided under the **Agreement**.

PART 7. ACKNOWLEDGEMENT AND CONFIRMATION

Acknowledgement and Confirmation by Hidalgo County Urban County Program, Diana Serna (Director) as to content and detail of this **Work Authorization No. 1** .

**HIDALGO COUNTY
URBAN COUNTY PROGRAM**

BY: _____
Diana R. Serna, Director

PART 8. ACCEPTANCE AND APPROVAL

This Work Authorization is hereby accepted, approved by Hidalgo County Commissioners' Court on May 22, 2018 as indicated below and effective as of May 22, 2018 .

**THE ENGINEER:
SAMES, INC.**

**THE OWNER:
HIDALGO COUNTY**

By: Samuel Mandondo, P.E Owner
Judge

Ramon Garcia
By: Ramon Garcia, County

ATTEST:

Arturo Guajardo Jr.
Arturo Guajardo Jr., County Clerk



APPROVED BY
COMMISSIONERS' COURT
ON: 5/22/18 jrs

**APPROVED AS TO FORM:
Atlas, Hall & Rodriguez, L.L.P.**

Stephen L. Crain
By: Stephen L. Crain, Attorney
On this: 5-18-18

EXHIBIT A

-Scope of Services to be provided by the 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 Engineer the following:

- 8) Provide the authorization to proceed with services through coordination with the project consulting and design Engineer.
- 9) Payment for work performed by the Engineer and accepted by the Owner in accordance with Article 3 of this Agreement.
- 10) Assistance to the Engineer, as necessary, to obtain the required data and information from other local, regional, State and Federal agencies the Engineer cannot easily obtain.
- 11) Provide any available relevant data the Owner may have on file concerning the projects.
- 12) Provide timely review and decisions in response to the Engineer's request for information and/or required submittals and deliverables, in order for the Engineer to maintain the agreed upon work schedule prepared in accordance with Exhibit "A" attached to this Agreement.
- 13) Attend and participate in progress meetings as required and as coordinated and conducted by Engineer.
- 14) Provide the authorization to proceed with services on project by project basis through consulting design and construction Engineer.

Exhibit B

Scope of Services to Be Provided by the Engineer

Hidalgo County – Urban County Program
TX GLO 2015 Floods Grant
Precinct #4
(Alamo and Edinburg Area- Stormwater Relief Project)

This project consists of installing a storm sewer system capable of alleviating the impact of major storm events in the designated project area. The project area consists of 13 recorded subdivisions prone to flooding; San Marcos Acres, San Marcos Acres No. 3, Alamo Estates, Alamo Estates No. 2, Herencia Manor Subdivision, North Alamo Terrace Subdivision, Kaylen Heights, Chris Estates, Alberta Meadows, Alberta Meadows Unit No. 2, Hopewell Gardens, Dan Burns Estates and Trenton Oaks. The proposed storm sewer system will consist of drainage swales, roadside ditches, inlets, and pipe networks that will ultimately outfall at existing and proposed drainage ditches owned by Hidalgo County Drainage District #1. Additionally, road reconstruction will be required to drain subdivisions. These key infrastructure improvements should minimize the extent of flooding in the project area by ensuring positive drainage.

This project will also include subsidiary work required for the improvements, including temporary erosion control devices and traffic control for the duration of the project.

The professional services proposed include project planning, surveying, civil engineering design, preparation of bidding documents, bidding and award phase services, and basic services during construction. Project reporting and project coordination with other ongoing projects is also integral to these services.

Scope of services include;

5. Preliminary Phase.

- a. Attend preliminary conferences with UCP, HCDD #1, Precinct 4 and/or with other County/City government agencies for coordination of Outfalls.
- b. Attend, if requested, meetings with TXGLO and other government agencies or interested parties regarding the project.
- c. As required, comply and receive UCP and the funding agencies approval on all work. This includes uploading plans, specs, estimates and reports to the GLO's online Portal.
- d. Coordinate with utility companies for identification of existing utilities.
- e. Produce Topographic Surveying and survey related services for design requirements and easement/right-of-way identification.

- f. Prepare preliminary engineering plans (schematics/30% Submittal) on the Project in sufficient detail to clearly identify any problems involved, solutions recommended and with the cost estimates.
- g. Obtain the UCP's approval for Preliminary Phase before proceeding with the next phase.

