



LOWER RIO GRANDE VALLEY DEVELOPMENT CORPORATION
DOLLY ROUND 2.2 DISASTER RECOVERY FUNDING
SINGLE FAMILY RENTAL
LANDLORD APPLICATION



The information collected below will be used to initiate your application under the Disaster Recovery Affordable Rental Program (DRARP). **Fields that are marked with an asterisk (*) must be completed to prevent delays in the processing of your application.**

To receive an award from the program, property must meet all of the following criteria:

- The rental property was damaged by Hurricane Dolly and neither repairs nor reconstruction have been sufficiently completed.
- The rental property is located in a jurisdiction defined by the Program Guidebook.
- The structure is a single family dwelling.
- The property is currently vacant as of the date of this application.
- There are no past due property tax balances on the damaged property.
- If the applicant owes a child support obligation, the applicant is able to verify he/she does not have a past due balance unless the applicant can prove he/she is current on a payment plan.
- Properties owned by individuals do not have to be Texas residents. Corporations need to be licensed to do business in Texas but do not have to be incorporated in Texas.
- The Program is designed to assist owning entities that are currently valid legal entities properly authorized to conduct business in Texas and not listed on a state or Federal debarment lists.
- You must agree to maintain the property to HUD's Housing Quality Standards (and/or other program standards identified in program policies, i.e., applicable housing and building codes) and keep each unit ¹affordable to renters who are at or below 80% Area Median Family Income(AMFI) – for a minimum of five years. The Disaster Recovery Affordable Rental Program uses the HUD Section 8 definition of income defined at 24 CFR 570.3 (1)(i) "Annual Income" and the HUD Fair Market Rents for the jurisdiction as defined by the Section 8 Program.
- You must also agree to maintain hazard/wind insurance in perpetuity and, if the rental property is located in a Special Flood Hazard Area zoned "A..." or "V...", flood insurance in an amount equal to the outstanding balance of all mortgage loans on the property (including the amount of the DRARP benefit) or providing full replacement cost coverage for the improvements as provided by the DRARP program. The contractor is responsible for procuring all insurance required by the Program for a period of one year. The policy(ies) must name the jurisdiction as

¹ Owner must agree to have rents remain affordable for persons with income levels at or below 80% of the AMFI for five years following assistance and may not exceed the published maximum DRARP program rents.

defined by the Program Guidebook, "its successors and assigns as their interest may appear" as an additional insured.

- You must provide a complete listing with the addresses of other rental properties currently owned or managed.
- At a minimum, you must agree to the Program's 5 year Land Use Restriction Agreement (LURA).

Prioritization Ranking

The program will implement a 100 (max) point scoring system to prioritize the applications. Every application can receive up to 100 points and tied scores will be further sorted by the date of a complete application. As a result, this criterion developed by the LRGVDC will identify projects providing the greatest benefit to:

- a. Expand the affordable housing stock with priority given to vacant units in a condition that is not suitable for occupancy:
 - 1. Existing housing replaced or repaired (15 points)
 - 2. New housing (10 points)
- b. Projects agree to a 10 year LURA and agree to accept Section 8 vouchers in lieu of the 5 year threshold LURA. (15 points)
- c. Encourage a vested interest in the projects, priority is given to projects where the landlord contributes at least 25% of the funds necessary to repair or reconstruct the property unit. (15 points)
- d. Projects near public transportation, shopping and schools are considered in the point structure. Near is defined as within a 2-mile radius. (10 points)
- e. Project agrees to market to families at or below 50% AMFI (20 points)
- f. Encourage housing for families; priority is given to projects with three bedrooms or more. (10 points)
- g. Project is within the HOP eligible areas as defined under LRGVDC Needs Assessment and any associated Amendments/Waivers (15 points)
- h. Single family rental structures must comply with Texas Government Code, Section 2306.514.



IT IS ILLEGAL TO DISCRIMINATE AGAINST ANY PERSON BECAUSE OF RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, FAMILIAL STATUS (HAVING ONE OR MORE CHILDREN), OR DISABILITY.

Fill out the following form for each owner of the property to be assisted by the Disaster Recovery Affordable Rental Program.

