

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
AGENDA ITEM SUMMARY

Meeting Date: April 16, 2013

☒ Consent ☐ Regular
☐ Workshop ☐ Public Hearing

Department:

Submitted By: Engineering & Public Works

Submitted For: Roadway Production Division

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to approve: The renewal of the Intersection Improvement Annual Agreements with Arcadis U.S., Inc., (Arcadis), whose original agreement was dated May 17, 2011, R2011-0703 and Kimley-Horn and Associates, Inc. (KHA), whose original agreement was dated May 17, 2011, R2011-0704.

SUMMARY: Approval of these renewal agreements will extend required professional services for one year, on a work task order basis. These renewal agreements will continue for the period from May 17, 2013 through May 16, 2014. These are the second and final renewals of two possible one year renewals contemplated in the original agreements. Arcadis and KHA are both Palm Beach County companies.

Countywide (MRE)

Background and Justification: In accordance with Board of County Commissioners adopted procedures pursuant to Florida Statutes 287.055 Consultants Competitive Negotiations Act, the above listed consulting firms were selected to perform professional services relative to Palm Beach County (County) needs, and are presently under agreement with the County on an annual contractual basis. It is the consensus of the user Departments that these consulting firms have, within the provisions of their agreements, provided the professional services requested by the County. Since they remain in good standing and wish to continue to provide the professional services as indicated in their agreements, the County agrees to renew their agreements for one year.

These renewal agreements have been reviewed with the above listed consulting firms, and staff recommends the second and final renewal of the attached consultant annual agreements. This transaction will maintain the continuous process of professional services required by the County.

Attachments:

1. Renewal Agreement with Arcadis includes Certificate of Insurance (2)
2. Renewal Agreement with KHA includes Certificate of Insurance (2)

Recommended By: [Signature]

Director

Date

2/27/13 [Signature]

Approved By: [Signature]

T. 1.1.11

2/27/13

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2013	2014	2015	2016	2017
Capital Expenditures	\$ -0-	-0-	-0-	-0-	-0-
Operating Costs	-0-	-0-	-0-	-0-	-0-
External Revenues	-0-	-0-	-0-	-0-	-0-
Program Income (County)	-0-	-0-	-0-	-0-	-0-
In-Kind Match (County)	-0-	-0-	-0-	-0-	-0-
NET FISCAL IMPACT	\$ -0-	-0-	-0-	-0-	-0-
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____

Is Item Included in Current Budget? Yes No

Budget Acct No.: Fund__ Dept.__ Unit__ Object
Program

Recommended Sources of Funds/Summary of Fiscal Impact:

Fiscal impact is indeterminable at this time. These professional services are authorized on a task order basis. Funding will be established by project as necessary.

C. Departmental Fiscal Review: .

Alice Kovalainen

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Dev. and Control Comments:

[Signature] 3/19/2013
OFMB *DA* 3/18/13

[Signature] 4/11/13
Contract Dev. and Control
4-1-13 B. Wheeler

B. Approved as to Form and Legal Sufficiency:

[Signature] 4/1/13
Assistant County Attorney

C. Other Department Review:

Department Director



Infrastructure · Water · Environment · Buildings

Palm Beach County Board of Commissioners
C/O: Engineering & Public Works Department
2300 N. Jog Road
West Palm Beach, FL 33411-2745
Attn: David Young, P.E., Special Projects Manager

ARCADIS U.S., Inc.
2081 Vista Parkway
Suite 200
West Palm Beach
Florida 33411
Tel 561 697 7000
Fax 561 697 7751
www.arcadis-us.com

Transportation

Subject: **RENEWAL AGREEMENT FOR INTERSECTION IMPROVEMENTS
ANNUAL AGREEMENT DATED MAY 17, 2011 (R2011-0703)**

Dear Sir:

This Renewal Agreement serves as our official notification of interest in continuing our Agreement with Palm Beach County for professional services as specified in the above reference, for the period of May 17, 2013 through May 16, 2014.

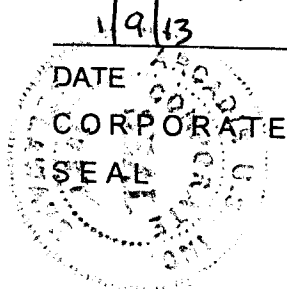
We are in agreement that all provisions in the original Agreement, as amended, remain in full force and effect. Per your request, we are enclosing an updated fee schedule, State Registration, General, Automobile, and Professional Liability Insurance Certificates, and all appropriate affidavits.

