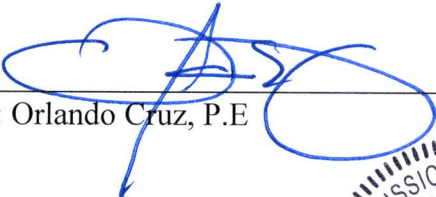





IN WITNESS WHEREOF, the Engineer and the Owner have caused this Supplemental Agreement to the Agreement for Professional Services to be executed as of the 12th day of February, 2019.

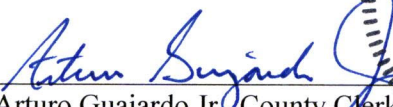
**THE ENGINEER:**  
Cruz-Hogan Consultants, Inc.

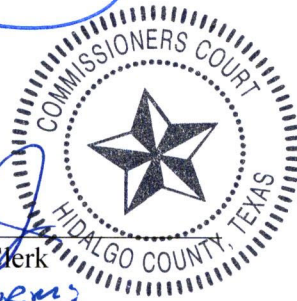
**THE OWNER:**  
HIDALGO COUNTY

  
By: Orlando Cruz, P.E.


  
By: Richard F. Cortez, County Judge

**ATTEST:**

  
Arturo Guajardo Jr., County Clerk



APPROVED BY  
COMMISSIONERS' COURT  
ON: 2/12/19

APPROVED AS TO FORMS  
Atty. Hill + Rodriguez, LLP  
By: 

**LIST OF ATTACHMENTS**

1. Amended Exhibit B – Opinion of Probable Project Cost & Hourly Breakdown

Supplemental Agreement No.1 - Professional Engineering services for the City of Weslaco - Waterlines Improvements Project Phase 3.

## Exhibit “B”

### Scope of Services to be Provided by the Engineer

City of Weslaco –Waterline and Sewer Line Improvements, Phase III and IV  
 Hidalgo County Urban County Program

**A. Preliminary Phase**

1. Attend preliminary conferences with the City of Weslaco staff acquire available and relevant background data in respect to the project.
2. Establish the scope of topographic surveys for the design of the project.
3. Prepare a preliminary engineering report and submit to the City for review.

**B. Design Phase**

1. Receive electronic survey data from project surveyor and prepare background drawings for construction plans.
2. Prepare detailed construction drawings, technical specifications, and other pertinent documents for construction authorized by the City.
3. Submit plans and specifications to the appropriate agencies, other than the City, and coordinate approval process.
4. Furnish the City three (3) sets of copies of plans and specifications marked “Preliminary” for approval by the City. Upon final approval by the City, the Engineer will provide the City three (3) sets of the “Final” plans and specifications.

**C. Construction Phase**

1. Assist the City in conducting a pre-construction conference with City staff, Urban County staff and Construction Company.
2. Make periodic visits to the site to observe the overall progress and quality of work. Make recommendations to the City regarding materials and workmanship.
3. Conduct final inspection of the project.
4. Prepare revisions of construction drawings with the assistance of the City’s personnel reflecting changes to the plans. These “As-Built” drawings shall be provided by the Engineer to the City. Three (3) sets will be provided.

**Compensation**

A. Preliminary Phase (15%) (To include surveying)	\$ 7,950.00
B. Design Phase (60%)	\$ 31,800.00
C. Construction Phase (25%)	<u>\$ 13,250.00</u>
<b>Total</b>	<b>\$53,000.00</b>