APPLICANT INFORMATION

*Owner Entity Type: Applicant Co-Applicant Partnership Corporation Nonprofit

(If more than 2 individual applicants, copy the page for the additional owners and attach to this application)

First Name*		Middle Name*		Last Name*		Suffix	
Date of Birth*		Place of Birth* (City /State)		Social Security No.*			
Mailing Address 1*							
Mailing Address 2							
City*		County		State		Zip Code*	
Primary Phone*		Work Phone		Other Phone		Email Address	
() -		() -		() -			

CO-OWNER INFORMATION *(If more than 2 co-owners attach additional pages)*

First Name*		Middle Name*		Last Name*		Suffix	
Date of Birth*		Place of Birth* (City/State)		Social Security No.*			
Street Address 1*							
Street Address 2							
City*		County		State		Zip Code*	
Primary Phone*		Work Phone		Other Phone		Email Address	
() -		() -		() -			

CO-OWNER INFORMATION

First Name*		Middle Name*		Last Name*		Suffix	
Date of Birth*		Place of Birth* (City/State)		Social Security No.*			
Street Address 1*							
Street Address 2							
City*		County		State		Zip Code*	
Primary Phone*		Work Phone		Other Phone		Email Address	
() -		() -		() -			

ALTERNATIVE CONTACT INFORMATION FOR APPLICANT

Relationship to Applicant			
First Name*	Middle Name*	Last Name*	Suffix
Street Address 1*			
Street Address 2			
City*	County	State	Zip Code*
Primary Phone*	Work Phone	Other Phone	Email Address
() -	() -	() -	

FOR BUSINESS ENTITIES ONLY

Organization Name			
Entity Type: <input type="checkbox"/> Corporation <input type="checkbox"/> General Partner <input type="checkbox"/> Individual Joint Venture <input type="checkbox"/> Publicly Owned <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Other			
<input type="checkbox"/> Minority Business Enterprise <input type="checkbox"/> Women’s Business Enterprise <input type="checkbox"/> Section 3 Business			
Federal Tax ID#			
Street Address 1			
Street Address 2			
City*	County	State	Zip Code*
Primary Phone*	Work Phone	Other Phone	Email Address
() -	() -	() -	

Provide the following information on the single family structure. (Please use a separate application form as needed for each structure to be assisted).

RENTAL PROPERTY INFORMATION

Primary Property Address

House Number	Unit#	Street Name	Street Direction	Street Type (Blvd/Ave. etc)
City		County	State TX	Zip Code*

What type of structure is the damaged home?*

Site Built Manufactured (Mobile) **Year Built:** _____
 Modular Other: _____

Has the damaged home been condemned or deemed unfit for occupancy? Yes No

What is the extent of damage to structure?

Total Loss Major (over \$25,000) Minor (less than \$25,000)

Is the damaged property currently under reconstruction? Yes No

Are you planning on rebuilding the damaged home on a different site? Yes No

If yes, please provide the address for the new site below:

Street Address 1*

Street Address 2

City*	County	State TX	Zip Code*
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All applications received will go through a scoring process to determine an overall ranking or prioritization. Scoring will be based upon the following questions:

1. Is the existing structure on the property being replaced or repaired? Yes No
2. If the property is currently a vacant lot, was there a previous structure damaged by Hurricane Dolly that was demolished? Yes No
3. How many bedrooms does the structure contain? _____
4. Is the structure within a 2-mile radius of public transportation, shopping and schools?
 Yes No
5. Priority will be given to projects where the landlord contributes 25% funds to the rehabilitation or reconstruction of the structure. Do you intend to contribute any funds to the project?
 Yes No
If yes, how much do you intend to contribute? _____
6. Will you agree to a 10 year LURA and accept Section 8 vouchers? Yes No
7. Will you agree to a 5 year LURA and accept Section 8 vouchers (a minimum threshold requirement)? Yes No

8. Will your marketing efforts target families at or below 50% AMFI? Yes No
9. Is the property within the HOP eligible areas as defined under the LRGVDC Needs Assessment and any corresponding Amendments/Waivers? Yes No
10. If there is a structure on the property is the structure currently occupied? Yes No
11. Are property taxes current? Yes No
12. Are there any outstanding real estate taxes, loans, liens, or judgments against the property?
 Yes No Don't Know
13. Are there any pending judgments, liens, or bankruptcy hearings relevant to this property?
 Yes No Don't Know
14. Does the applicant/owner owe child support? Yes No Don't Know
If so, what is the Case Number and state of the order? _____
15. If you do owe child support are you paid current on your child support? (You will be asked to provide a current pay history) Yes No Don't Know
16. Is the property located in a floodplain? Yes No Don't Know