6. Design Phase

- a. Coordinate Geotechnical Engineering Services for required bore and subsurface soil investigations.
- b. Incorporate all field information and surveys scope of work required for the design of the Project.
- c. Prepare preliminary hydrologic and hydraulic reports and design of the proposed storm system. Also, finalize hydrologic and hydraulic engineering for design requirements.
- d. Prepare detailed plans and specification for construction of the project. Project plans and specifications will be submitted for approvals at 60% and 100% complete to UCP and TXGLO (online portal). Submittals include cost estimates.
- e. Incorporate plans and specifications into contract documents for construction letting. We anticipate or will propose two separate project lettings.
- f. Prepare for construction and bidding phase by preparing reports, requesting permission to advertise, obtaining relevant permits (as required by local, state, and federal authorities).
- g. Assist UCP with advertisement and bidding process, including attending bid opening, tabulation of bids, and recommendation for award. Attend commissioner court and other meetings as needed.

7. Construction Phase

The Construction Phase will commence with the execution of the prime construction contract(s) and will terminate upon approval via the Engineer's written approval of final payment to the Contractor(s).

During the Construction Phase, the Engineer will:

- m. Upon approval by Commissioners' Court, assist UCP in preparing the formal Contract Documents for the Contractor.
- n. Coordinate and hold a pre-construction conference with the contractor and all interested parties.
- o. Make periodic visits to the site as required, provide project construction observations of progress and quality of the executed work to determine if the work is proceeding in accordance with the contract documents.

- p. Consult and advise with UCP and issue all instructions and Change Orders to the Contractor as requested by UCP.
- q. During the progress of actual construction, Engineer will keep UCP informed with brief and concise reporting/information. A monthly progress report will be prepared which will give UCP a quick glance at the Project insofar as monies spent, construction time elapsed, percent of Project completed, a brief narrative of what problems have been encountered and the anticipated completion date.
- r. Review shop drawings and other working sketches furnished by Contractors for general compliance with design concept and with information given in contract documents.
- s. Review and provide a recommendation concerning all project submittals and samples, catalog data, schedules, shop drawings, laboratory results, shape and mill tests of material and equipment and other data which the Contractor is required to submit, in compliance with the Contract Documents.
- t. Review monthly and final pay estimates for payments to Contractors and provide recommendation to UCP.
- u. Review construction material testing results and provide comments for compliance with contract documents.
- v. Upon receipt of notification by contractor that the work has been completed, the Engineer shall accompany the UCP on the Final Inspection to assure that the total work has been completed in accordance with the Contract Documents.
- w. Prior to closing out of the Grant by UCP and dispersal of any retainage funds to Contractor(s), Engineer shall render a written opinion (prepare certificate of construction completion) to the UCP that the construction has been completed according to the Contract Documents and provide the UCP with a certificate of completion and release of liens documents from contractor, subcontractors and/or material suppliers.
- x. Provide the UCP and TXGLO with copies of as-built drawings of the constructed improvements.

8. Additional Services

- a. Provide up to 6 right-of-way maps along with their metes & bounds for any required easement acquisition.
- b. Provide Geotechnical and Construction Material Testing Services.

The above list of Scope of Services is intended to detail the major components required for completion of the professional duties of the project. However, this is not intended to be an all-inclusive list of all the services provided/required to ensure that the project is completed in accordance with the Grant/UCP requirements.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/03/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Baldwin-Cox Agency, LLC 5930 Preston View Blvd Ste 200 Dallas TX 75240		CONTACT NAME: Denise McAvoy PHONE (A/C, No, Ext): (972) 331-3730 FAX (A/C, No): (972) 644-8035 E-MAIL ADDRESS: denise@baldwinagency.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Burlington Insurance Company	NAIC # 23620
		INSURER B: Hamilton Specialty Insurance Company	13551
		INSURER C: Underwriters at Lloyds	AA1122000
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 17-18 COI **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.

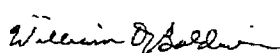
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR Blanket All- Primary & Non-Contrib Blanket Ongoing & Comp Oper.			674BW41350	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			AHSFF110966-00	10/01/2017	10/01/2018	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	DED \$ RETENTION \$						
C	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	PGIARK06738-01	11/12/2017	11/12/2018	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	Professional Liability						

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

The general liability policy includes a blanket automatic additional insured endorsement that provides additional insured status to the certificate holder only when 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 and non-contributory" wording.

The general liability policy includes a blanket automatic waiver of subrogation endorsement that provides this feature only when there is a written contract between the named insured and the certificate holder that requires it.

CERTIFICATE HOLDER Hidalgo County Urban County Program 427 E. Duranta Ave Suite 107 Alamo TX 78516	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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SAM Engineering and Surveying, Inc.