Hourly Breakdown

AMENDMENT NO. 1

HIDALGO COUNTY URBAN COUNTY PROGRAM

Engineer:	Cruz-Hogan Consultants, Inc.					
Project:	City of Weslaco - Waterline and Sewer Line Improvements Project, Phase III					
Owner:	City of Weslaco, Texas					
Description:	<p><b>WATER SYSTEM:</b> Replace waterlines in the following Areas: (1) Alley between 6th and 8th St. (Between S. Kansas and S. Illinois St.), (2) Alley between 7th and 8th Streets (Between S. Illinois and S. Iowa St.) (3) 8th Street (from Kansas St. to Alley located between Iowa and Tennessee), (4) Installation of new Fire Hydrants on existing and new water lines</p> <p><b>SEWER SYSTEM:</b> Replace Existing Sewer Lines in the following Areas: (1) Alley between 6th and 8th St. (Between S. Kansas and S. Illinois St.), (2) Alley between 7th and 8th Streets (Between S. Illinois and S. Iowa St.), (3) New Sewer Service lines to property lines, (4) Replace existing and new Manholes.</p>					
<b>TASK</b>	<b>DESCRIPTION</b>	<b>Design Engineer</b>	<b>Project Manager</b>	<b>Engineering Technician</b>	<b>Admin/ Clerical</b>	
Task No. 1	Attend preliminary conferences with the City of Weslaco staff acquire available and relevant background data in respect to the project.	4	4			
Task No. 2	Establish the scope of topographic surveys for the design of the project.	4	4	1		
Task No. 3	Prepare a preliminary engineering report and submit to the City for review.	6	2	1	4	
Task No. 4	Receive electronic survey data from project surveyor and prepare background drawings for construction plans.	4	2	40	2	
Task No. 5	Prepare detailed construction drawings, technical specifications, and other pertinent documents for construction authorized by the City.	50	4	280	30	
Task No. 6	Submit plans and specifications to the appropriate agencies, other than the City, and coordinate approval process.	4	1		6	
Task No. 7	Furnish the City three (3) sets of copies of plans and specifications marked "Preliminary" for approval by the City. Upon final approval by the City, the Engineer will provide the City three (3) sets of "Final" plans and specifications.	4	3	3	3	
Task No. 8	Assist the City in conducting a pre-construction conference with City staff, Urban staff and Construction Company.	2	2		1	
Task No. 9	Make periodic visits to the site to observe the overall progress and quality of work. Make recommendations to the City regarding materials and workmanship.	16	3		2	
Task No. 10	Conduct final inspection of the project.	3	3		2	
Task No. 11	Prepare revisions of construction drawings with the assistance of the City's personnel reflecting changes to the plans. These "As-Built" drawings shall be provided by the Engineer to the City. Three (3) sets will be provided.	4	2	6	1	
	<b>Hour (Sub-Total)</b>	<b>101</b>	<b>30</b>	<b>331</b>	<b>51</b>	
	<b>Contract Rates Per Hour</b>	<b>\$170.00</b>	<b>\$190.00</b>	<b>\$75.00</b>	<b>\$35.00</b>	
	<b>Sub-Total Labor Cost</b>	<b>\$17,170.00</b>	<b>\$5,700.00</b>	<b>\$24,825.00</b>	<b>\$1,785.00</b>	

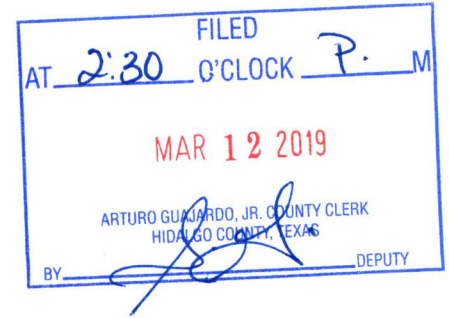
<b>SUB-TOTAL LABOR COST</b>	<b>\$49,480.00</b>
<b>SURVEYING FEES</b>	<b>\$3,520.00</b>

**TOTAL ENGINEERING FEES \$53,000.00**

**EXHIBIT D**  
**-Work Authorization Form**

**HIDALGO COUNTY**  
**Professional Engineering Services**

**WORK AUTHORIZATION NO. 2**



**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, Cruz – Hogan Consultants, Inc. professional engineers of Weslaco, 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 **\$22,367.00**. 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. **5016/17-80-0310-5000-8000**

Purchase Order Number **10375** (**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**.

**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. 2** .

**HIDALGO COUNTY  
URBAN COUNTY PROGRAM**

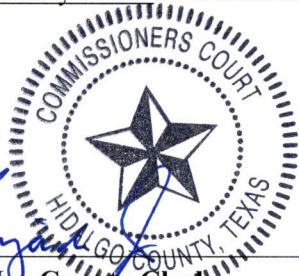
BY: *Diana R. Serna*  
Diana R. Serna, Director

**PART 8. ACCEPTANCE AND APPROVAL**

This Work Authorization is hereby accepted, approved by Hidalgo County Commissioners' Court on 12<sup>th</sup> day of February 2019 as indicated below and effective as of February 12, 2019 .

ATTEST:

*Arturo Guajardo Jr.*  
Arturo Guajardo Jr., County Clerk



**THE OWNER:  
HIDALGO COUNTY**

*Richard F. Cortez*  
By: Richard F. Cortez, County Judge

APPROVED BY  
COMMISSIONERS COURT  
ON: *2/12/19*

**THE ENGINEER:**

*Orlando Cruz*  
By: Orlando Cruz, P.E.