Please indicate your acceptance of this Renewal Agreement by proper signature below and returning same as fully executed to this office.

Sincerely,

Arcadis U.S., Inc.


Robert Lawson, P.E., Vice President



Attest: 

1/10/13
DATE

Date:
January 9, 2013

Contact:
Robert Lawson

Phone:
(561) 697-7002

Email:
Bob.lawson@arcadis-us.com

Our ref:

Florida License Numbers

Engineering
EB00007917

Geology
GB564

Surveying
LB7062

Imagine the result

Accepted by:

Palm Beach County Board of Commissioners

BY: _____

Steven L. Abrams, ~~Chairman~~
Mayor

Approved As To Form & Legal Sufficiency:

Attest:

Sharon R. Bock, Clerk
and Comptroller

BY: _____

Deputy Clerk

Approved as to
Terms and
Conditions:

Sharon R. Bock

Task Order Basis - Fee Schedule

*Rates OK,
BZy*

ARCADIS U.S., INC.

2081 Vista Parkway e-mail: hank.deibel@arcadis-us.com
West Palm Beach, FL 33411 Ph. (561) 697-7075 Fax (561) 697-7751
Contact: Henry W. Deibel, Jr., P.E.

Fee Schedule - Effective May 17, 2013 through May 16, 2014		
Classification	Raw Rate	* Burdened Rate
Chief Engineer	\$64.90	\$192.10
Project Manager (Sr. P.E.)	\$49.54	\$146.64
Project Engineer (P.E.)	\$37.06	\$109.70
Designer	\$29.00	\$85.84
CADD/Draftsman	\$19.22	\$56.89
Surveyor (P.S.M.)	\$33.21	\$98.30
Survey Technician	\$23.03	\$68.17
Survey Field Crew (2-Man)	\$38.56	\$114.14

* Rounded

Multiplier:
Salary 1.00

Overhead & Fringe 1.63

12% Profit 0.3176

Total 2.96

CERTIFICATION STATEMENTS

Project: Intersection Improvements Annual Services

Project No.: On A Task Order Basis

Consultant/Annual Consultant: Arcadis U.S., Inc.

TRUTH-IN-NEGOTIATION STATEMENT

By entering into this Agreement, the **CONSULTANT/ANNUAL CONSULTANT** certifies that the wage rates and costs used to determine the lump sum fees contained in herein are accurate, complete and current as of the date of this Agreement.

The said lump sum fees shall be adjusted to exclude any significant sums should the **COUNTY** determine that the lump sum fees were increased due to inaccurate, incomplete or non-current wage rates or due to inaccurate representations of fees paid to outside consultants.

The **COUNTY** shall exercise its right under this "Certificate" within one year following final payment.

PROHIBITION AGAINST CONTINGENT FEES STATEMENT

By entering into this Agreement the **CONSULTANT/ANNUAL CONSULTANT** warrants that they have not employed or retained any company or person other than a bonafide employee working solely for the **CONSULTANT/ANNUAL CONSULTANT** to solicit or secure this Agreement and that they have not paid or agreed to pay any person, company, corporation, individual or firm other than a bonafide employee working solely for the **CONSULTANT/ANNUAL CONSULTANT**, any fee, commission, percentage, gift or other consideration contingent upon or resulting from the award of making of this agreement.

PUBLIC ENTITY CRIMES STATEMENT

As provided in F.S. 287.132-133, by entering this Agreement or performing any work in furtherance hereof, the **CONSULTANT/ANNUAL CONSULTANT** certifies that it, its affiliates, suppliers, sub-contractors and consultants who will perform hereunder, have not been placed on the convicted vendor list maintained by the State of Florida Department of Management Services within the 36 months immediately preceding the date hereof. This notice is required by F.S. 287.133 (3) (a).

NON-DISCRIMINATION STATEMENT

The **CONSULTANT/ANNUAL CONSULTANT** warrants and represents that all of its employees are treated equally during employment without regard to race, color, religion, disability, sex, age, national origin, ancestry, marital status, familial status sexual orientation, gender identity and expression.