APPLICANT CERTIFICATION

Prior to submission of this Application, you are responsible for reading and understanding all information related to the Single Family Rental Program in the SINGLE FAMILY AND MULTIFAMILY RENTAL PROGRAM GUIDEBOOK, especially Sections 7, 8 and 9. For your reference, the LRGVDC Single Family and Multifamily Rental Program Guidebook is located on the LRGVDC website: <http://www.lrgvdc.org/downloads/disaster-recovery/Rental%20Approved%20Guidelines%2020121221.pdf>

I certify that I have read and understand all information related to the Single Family Rental program in the SINGLE FAMILY AND MULTIFAMILY RENTAL PROGRAM GUIDEBOOK prior to the submission of this application and associated documentation.

Applicant Signature

Date

Co-Applicant Signature

Date

REIMBURSEMENT FOR STORM-RELATED LOSS ON REAL ESTATE

SBA#		SBA Amount \$	
FEMA#		FEMA Amount \$	
Insurance Policy Number	Insurance Provider Name	Insurance Compensation Amount	
		\$	

Units receiving DRARP funding must be occupied by low-to-moderate income households as defined in 24 CFR 570.3. Property owners may not charge a rent in excess of the approved maximum Fair Market Rents (FMRs). Fair market rent means the rent, **including** the cost of utilities (except telephone), as established by HUD for units of varying sizes (by number of bedrooms), that must be paid in the market area to rent privately owned, existing, decent, safe and sanitary rental housing of modest (non-luxury) nature with suitable amenities. The FMRs in the DRARP program are adjusted annually with the publication of new FMR tables by the Federal government. The maximum monthly rents allowable for the current fiscal year can be found at the following website. These rents include the cost of utilities. (http://www.huduser.org/portal/datasets/fmr/fmrs/FY2013_code/select_Geography.odn)

The rent, plus all mandatory fees, plus an allowance for those utilities paid by the resident directly to a utility provider, must be less than the allowable limit. Utility allowances are estimates of the expenses associated with different types of utilities and their uses. The utilities for which allowances may be provided include electricity, natural gas, propane, fuel oil, wood or coal, and water and sewage service, as well as garbage collection. The functions, or **end-uses**, covered by an allowance may include space heating, water heating, cooling, refrigeration, lighting, or appliances. Allowances are not provided for telephone service. The program will require utility allowances to coincide with the relevant public housing authority.

Utilities include:

Heating:	Natural Gas	Other Electric	
	Bottle Gas	Air Conditioning	
	Electric	Water Heater:	Natural Gas
	Coal/Other		Bottle Gas
Cooking:	Natural Gas		Electric
	Bottle Gas		Coal/Other
	Electric		
	Coal/Other		

LANDLORD MARKETING CERTIFICATION

Important: *Section 101 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the United States Government as to any matter within its jurisdiction.*

CERTIFICATION:

I /We certify under penalty of perjury that my/our rental property located at the address described within this application will be targeted for families who are at or below 50% AMFI. I/We understand any false statements will be considered fraud, and that I/we may be prosecuted under applicable U.S. Codes for this fraud. Furthermore, I/we understand that assistance granted based on fraudulent information must be reimbursed in whole to the jurisdiction defined by the Program Guidebook.

X _____ Date
Rental Property Owner

X _____ Date
Rental Property Owner

NOTARY ACKNOWLEDGEMENT

On this _____ day of _____, 20____, before me personally appeared _____, known or proven to me to be the person named in this certification, who executed this certification, and who under oath stated that they read the above certification and that the facts stated therein are personally known and are true and correct.

Notary Public in and for the State of Texas

APPLICANT CERTIFICATION

I certify under penalty of perjury that the information on this application and any attachments are true to the best of my/our knowledge and it may be relied upon to provide me with disaster assistance. Damages claimed are a result of Hurricane Dolly.