**APPROVED AS TO FORM:**  
Atlas, Hall & Rodriguez, L.L.P.  
By: *Stephen L. Crain*  
Stephen L. Crain, Attorney  
On this: *3-6-19*

*Work Authorization No. 2 "Exhibit D" Between Hidalgo County and Cruz-Hogan Consultants, Inc.*

# CRUZ-HOGAN *Consultants, Inc.*

ENGINEERS | PLANNERS | CONSULTANTS

McAllen | Harlingen | Weslaco

TBPE Firm Reg No. F-4860

5017-80-0310-5000-8000  
01/18/2019 10:59:49

January 18, 2019

Diana R. Serna  
Director  
County of Hidalgo-Urban County Program  
427 E. Duranta Avenue, Suite 107  
Alamo, Texas 78516

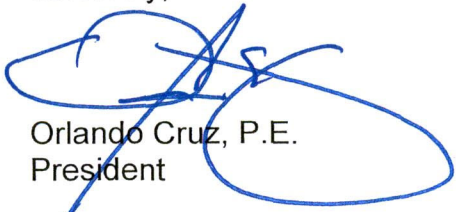
Re: Revised Best & Final Offer for Engineering Services  
City of Weslaco – Waterline and Sewer Line Improvements, Phase III and IV  
Urban County Program No. 5017-80-0310-5000-8000  
Hidalgo County Urban County Program

Dear Ms. Serna:

Enclosed is our Revised “Exhibit B: Scope of Services” for the City of Weslaco – Waterline and Sewer Line Improvements, Phase III and IV Project. Due to the change and increase in project scope described in the “Amended Exhibit C”, we are requesting an increase to our Engineering Services Agreement in the amount of \$22,367.00. This increase will bring our best and final offer for engineering and surveying services to \$53,000.00 for this project.

If you have any questions, please feel free to contact me at (956) 854-4227.

Sincerely,



Orlando Cruz, P.E.  
President

OC/lg

Enclosures

# 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.**  
 Cruz-Hogan Consultants, Inc.  
 Weslaco, TX United States

Certificate Number:  
 2019-448829

Date Filed:  
 02/05/2019

**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

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 services, goods, or other property to be provided under the contract.**  
 5017/18-80-0310-5000-8000-  
 UCP-ML Engineering Services

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
Cruz, Orlando	Weslaco, TX United States	X	

5 Check only if there is NO Interested Party.


**6 UNSWORN DECLARATION**

My name is Orlando Cruz, and my date of birth is 9/29/1956.

My address is 108 E. Business 83, Weslaco, Tx, 78596, USA.  
(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 5th day of February, 2019.  
(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.

## OFFICE USE ONLY CERTIFICATION OF FILING

Certificate Number:  
 2019-448829

Date Filed:  
 02/05/2019

Date Acknowledged:  
 02/06/2019

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

Cruz-Hogan Consultants, Inc.  
 Weslaco, 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.**

5017/18-80-0310-5000-8000-  
 UCP-ML Engineering Services

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Cruz, Orlando	Weslaco, TX United States	X	

**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)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/24/2018

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).

<b>PRODUCER</b> Hall & Company 19660 10th Ave NE Poulsbo WA 98370	<b>CONTACT NAME:</b> Julia Ardon <b>PHONE (A/C, No, Ext):</b> 360-626-2956 <b>FAX (A/C, No):</b> 360-598-3703 <b>E-MAIL ADDRESS:</b> jardon@hallandcompany.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Cruz Hogan Consultants Inc 108 E. Business 83 Weslaco TX 78596	<b>INSURER A:</b> GREAT AMERICAN INSURANCE COMPANY <b>NAIC #</b> 16691	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

### COVERAGES

CERTIFICATE NUMBER: 1930277922

REVISION NUMBER:

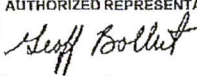
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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
	<b>COMMERCIAL GENERAL LIABILITY</b> <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 \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liab; Claims Made			DPP4203738	9/9/2018	9/9/2019	Per Claim Aggregate \$1,000,000 \$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Additional Insured Status is not available on Professional Liability Policy.

### CERTIFICATE HOLDER

### CANCELLATION

HIDALGO COUNTY URBAN COUNTY PROGRAM 427 E DURANTA AVE #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 
---------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

© 1988-2015 ACORD CORPORATION. All rights reserved.