Engineering Firm Reg # 10602 Surveying Firm Reg # 101416-00
200 South 10th Street, Suite 1500, McAllen, Texas 78501
Phone: (956) 702-8880 Fax: (956) 702-8883

Upon your approval, and execution of contracts, we will begin working on surveying and engineering design for this project. Project coordination meetings and reporting with your staff will be established prior to commencement and throughout the life of the project. SAMES, Inc.'s professional staff will work diligently with your staff to provide all the necessary documentation and submittals required to successfully execute this project and meet the TX GLO Grant Requirements.

The attached fee proposal of **\$254,000.00** engineering fee plus additional services represents our best and final offer.

The additional services (geotechnical and construction material testing) fees required for this project are estimated at but not to exceed \$25,000.00. A 10% engineering review fee will be added to the final additional services amount. This engineering review fee is considered within the total fee proposed and outlined in Exhibit C.

Please feel free to contact me at 956.702.8880 if you have any questions or to discuss this proposal.

Respectfully Submitted,

Jessica M. Maldonado, P.E.
Director of Professional Services

Cc: P.R. Avila II, Asst. Director, Hidalgo County- Urban County Program

Exhibit C

HIDALGO COUNTY URBAN COUNTY PROGRAM
2015 FLOODS CDBG-DISASTER RELIEF
ALAMO AND EDINBURG AREA STORMWATER RELIEF PROJECT

ESTIMATE SUMMARY OF MAN-HOURS

FEE INCREASE JUSTIFICATION (CHECK BOX)

Project Limits Changed - Original limits are from A to B and New limits are from A to C

New Location Added - xyz is added as a new improvement location

Improvement Type Changed: Resurfacing has changed to Reconstruction

Acquisition Services Added:

	ORIGINAL	PROPOSED	INCREASE
Length (ft)			#DIV/0!
# sites	13	13	0.00%
Eng Fee (\$)	\$254,000.00	\$254,000.00	0.00%

TASK DESCRIPTIONS	Scale	No. of Sheets	Principal	Project Manager	Senior Engineer	Project Engineer	Design Engineer	CADD Manager	CADDGR Tech	Survey Manager	Survey Crew	Project Admin	Totals
PROJECT CONTROLS													
Project Scope			6			12		12	5	12			47
Internal Review (Mtg)			10			12		10		12			44
Utility Coordination			5			15		10	5		15		46
Public Agency Coordination/Permitting (including County, City, TxDOT, TCEQ, HCID 1)			10			30							55
Cost Estimate Preparation per Submittal (30%, 60%, 100%)			6			36		12	5			10	69
Monthly Invoicing			6			12						22	40
QUALITY CONTROL													
Client Review of Plans and Technical Specifications						36							46
QA/QC Reviews 30% Submittal			10			36							46
QA/QC Reviews 60% Submittal			10			48							58
QA/QC Reviews 100% Submittal			5			25							30
Milestone Review Meetings with PMC (30%, 60% Final)													
SURVEY													
Prepare Survey Request						12				5			17
Notifications to Public and Private Agencies (Utilities)						36				10			46
Data Collection / Field Survey						15					144		159
Process Field Data						10		12	75	5	36		138
Develop Topo						12		24	80	5	36		157
GEOTECHNICAL													
Evaluation of Geotechnical Report and Recommendations						12							0
PLAN SHEETS													
Cover Sheet			2			9		5	20				36
Index and Legend			2			10		5	20				37
Quantity Sheets			2			10		5	20				37
Construction Notes - General Notes and Private Utility Company Notes			2			35		5	20				62
Typical Sections			2			35		5	100				147
Overall Layout Sheets			2			35		5	80				122
Existing & Proposed Drainage Conditions Area Map (Localized Areas)			2			35		5	100				142
Hydraulic Calculations			10			95		10	80				195
Develop Plan, Profiles Layout Sheets			5			60		15	120				200
Pavement Repair Sheets			5			20		10	60				95
TRAFFIC CONTROL PLANS													
Overall Construction Sequencing Layout			2			20		5	80				107
Construction Sequencing Layout Sheets per Phase			2			20		5	80				107
STORMWATER POLLUTION PREVENTION PLANS													
SWPPP Layouts and Details			2			15		10	30				57
NOI/NOT Form Preparation			2			15		5	20				42
DETAIL SHEETS													
Standard Details (Barricades, Paving, Drainage, Outfall Etc.)			2			20		15	80				117
Miscellaneous Details			2			25		15	60				102
CONTRACT DOCUMENTS													
Assemble Front End			2			30							32
Develop and Assemble Technical Specifications			2			30							32
BID PHASE SERVICES													
Prepare Bid Advertisement/Coordinate with Newspaper/Contact potential Bidders			2			20							22
Addressing Bid Questions			2			20			10				32
Prepare and Issue Addenda			2			20							22
Conduct Bid opening / Check and Tabulate Bids			2			20							22
Meetings/ Contract Awards			5			20							25
CONSTRUCTION PHASE SERVICES													
Prepare Construction Award Documents			5			20							25
Pre-Construction Conference			10			10							20
Periodic Site Observations And Reporting			10			50							60
Contractor Submittal Reviews			5			24							29
Contractor Pay Request Reviews			5			25							30
PROJECT CLOSE-OUT SERVICES													
Construction Closeout Requirements			10			25		10	10	10			65
As-Built Plans			10			20		17	103	6	80		236
SUBTOTAL													
		0	196	0	0	1152	0	237	1263	80	311	32	3222
Loaded Hourly Rates													
Direct Labor		\$ 150.00				\$ 95.00		\$ 50.00	\$ 45.00	\$ 85.00	\$ 125.00	\$ 25.00	
Expenses (Parking, Mileage, Postal, Printing, Copying and Misc Direct Expenses)		\$ 29,400.00		\$ -	\$ -	\$ 109,440.00	\$ -	\$ 11,850.00	\$ 56,835.00	\$ 6,800.00	\$ 38,875.00	\$ 800.00	\$ 254,000.00
TOTAL ESTIMATE													
	0	\$ 29,400.00	\$ -	\$ -	\$ 109,440.00	\$ -	\$ 11,850.00	\$ 56,835.00	\$ 6,800.00	\$ 38,875.00	\$ 800.00	\$ 254,000.00	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/03/2018