Important: *Section 101 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the United States Government as to any matter within its jurisdiction.*

CERTIFICATION:

I certify this application has been completed to the best of my/our knowledge with complete & accurate information. I/We understand any false statements or omissions of facts relevant to eligibility for assistance will be considered fraud, and that I/we may be prosecuted under applicable U.S. Codes for this fraud. Furthermore, I/we understand that assistance granted based on fraudulent information must be reimbursed in whole to the jurisdiction defined by the Program Guidebook.

X _____	_____
Rental Property Owner	Date
X _____	_____
Rental Property Owner	Date

NOTARY ACKNOWLEDGMENT

EXECUTED this day of _____.

STATE OF TEXAS §

§

COUNTY OF _____ §

On this _____ day of _____, 20____, before me personally appeared _____, known or proven to me to be the person named in the above instrument, who executed the above instrument, and who under oath stated that they read the above instrument and that the facts stated therein are personally known and are true and correct.

Notary Public in and for the State of Texas

Lower Rio Grande Valley Development Council is wheelchair accessible. Handicap parking spaces are available. For the hearing impaired, the office may be reached by TDD through Relay Texas at 7-1-1 or 1-800-RELAY TX (1-800-735-2989). Interpretive services are available with an advance notice of 48 hours.

**Please return this form by mail or deliver in person to:
301 W. Railroad, Weslaco, TX 78596.**

The documentation listed below may be required to process your application and determine your eligibility. Please submit these documents with your application. Items identified by an * are required.

Current and verifiable Government issued photo ID such as driver's license, passport, Military ID or permanent resident card for both the Property Owner and Property Co-Owners. *

Social Security Card or Tax Identification Number.*

Power of Attorney and/or Communication Designee information, if applicable.

Ownership Documents that have not been recorded in the public records, if applicable.

Divorce Decree / Dissolution of Marriage / Death Certificate if any owner of record is alienated or deceased, if applicable.

FEMA registration number and amount received or Denial letter.

SBA loan number, amount approved and amount received or Denial letter.

Insurance (Property, Flood, Wind) information for policies in place at the time of Hurricane Dolly including company name, agent's name, phone number, policy date, policy number, claim number, and amount received for structure.

Receipts, cancelled checks or credit card statement receipts in the OWNER's name to prove that FEMA, SBA or insurance proceeds were used to make verifiable repairs to the damaged home. *

Lien and mortgage information for any open obligations on the property including name of lender, estimated payoff balance, account numbers or payment coupon/ mortgage statement. *

Copy of current property tax bill. *

If the applicant owes a child support obligation, the applicant is able to verify he/she does not have a past due balance OR the applicant can prove he/she is current on a payment plan.

Certification that owner will not discriminate against participants in HUD's housing choice voucher program. *

Conflict of interest statement. *

Proof of compliance with all appropriate zoning and use permits as needed.

Original Site plan showing building, driveways, sidewalks, and parking as needed.

A list of needed repairs for each individual unit (helps document original condition in case of future issues). *

Photos of each unit – exterior and interior (helps document current condition in case of future claims of contractor or program damage during project – or if not available then this may be documented during an initial inspection).

1. Corporations must provide:

- A. Articles of Incorporation and amendments, if any.
- B. Bylaws and amendments, if any.
- C. Borrowing Resolution containing the following:
 - 1. Authority to own and operate rental property;
 - 2. Authority to borrow funds and execute loan documents;
 - 3. Name and title of officer(s) authorized to execute loan documents; and
 - 4. Certificate of Good Standing filed with Texas Secretary of State's Office and dated within 30 days prior to the execution of loan documents.

2. General Partnerships must provide:

- A. Partnership Agreement and amendments, if any.
 - 1. Term of the partnership must be for at least the term of loan.
 - 2. There must be at least two general partners.
 - 3. All general partners are required to sign loan documents.
- B. Borrowing Resolution of corporate general partner(s). Refer to 1.C. (1) through (3), above, for requirements.

Note: Borrowing Resolution is not necessary for individual general partner(s).

3. Limited Partnerships must provide:

- A. Certificate of Limited Partnership filed with Texas Secretary of State's Office.
 - 1. Term of the partnership must be for at least the term of loan.
- B. Limited Partnership Agreement and amendments, if any.
 - 1. Term of the partnership must be for at least the term of loan; and
 - 2. All general partners are required to sign loan documents.
- C. Borrowing Resolution of corporate general partner(s). Refer to 1.C. (1) through (3), above, for requirements.
- D. Certificate of Good Standing filed with Texas Secretary of State's Office and dated within 30 days prior to the execution of loan documents.