Robert Lawson, P.E., Vice President

CONFLICT OF INTEREST DISCLOSURE FORM

Attachment 1 - Page 5 of 5

Project: Intersection Improvement Annual Services
Project No.: On A Task Order Basis

CONSULTANT/ANNUAL CONSULTANT represents that it presently has no interest, either direct or indirect, which would or could conflict in any manner with the performance of services for the County, except as follows:

(Attach additional sheets as needed.)

CONSULTANT/ANNUAL CONSULTANT further represents that no person having any interest shall be employed for said performance. By signing below, CONSULTANT/ANNUAL CONSULTANT certifies that the information contained herein is true and correct and constitutes all current potential conflicts of interest which may influence or appear to influence CONSULTANT'S/ANNUAL CONSULTANT'S judgment or quality of services being provided to the County.

CONSULTANT/ANNUAL CONSULTANT shall promptly notify the COUNTY in writing by certified mail of all potential conflicts of interest that may arise in the future through any prospective business association, interest or other circumstance which may influence or appear to influence CONSULTANT'S/ANNUAL CONSULTANT'S judgment or quality of services being provided to the County. Such written notification shall identify the prospective business association, interest or circumstance, the nature of work that CONSULTANT/ANNUAL CONSULTANT may undertake and request an opinion of the COUNTY as to whether the association, interest or circumstance would, in the opinion of the COUNTY, constitute an unacceptable conflict of interest if entered into by the CONSULTANT/ANNUAL CONSULTANT.

If, in the sole opinion of the COUNTY, the prospective business association, interest or circumstance of CONSULTANT/ANNUAL CONSULTANT would constitute an unacceptable conflict of interest to the COUNTY, the COUNTY shall so state in the notification and the CONSULTANT/ANNUAL CONSULTANT shall not enter into said association, interest or circumstance.

THIS DISCLOSURE is submitted by Robert Lawson, P.E., as
(Name of Individual)
Vice President, of Arcadis U.S., Inc.
(Title/Position) (Firm Name of CONSULTANT/ANNUAL CONSULTANT)
who hereby certifies that the information stated above is true and correct. Further, it is hereby acknowledged that any misrepresentation by the CONSULTANT/ANNUAL CONSULTANT on this Disclosure is considered an unethical business practice and is grounds for sanctions against future County business with the CONSULTANT/ANNUAL CONSULTANT.


(Signature)

1/9/13
(Date)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/19/2012

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
Aon Risk Services South, Inc.
Franklin TN Office
501 Corporate Centre Drive
Suite 300
Franklin TN 37067 USA

CONTACT

PHONE (866) 283-7122 FAX (847) 953-5390
E-MAIL ADDRESS:

INSURED
ARCADIS U.S., Inc.
630 Plaza Drive, Suite 100
Highlands Ranch CO 80129 USA

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	Lexington Insurance Company	19437
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 570047084707

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.

Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURER	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY					EACH OCCURRENCE
	COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)
	CLAIMS-MADE <input type="checkbox"/> OCCUR					MED EXP (Per one person)
						PERSONAL & ADV INJURY
						GENERAL AGGREGATE
						PRODUCTS - COMP/PROP AGG
	GEN'L AGGREGATE LIMIT APPLIES PER					
	POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/>					
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)
	ANY AUTO					BODILY INJURY (Per person)
	ALL OWNED AUTOS					BODILY INJURY (Per accident)
	HIRED AUTOS					PROPERTY DAMAGE (Per accident)
	SCHEDULED AUTOS					
	NON-OWNED AUTOS					
	UMBRELLA LIAB					EACH OCCURRENCE
	EXCESS LIAB					AGGREGATE
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>					
	DED <input type="checkbox"/> RETENTION <input type="checkbox"/>					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATUTORY LIMITS
	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER MEMBER EXCLUDED? (Mandatory in NH)					OTH ER
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. EACH ACCIDENT
						E.L. DISEASE-EA EMPLOYEE
						E.L. DISEASE-POLICY LIMIT
A	Contractor Pol		015448990	06/01/2012	06/01/2013	Per Claim \$5,000,000 Annual Aggregate \$5,000,000
			Professional & Pollution			
			SIR applies per policy terms & conditions			

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

For Professional Liability coverage, the Aggregate Limit is the total insurance available for claims presented within the policy period for all operations of the insured. The Limit will be reduced by payments of indemnity and expense. Project Name: For All Projects with Palm Beach County. The Professional/Pollution Liability policy has Full Prior Acts coverage.