Policy Number:

Date Entered: 12/14/2017

**CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YYYY)  
10/24/2018

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	RISKPRO Insurance Agency, LLC 901 Waterfall Way, Suite 407 Richardson, Texas 75080	CONTACT NAME:	
		PHONE (A/C No, Ext): ( ) -	FAX (A/C, No): ( ) -
		E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED	Cruz-Hogan Consultants, Inc.  605 East Violet Suite 5 McAllen, TX 78504	INSURER A:	ACE Property & Casualty Insurance Company 20699
		INSURER B:	Hartford Accident and Indemnity Company 22357
		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 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 type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>		SERTXD527488963N	6/4/2018	6/4/2019	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			SERTXD527488963N No Owned Autos	6/4/2018	6/4/2019	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$						<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE \$ \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/>	N/A	46 WBC AB7729	7/30/2018	7/30/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER EL. EACH ACCIDENT \$1,000,000 EL. DISEASE - EA EMPLOYEE \$1,000,000 EL. DISEASE - POLICY LIMIT \$1,000,000

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

Coverage is subject to all policy terms, conditions, exclusions and endorsements.

Hidalgo County Urban County Program as additional insured on general liability as required by written contract but only as respects operations of the named insured.

**CERTIFICATE HOLDER****CANCELLATION**

Hidalgo County Urban County Program 427 Easy Duranta Avenue #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 

© 1988-2015 ACORD CORPORATION. All rights reserved.

ACORD 25 (2016/03)

The ACORD name and logo are registered marks of ACORD

Produced using Forms Boss Plus software. www.FormsBoss.com: Impressive Publishing. LLC 800-208-1977

**SAM Search Results**  
**List of records matching your search for :**

**Search Term : cruz hogan consultants\***  
**Record Status: Active**

<b>ENTITY</b>	Cruz-Hogan Consultants, Inc.	Status: Active
DUNS: 182056903	+4:	CAGE Code: 7JL30 DoDAAC:
Expiration Date: 06/25/2019	Has Active Exclusion?: No	Debt Subject to Offset?: No
Address: 108 E Business 83	City: Weslaco	State/Province: TEXAS
	ZIP Code: 78596-0047	Country: UNITED STATES

Zimbra

monica.leal@co.hidalgo.tx.us

---

**Funds for Fiscal Year 2017-2018**

---

**From :** Efrain Tafolla <etafolla@weslacotx.gov>

Fri, Nov 30, 2018 08:52 AM

**Subject :** Funds for Fiscal Year 2017-2018**To :** Monica Leal <monica.leal@co.hidalgo.tx.us>**Cc :** Rolando Garza <rogarza@weslacotx.gov>

Monica,

Good Morning, I am e-mailing you to request to add the funds from 2017 and 2018 together so that we can do both water and sanitary sewer simultaneously. I want to get a better cost estimate for the monies that we are spending. If you can please help me out with this I would really appreciate it.

Thanks,

Efrain Tafolla

**CADD/CONSTRUCTION INSPECTOR  
SUPERVISOR**

Code Enforcement

255 S. Kansas

Weslaco, Texas 78596-6285

**Office: (956) 447-3401****Cell: (956) 472-2181****Fax: (956) 973-3128**Email: [etafolla@weslacotx.gov](mailto:etafolla@weslacotx.gov)

"CITY ON THE GROW"

**CITIES/PRECINCTS OUTSTANDING BALANCES  
AS OF DECEMBER 31, 2018**

<b>CITY OF WESLACO</b>	<b>ACCOUNT</b>	<b>ENCUMBERED BALANCE</b>	<b>BUDGET BALANCE</b>	<b>GRAND TOTAL</b>
CDBG 2015	WATER/SEWER IMPROVEMENTS	26,276.23	0.00	
CDBG 2016	WATER/SEWER IMPROVEMENTS	30,633.00	5,115.70	
CDBG 2017	WATER/SEWER IMPROVEMENTS	0.00	270,667.24	
CDBG 2018	WATER/SEWER IMPROVEMENTS	0.00	287,703.00	
CDBG 2018	SENIOR SERVICES	5,000.00	0.00	
CDBG 2018	GENERAL ADMINISTRATION	0.00	2,881.00	
<b>CURRENT RATIO</b>	<b>2.13 TOTAL</b>	<b>61,909.23</b>	<b>566,366.94</b>	<b>628,276.17</b>

**PER HUD REGULATIONS:**

**HUD RECOMMENDS EXPENDITURE RATIO OF 1.75 BY JANUARY 31, 2019.**

**EXPENDITURES SHORT BY: \$ 111,004.17**

**1.5 RATIO REQUIRED BY APRIL 30, 2019: \$ 443,376.00.**

**EXPENDITURES SHORT BY: \$ 184,900.17**