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 Baldwin-Cox Agency, LLC 5930 Preston View Blvd Ste 200 Dallas TX 75240	CONTACT NAME: Denise McAvoy	PHONE (A/C, No, Ext): (972) 331-3730	FAX (A/C, No): (972) 644-8035
	E-MAIL ADDRESS: denise@baldwinagency.com		
INSURED SAMES, Inc. 200 S. 10th Street Suite 1500 McAllen TX 78501	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Burlington Insurance Company		23620
	INSURER B: Hamilton Specialty Insurance Company		13551
	INSURER C: Underwriters at Lloyds		AA1122000
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES CERTIFICATE NUMBER: 17-18 COI 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.

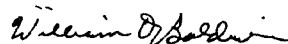
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			674BW41350	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	Blanket AI- Primary & Non-Contrib						MED EXP (Any one person) \$ 10,000
	Blanket Ongoing & Comp Oper.						PERSONAL & ADV INJURY \$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ 2,000,000
<input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC							PRODUCTS - COMP/OP AGG \$ 2,000,000
OTHER:							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident) \$
							\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB			AHSFF110966-00	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 5,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$ 5,000,000
	DED	RETENTION \$					\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N N/A							OTHER
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
C	Professional Liability			PGIARK06738-01	11/12/2017	11/12/2018	Per claim Limit 3,000,000
							Deductible 5,000

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

The general liability policy includes a blanket automatic additional insured endorsement that provides additional insured status to the certificate holder only when there is a written contract between the named insured and the certificate holder that requires such status.

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CERTIFICATE HOLDER Hidalgo County Urban County Program 427 E. Duranta Ave Suite 107 Alamo TX 78516	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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/14/2018

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PRODUCER		CONTACT NAME: Denora V Garza	
Padron Insurance Agency Inc. dba SafeGuard Insurance Agency 800 N. 10th St. McAllen TX 78501		PHONE (A/C, No, Ext): (956) 687-1811	FAX (A/C, No): (956) 687-1819
		E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Foremost Signature Ins Co	NAIC # 41513
		INSURER B: Texas Mutual Fund	
		INSURER C: Great American Insurance Company of NY	
		INSURER D:	
		INSURER E:	
		INSURER F:	
INSURED			
Sames, Inc dba Sam Engineering & Surveying, Inc 200 S. 10th Street Suite 1500 McAllen TX 78501			

COVERAGES

CERTIFICATE NUMBER: CL1851406053

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
	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 OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			SBS005161429	04/03/2018	04/03/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist BI- \$ 100,000
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	0001273721	08/05/2017	08/05/2018	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Inland Marine			IMP E348021 00	05/07/2018	05/07/2019	\$ 33,535

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

CERTIFICATE HOLDER**CANCELLATION**

Hidalgo County Urban County Program 427 E Duranta Avenue, Ste 107 Alamo TX 78516	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 <i>Denora V. Garza</i>
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CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

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

OFFICE USE ONLY CERTIFICATION OF FILING

Certificate Number:
 2018-349114

Date Filed:
 05/04/2018

Date Acknowledged:

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

SAMES, INC.
 McAllen, TX United States

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

Hidalgo County Urban County Program

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

18-271-000-A923
 GLO 2015 Floods

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.