CERTIFICATE HOLDER

CANCELLATION

Palm Beach County Board
of County Commissioners
Attn: Jaann Dean
2300 North Jog Road
West Palm Beach FL 33411 USA

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

Aon Risk Services South Inc.



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
01/04/2013

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
Aon Risk Services South, Inc.
Franklin TN Office
501 Corporate Centre Drive
Suite 300
Franklin TN 37067 USA

CONTACT
NAME:
PHONE
(A/C. No. Ext): (866) 283-7122 FAX
(A/C. No.): (847) 953-5390
E-MAIL
ADDRESS:

INSURED
ARCADIS U.S., Inc.
630 Plaza Drive, Suite 100
Highlands Ranch CO 80129 USA

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Greenwich Insurance Company	22322
INSURER B: XL Specialty Insurance Co	37885
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 570048780514

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.

Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		GEC001076111	01/01/2013	01/01/2014	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMPI/OP AGG \$2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					
	<input checked="" type="checkbox"/> Contractual Liability					
	GEN'L AGGREGATE LIMIT APPLIES PER:					
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC					
B	AUTOMOBILE LIABILITY		AEC001075811 AOS AEC001719509 MA	01/01/2013	01/01/2014	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	<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					
	<input checked="" type="checkbox"/> Property Damage to					
	UMBRELLA LIAB <input type="checkbox"/> OCCUR					
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					
	DED <input type="checkbox"/> RETENTION					
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		RWD943516307 All Other States RWR943516707 WI	01/01/2013	01/01/2014	<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
	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NM)	Y/N N				
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				

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

RE: Engineering Design Services for all projects with Palm Beach County. Palm Beach County Board of County Commissioners, A Political Subdivision of the State of Florida, its officers, employees and agents are included as Additional Insured as required by written contract, but limited to the operations of the Insured under said contract, with respect to the General Liability and Automobile Liability policies. The General Liability and Automobile Liability policies evidenced herein are Primary and Non-Contributory to other insurance available to Palm Beach County Board of County Commissioners, but only to the extent required by written contract with the Insured. A waiver of Subrogation is granted in favor of Palm Beach County Board of County Commissioners, A Political Subdivision of the State of Florida, its officers, employees and agents as required by

CERTIFICATE HOLDER

CANCELLATION

Palm Beach County
Board of County Commissioners
Attn: JaeAnn Dean
2300 North Jog Road
West Palm Beach FL 33411 USA

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

Aon Risk Services South Inc.

Holder Identifier :

Certificate No : 570048780514

AGENCY CUSTOMER ID: 570000005571

LOC #:



ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY Aon Risk Services South, Inc.		NAMED INSURED ARCADIS U.S., Inc.	
POLICY NUMBER See Certificate Number: 570048780514			
CARRIER See Certificate Number: 570048780514	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Additional Description of Operations / Locations / Vehicles:

written contract but limited to the operations of the Insured under said contract, with respect to the General Liability, Automobile Liability and workers' Compensation policies. In the event General Liability, Automobile Liability, workmen's Compensation coverage is cancelled for any statutorily permitted reason, other than non-payment of premium, 30 days advanced written notice will be mailed or delivered to the certificate holder listed below, when required by written contract or agreement.



Kimley-Horn
and Associates, Inc.

January 9, 2013

Palm Beach County Board of Commissioners
C/O: Engineering & Public Works Department
2300 N. Jog Road
West Palm Beach, FL 33411-2745
Attn: David Young, P.E., Special Projects Manager

■
Suite 200
1920 Wekiva Way
West Palm Beach, Florida
33411

**RE: RENEWAL AGREEMENT FOR INTERSECTION IMPROVEMENTS ANNUAL AGREEMENT
DATED MAY 17, 2011 (R2011-0704)**

Dear Sir:

This Renewal Agreement serves as our official notification of interest in continuing our Agreement with Palm Beach County for professional services as specified in the above reference, for the period of May 17, 2013 through May 16, 2014.