Note: Borrowing Resolution is not necessary for individual general partner(s).

4. Limited Liability Companies (LLCs) must provide:

- A. Articles of Organization/Formation and amendments, if any.
- B. Operating Agreement/Bylaws and amendments, if any.
- C. Member Control Agreement (if applicable) and amendments, if any.
- D. Borrowing Resolution of Managing Member(s). Refer to 1.C. (1) through (3), above, for requirements.
- E. Certificate of Good Standing filed with Texas Secretary of State's Office and dated within 30 days prior to the execution of loan documents.

5. Non-Profits must also provide:

- A. U.S. Internal Revenue Service authorization of non-profit status. Enabling resolution and minutes from the board establishing the right to execute documents.
- B. Certified Bylaws and amendments, if any.
- C. Borrowing Resolution. Refer to 1.C. (1) through (3), above, for requirements.

APPLICANT CONFLICT OF INTEREST QUESTIONNAIRE

Federal, State, and County law prohibits employees and public officials of the jurisdiction as defined by the Program Guidebook from participating in any transaction in which they have a financial interest. This questionnaire must be completed and submitted by each applicant for Disaster Recovery Affordable Rental Program funding. The purpose of this questionnaire is to determine if the applicant, or any of the applicant's family, would be in conflict of interest with any of the entities overseeing the application process.

1. Is there any member(s) of the applicant's family, who is or has/have been within one year of the date of this questionnaire (a) a LRGVDC employee or consultant, or (b) a LRGVDC Board Member?

(Please check the applicable answer below)

Yes No (Check One)

If yes, please list the name(s) and information requested below:

Name of person	Job Title of person	Indicate Employee, Consultant, Or Board Member

2. Will the Disaster Recovery Affordable Rental Program funds requested by the applicant be used to award a subcontract to any individual(s) or business affiliate(s) who is/are currently or has/have been within one year of the date of this questionnaire a LRGVDC employee, consultant, Board Member?

Yes No (Check One)

If yes, please list the name(s) and information requested below:

Name of person	Job Title of person	Indicate Employee, Consultant, Or Board Member

3. Is there any member(s) of the applicant's family who is/are business partners or family members of a LRGVDC employee or consultant, a LRGVDC Board Member?

Yes No (Check one)

If yes, please identify below the LRGVDC employee, consultant, board member with whom each individual has family or business ties.

Name of member	Indicate Employee, Consultant, Or Board Member	Indicate type of tie (Family or Business)	If family, indicate relationship

4. Have you read and understand the HUD regulation regarding conflict of interest, 24 CFR 570.611 (attached)? Yes No (Check one)

Name of Applicant: _____

Signature of Applicant's Representative _____

Title _____

Date _____

24 CFR 570.611

(b) *Conflicts prohibited.* The general rule is that no persons described in paragraph (c) of this section who exercise or have exercised any functions or responsibilities with respect to CDBG activities assisted under this part, or who are in a position to participate in a decision-making process or gain inside information with regard to such activities, may obtain a financial interest or benefit from a CDBG-assisted activity, or have a financial interest in any contract, subcontract, or agreement with respect to a CDBG-assisted activity, or with respect to the proceeds of the CDBG-assisted activity, either for themselves or those with whom they have business or immediate family ties, during their tenure or for one year thereafter.

(c) *Persons covered.* The conflict of interest provisions of paragraph (b) of this section apply to any person who is an employee, agent, consultant, officer, or elected official or appointed official of the recipient, or of any designated public agencies, or of subrecipients that are receiving funds under this part.

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Willacy County

Arturo Ramirez

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Eleazar Garcia Jr.

City Manager – City of Raymondville

Mario Palamo

Pharr Economic Development Corporation

Luis Figueroa

Rike-Ogden-Figueroa Architects

Martha Salazar

Hidalgo County Purchasing Department

Julio Cerda

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Sandee Alvarez

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City of San Juan

Ann Cass

Proyecto Azteca

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Start Center/Equal Voice

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Gaby Reyna	Planner I
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Brenda Salinas	Technician III