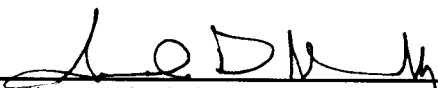
6 UNSWORN DECLARATION

My name is SAUL MALDONADO, and my date of birth is 2/14/1979.

My address is 9113 N. 27th ST., MALLEN, TX, 78504, U.S.
(street) (city) (state) (zip code) (country)

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

Executed in HIDALGO County, State of TEXAS, on the 3RD day of MAY, 20 18.
(month) (year)


 Signature of authorized agent of contracting business entity
 (Declarant)

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

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

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 18-271-000-A923
 GLO 2015 Floods

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 UNSWORN DECLARATION

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____ County, State of _____, on the ____ day of _____, 20____.
(month) (year)

 Signature of authorized agent of contracting business entity
 (Declarant)



Username

Password

Log In

Forgot Username?

Forgot Password?

Create an Account

ALERT: You must submit a notarized letter appointing the authorized Entity Administrator before your registration will be activated. This requirement now applies to both new and existing entities. Read our FAQs to learn more about this process change.

Entity Dashboard

Entity Overview

Entity Registration

- Core Data
- Assertions
- Reps & Certs
- POCs

Exclusions

- Active Exclusions
- Inactive Exclusions
- Excluded Family Members

RETURN TO SEARCH

Sames, Inc.

DUNS: 834820735 CAGE Code: 66N60
Status: Active

200 S 10TH ST STE 1500
MCALLEN, TX, 78501-4860 ,
UNITED STATES

Expiration Date: 01/08/2019

Purpose of Registration: All Awards

Entity Overview

Entity Registration Summary

Name: Sames, Inc.
Doing Business As: Sam Engineering & Surveying
Business Type: Business or Organization
Last Updated By: Samuel Maldonado
Registration Status: Active
Activation Date: 01/08/2018
Expiration Date: 01/08/2019

Exclusion Summary

Active Exclusion Records? No



IBM v1.P.13.20180427-1347

WWW6

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This is a U.S. General Services Administration Federal Government computer system that is "FOR OFFICIAL USE ONLY." This system is subject to monitoring. Individuals found performing unauthorized activities are subject to disciplinary action including criminal prosecution.

RE: GLO 2015 Flood Grant project-Engineering Contract

From : Steve Crain <scrain@atlashall.com> Tue, May 15, 2018 01:15 PM
Subject : RE: GLO 2015 Flood Grant project-Engineering Contract
To : 'eric trevino' <eric.trevino@co.hidalgo.tx.us>

If that is correct then the document is OK.

From: eric trevino <eric.trevino@co.hidalgo.tx.us>
Sent: Tuesday, May 15, 2018 1:04 PM
To: Steve Crain <scrain@atlashall.com>
Subject: Re: GLO 2015 Flood Grant project-Engineering Contract

Auto shows 4-3-18 through 4-3-19 and marine shows 5-7-18 though 5-7-19.

From: "Steve Crain" <scrain@atlashall.com>
To: "eric trevino" <eric.trevino@co.hidalgo.tx.us>
Sent: Tuesday, May 15, 2018 12:23:59 PM
Subject: RE: GLO 2015 Flood Grant project-Engineering Contract

Auto and inland marine insurance has expired.

From: eric trevino <eric.trevino@co.hidalgo.tx.us>
Sent: Tuesday, May 15, 2018 10:18 AM
To: Steve Crain <scrain@atlashall.com>
Subject: Re: GLO 2015 Flood Grant project-Engineering Contract

Steve,

Attached you will find the contract agreement with the signature line for "Approved as to Form" with no date. You will all so find that Exhibit "B" and part of "C" have be incorporated in the the contract, the hourly rates are incorporated since they are in excel format which is also attached and labeled Exhibit "C". The insurances are also attached however there are 2 certificates due to the auto being separate due to different insurer.

From: "Steve Crain" <scrain@atlashall.com>
To: "eric trevino" <eric.trevino@co.hidalgo.tx.us>
Sent: Monday, May 14, 2018 9:34:49 AM
Subject: RE: GLO 2015 Flood Grant project-Engineering Contract

Scheduled autos need to be listed on the certificate. The "Approved as to Form" signature line needs to be inserted and the date left blank. Also the exhibits should be incorporated into the contract. Thanks.