We are in agreement that all provisions in the original Agreement, as amended, remain in full force and effect. Per your request, we are enclosing an updated fee schedule, State Registration, General, Automobile, and Professional Liability Insurance Certificates, and all appropriate affidavits.

Please indicate your acceptance of this Renewal Agreement by proper signature below and returning same as fully executed to this office.

Sincerely,

Kimley-Horn and Associates, Inc.

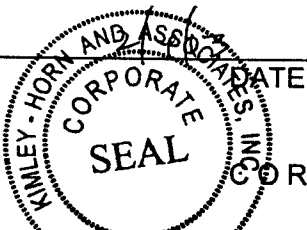
David R. Bardt, P.E., Senior Vice President

Attest:

Paul L. Cherry, P.E., Senior Vice President

2/4/13

DATE



CORPORATE
SEAL

Accepted by: NC
Palm Beach County Board of Commissioners

Attest:

Sharon R. Bock, Clerk and Comptroller

BY: _____
Steven L. Abrams, Chairman Mayor

BY: _____
Deputy Clerk

Approved As To Form & Legal Sufficiency:

Approved as to Terms and Conditions:

■
TEL 561 845 0005
FAX 561 863 8175

**Palm Beach County
Intersection Improvement Services**

*Rates OK.
JZy*

Kimley-Horn and Associates, Inc.

**Fee Schedule
Effective May 17, 2013 through May 16, 2014**

<u>Category (1)</u>	<u>Category Average (2)</u>
Project Manager	\$52.90
Senior Engineer	\$47.92
Project Engineer	\$41.50
Designer	\$33.50
Senior CADD Technician	\$26.50

Overhead

The current overhead rate for Kimley-Horn and Associates, Inc. based on FAR guidelines for the year ended December 31, 2011 is 193.23

Multiplier capped at 3.0 for 2013 per Palm Beach County.

Reimbursable costs and computer costs are not included in the overhead rate.

CERTIFICATION STATEMENTS

Attachment 2 - Page 3 of 7

Project: Intersection Improvements Annual Services

Project No.: On A Task Order Basis

Consultant/Annual Consultant: Kimley-Horn and Associates, Inc.

TRUTH-IN-NEGOTIATION STATEMENT

By entering into this Agreement, the **CONSULTANT/ANNUAL CONSULTANT** certifies that the wage rates and costs used to determine the lump sum fees contained in herein are accurate, complete and current as of the date of this Agreement.

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PROHIBITION AGAINST CONTINGENT FEES STATEMENT

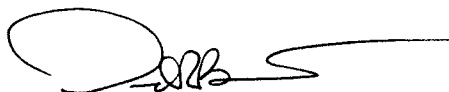
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David R. Bardt, P.E., Senior Vice President

CONFLICT OF INTEREST DISCLOSURE FORM

Attachment 2 - Page 4 of 7

Project: Intersection Improvements Annual Services
Project No.: On A Task Order Basis

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None


(Attach additional sheets as needed.)

CONSULTANT/ANNUAL CONSULTANT further represents that no person having any interest shall be employed for said performance. By signing below, CONSULTANT/ANNUAL CONSULTANT certifies that the information contained herein is true and correct and constitutes all current potential conflicts of interest which may influence or appear to influence CONSULTANT'S/ANNUAL CONSULTANT'S judgment or quality of services being provided to the County.

CONSULTANT/ANNUAL CONSULTANT shall promptly notify the COUNTY in writing by certified mail of all potential conflicts of interest that may arise in the future through any prospective business association, interest or other circumstance which may influence or appear to influence CONSULTANT'S/ANNUAL CONSULTANT'S judgment or quality of services being provided to the County. Such written notification shall identify the prospective business association, interest or circumstance, the nature of work that CONSULTANT/ANNUAL CONSULTANT may undertake and request an opinion of the COUNTY as to whether the association, interest or circumstance would, in the opinion of the COUNTY, constitute an unacceptable conflict of interest if entered into by the CONSULTANT/ANNUAL CONSULTANT.

If, in the sole opinion of the COUNTY, the prospective business association, interest or circumstance of CONSULTANT/ANNUAL CONSULTANT would constitute an unacceptable conflict of interest to the COUNTY, the COUNTY shall so state in the notification and the CONSULTANT/ANNUAL CONSULTANT shall not enter into said association, interest or circumstance.

THIS DISCLOSURE is submitted by David R. Bardt, P.E., as
(Name of Individual)
Senior Vice President, of Kimley-Horn and Associates, Inc.
(Title/Position) (Firm Name of CONSULTANT/ANNUAL CONSULTANT)
who hereby certifies that the information stated above is true and correct. Further, it is hereby acknowledged that any misrepresentation by the CONSULTANT/ANNUAL CONSULTANT on this Disclosure is considered an unethical business practice and is grounds for sanctions against future County business with the CONSULTANT/ANNUAL CONSULTANT.


(Signature)

2/4/13
(Date)



Kimley-Horn
and Associates, Inc.

Attachment 2 - Page 5 of 7

Certificate of Secretary

■
P.O. Box 33068
Raleigh, North Carolina
27636-3068

To Whom It May Concern:

I am the duly qualified and acting Secretary of Kimley-Horn and Associates, Inc., a North Carolina Corporation.

The following is a true copy of a resolution duly adopted by the Board of Directors of the corporation at the Board meeting held on December 20, 2011 and entered in the minutes of such meeting in the minute book of the corporation.

"The Board unanimously approved the contract signing authority of employees as presented." (A copy of the employee lists as presented is enclosed.)

The resolution is in conformity with the articles of incorporation and bylaws of the corporation, has never been modified or repealed, and is now in full force and effect.

Dated: January 24, 2012.

Richard N. Cook, Secretary

(corporate seal)



Kimley-Horn and Associates, Inc.
FULL CONTRACT SIGNING AUTHORITY
December 20, 2011

Attachment 2 - Page 6 of 7

CALIFORNIA

LOS ANGELES
Fares, Jean B.

OAKLAND

Durrenberger, Randal R.

ORANGE

Ciandella, Serine A.
Fares, George B.
Kerry, Nicole M.
Roberson, Kevin M.

PLEASANTON

Sowers, Brian E.
West, James E.

SACRAMENTO

Coppin, Thomas G.
Melvin, Enda
Spinks, Charles R.
Truman, Stephen P.

SAN DIEGO

Barlow, Matthew T.
Colvin, Scott W.
Landaal, Dennis J.
Ross, Michael S.

SAN JOSE

Nash, William A.

FLORIDA

BOCA-DELRAY
Mufleh, Marwan H.

FORT LAUDERDALE

Barnes, Roy R.
Capelli, Jill A.
Ratay, Gary R.
Saxena, K.K.
Wilczek, Erik J.

JACKSONVILLE

Mecca, Joseph P.
Roland, George E.

LAKELAND

Bulloch, Kelly B.
Wilson, Mark E

MIAMI

Baldo, Burt L.
Buchler, Aaron E.

OCALA

Busche, Richard V.
Thigpen, Jonathan D.

ORLANDO

Chau, Hao T.
Jackson, Jay R

SARASOTA

Maio, Alan
Schmid, Seth E.
Stovall, Thomas M.

TALLAHASSEE

Barr, Richard R.
Sewell, Jon S.

TAMPA

Campbell, David C.
Gilner, Scott W.

VERO BEACH

Cave, Derrick B.
Good, Brian A.
Peed, Brooks H.
Wallace, Gary W.

WEST PALM BEACH

Allen, David A.
Atz, John C.
Bardt, David R.
Cherry, Paul L.
Ingram, Jerry W.
Jackson, Kenneth W.
Matson, Jason B.
Rapp, Bryan T.
Schanen, Kevin M.

MID-AMERICA

CHICAGO
Schwartz, Frederick W.

MEMPHIS

Collins, James F.

NASHVILLE

Benditz, John F.
Rhodes, Christopher D.

NEW YORK

Anush A. Nejad

NORTHERN VIRGINIA

Chavers, James T.
Dvorak, Jr., William E.
Lefton, Steven E.
Martin, Robert J.
Murphy, Terence T.

RICHMOND

Cooper, Kurt D.

TWIN CITIES

Bishop, Mark C.
Ehret, Gary A.
Horn, Jon B.
Kaltsas, Joseph D.

VIRGINIA BEACH

Mackey, William F.
Marscheider, Edward A.
Sauro, Thomas J.
Tewksbury, Carl F.

MOUNTAIN

DENVER

Rowe, Curtis D.

LAS VEGAS

Ackeret, Kenneth W.
Colety, Michael D.

PHOENIX

Conrad, John R.
Hermann, Michael J.
Kissinger, John C.
Leistiko, David J.
Mutti, Brent H.
Omairs, Ahmad A.
Pretorius, Petrus S.
Schiller, Michael G.
Willie, Norman D.

RENO

Clark, Maurice J.

TUCSON

Crowther, Brent C.
Perkins, David D.

SOUTHEAST

ATLANTA

Wilson, Deborah L.

ATLANTA - MIDTOWN

Fink, Kenneth L.
Montanye, Emmeline F.
Stricklin, David L.
Walker, John D.

CHARLOTTE

Blakley, Jr., Stephen W.
Hackney, Louis A.
Mingonet, M. Scott
Moore, Richard H.

DURHAM

Nuckols, Charles A.

RALEIGH

Adams, Richard C.
Atkinson, Mark E.
Barber, Barry L.
Burchett, Thomas F.
Byrd, Michael N.
Cook, Richard N.
Deans, Neil T.
Dunzo, Mark W.
Ellis, Nicholas L.
McEntee, David L.
Purtle, Vicki L.
Rohrbaugh, Richard R.
Squires, Christopher A.
Voisin, William J.
Wilson, Mark S.

RALEIGH-DOWNTOWN

Penny, H.D.
Wilson, Jon E.

TEXAS

AUSTIN

Foster, Scott J.
Stebbins, Sam S.
Van Leeuwen, Andrew

COLLIN COUNTY

Brignon, Brit A.

DALLAS

Burns, Gregory B.
Frysinger, Chris V.
Hall, James R.
Henigsmann, Dean A.
Nathan, Aaron W.
Smith, Eric Z.
Swindler, Roderick P.
Wilshire, Roy L.

FORT WORTH

Gary, Glenn A.
James, Jeffery

HOUSTON

Guillory, Michael B.

LAS COLINAS

Tribble, Guy B.
Warren, Loy F.

SAN ANTONIO

Webb, Floyd C.

Kimley-Horn and Associates, Inc.
STANDARD CONTRACT SIGNING AUTHORITY
December 20, 2011

These persons have authority to sign contracts using unmodified Kimley-Horn forms (not client-drafted contracts).

<u>CALIFORNIA</u>	<u>TAMPA</u>	<u>MOUNTAIN</u>	<u>RALEIGH</u>
<u>LOS ANGELES</u>	Hatton, Christopher C.	<u>BOISE</u>	Horn, Ross M.
Valentine, Brian W.	Walthall, David W.	Thurgood, Glen J.	Moore, Jeffrey W.
<u>ORANGE</u>	<u>VERO BEACH</u>	<u>DENVER</u>	Reed, Elizabeth A.
Adrian, Darren J.	Anthony, Lucas S.	Phelps, Randall J.	Robinson, Larry D.
Hourigan, E. Vincent	Kiefer, Michael E.	Steder, Matthew C.	Van Riper, Kent L.
<u>PLEASANTON</u>	<u>WEST PALM BEACH</u>	<u>EAST VALLEY</u>	<u>RALEIGH-</u>
Mowery, Michael C.	Fairchild, Angelina	Grandy, Michael L.	<u>DOWNTOWN</u>
<u>SACRAMENTO</u>	Heggen, Christopher W.	<u>LAS VEGAS</u>	Bishop, Peter A.
Schmitt, Michael L.	Potts, John E.	Carroll, Randy W.	Hachem, Stephanie L.
<u>SAN DIEGO</u>	<u>MID-AMERICA</u>	Wilson, David	Musarra, Salvatore J.
Hart, Patrick B.	<u>CHICAGO</u>	<u>PHOENIX</u>	Sutter, Karl V.
Knapton, Michael J.	Antony, Dean M.	Burns, Leslie D.	<u>TEXAS</u>
Sorenson, David K.	<u>CHESAPEAKE</u>	Delmarter, Michael L.	<u>COLLIN COUNTY</u>
<u>SAN JOSE</u>	Carter, Erica V.	Gillis, Brian R.	Millner, Daniel C.
Hedayat, Leyla	Royal, Jack R.	Haney, Stephen E.	<u>DALLAS</u>
Morris, John J.	<u>MEMPHIS</u>	Norby, Michael A.	Gaskey, Kevin S.
<u>FLORIDA</u>	Monroe, Kenneth W.	White, Tove C.	Kurfes, Wayne
<u>BOCA/DELRAY</u>	<u>NASHVILLE</u>	<u>TUCSON</u>	<u>FORT WORTH</u>
Schwartz, Michael F.	Coode, David A.	Beck, Scott D.	Arnold, Scott R.
Spruce, Michael D.	<u>NORTHERN VIRGINIA</u>	<u>SOUTHEAST</u>	<u>LAS COLINAS</u>
<u>FORT LAUDERDALE</u>	Papazian, Edward Y.	<u>ATLANTA</u>	VonAhsen, Jody L.
Kyle, Gregory S.	Whyte, Richard D.	Newton, Gary T.	<u>SAN ANTONIO</u>
<u>JACKSONVILLE</u>	<u>RICHMOND</u>	Rushing, Michael L.	Gose, Stephen C.
Schilling, William J.	Brewer, Brian J.	<u>ATLANTA -</u>	
<u>LAKELAND</u>	White, Timothy E.	<u>MIDTOWN</u>	
Lewis, Jason A.	<u>TWIN CITIES</u>	Ellis, George E.	
<u>ORLANDO</u>	Danielson, Paul B.	Fanney, Lawson H.	
Burkett, Leon F.	Smalkoski, Brian R.	Meador, Emily H.	
Martin, Jonathan A.	Witzig, Jeanne M.	Strychalski, Raymond P.	
Tate, Jr., S. Cliff	<u>VIRGINIA BEACH</u>	West, Brian B.	
<u>SARASOTA</u>	Chambers, Jon S.	<u>BEAUFORT</u>	
Waddill, William D.	Dierks, Kenneth A.	Bihl, Jennifer T.	
	France, William D.	<u>CHARLOTTE</u>	
	McPherson, Karen C.	Cox, Brian M.	
	Miller, Edward W.	Hume, Robert M.	
		Watts, Austin L.	
		Wilhelm, William R.	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/26/2013

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 Greyling Insurance Brokerage 450 Northridge Parkway Suite 102 Atlanta GA 30350	CONTACT NAME: Jerry Noyola PHONE (A/C No. Ext): (770) 552-4225 FAX (A/C No): (866) 550-4082 E-MAIL ADDRESS: jerry.noyola@greyling.com
INSURED Kimley-Horn and Associates, Inc. P.O. Box 33068 Raleigh NC 27636	INSURER(S) AFFORDING COVERAGE INSURER A National Union Fire Ins. Co. 19445 INSURER B Commerce & Industry Insurance 19410 INSURER C New Hampshire Insurance Company 23841 INSURER D Lexington Insurance Company 19437 INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER:13-14 (Kimley Sharda) REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	X	Y	GL 9645227	4/1/2013	4/1/2014	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 25,000
	<input checked="" type="checkbox"/> Contractual Liability						PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER						GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC						PRODUCTS - COM/PROP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY	X	Y	CA 4982985	4/1/2013	4/1/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			BE 016395110	4/1/2013	4/1/2014	EACH OCCURRENCE \$ 5,000,000
	<input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 5,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
C	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 checked="" type="checkbox"/> N	N/A	WC 018112556	4/1/2013	4/1/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Professional Liability		Y	016017332	12/1/2012	4/1/2014	Per Claim \$2,000,000 Aggregate \$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Re: Intersection Improvements Annual Services Agreement; Marwan Mufleh. Palm Beach County Board of County Commissioners, a Politital Subdivision of the State of Florida, its officers, employees & agents are named as Additional Insureds on the above referenced liability policies with the exception of workers compensation & professional liability. This insurance is primary & non-contributory where required by written contract. Waiver of Subrogation is applicable where required by written contract & allowed by law. Retroactive date for Professional Liability is February 10, 1967.

CERTIFICATE HOLDER Palm Beach County Board of County Commissioners c/o Engineering & Public Works Operations 2300 North Jog Road West Palm Beach, FL 33411	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 David Collings/JERRY <i>David H. Collings</i>
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