

Agenda Item #: 3-C-6

PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS  
AGENDA ITEM SUMMARY

Meeting Date: April 15, 2014

[X] 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 street lighting design annual contract R2013-0658 with Electrical Design Associates, Inc. (Firm), whose original contract was dated June 4, 2013.

**SUMMARY:** Approval of this renewal contract will extend the required professional services for one year, on a task order basis. The renewal contract with this Firm will continue for the period from June 4, 2014 through June 3, 2015. This is the first renewal of two possible one year renewals contemplated in the original contract. The Firm is a Palm Beach County company and is certified as a small business enterprise.

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 Firm was selected to perform professional services relative to Palm Beach County (County) needs, and is presently under contract with the County, on an annual contractual basis. It is the consensus of the user departments that this Firm has, within the provisions of their contract, provided the professional services requested by the County. Since the Firm remains in good standing and wishes to continue to provide the professional services as indicated in their contract, the County agrees to renew their contract for one year.

This renewal contract has been reviewed with the above listed consulting Firm, and staff recommends the first renewal of the attached consultant annual contract. This transaction will maintain the continuous process of professional services required by the County.

**Attachments:**

1. Renewal Contract with EDA includes Certificates of Insurance (2)

Recommended By: *[Signature]* Director Date 3/14/15 *[Signature]*

Approved By: *[Signature]* County Engineer Date 3/24/15

## II. FISCAL IMPACT ANALYSIS

### A. Five Year Summary of Fiscal Impact:

<b>Fiscal Years</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>
<b>Capital Expenditures</b>	<u>\$ -0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
<b>Operating Costs</b>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
<b>External Revenues</b>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
<b>Program Income (County)</b>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
<b>In-Kind Match (County)</b>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
<b>NET FISCAL IMPACT</b>	<u>\$ **</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
<b># ADDITIONAL FTE</b>					
<b>POSITIONS (Cumulative)</b>					

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 contracts are authorized to provide services on a task order basis. Funding will be established by project as necessary.

C. Departmental Fiscal Review: Aliepovalainen

### III. REVIEW COMMENTS

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

  
 3/25/2014  
 OFMB  
 3/25/14

Dr. J. Jacob 3/31/14  
Contract Dev. and Control  
3-31-14 Beckman

**B. Approved as to Form  
and Legal Sufficiency:**

*Marcus C. [Signature]* 4/3/14  
Assistant County Attorney

### C. Other Department Review:

**Department Director**

**This summary is not to be used as a basis for payment.**



*Electrical Design Associates*

February 20, 2014

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

**RE: RENEWAL CONTRACT FOR STREET LIGHTING SERVICES ANNUAL CONTRACT  
DATED JUNE 4, 2013 (R2013-0658)**

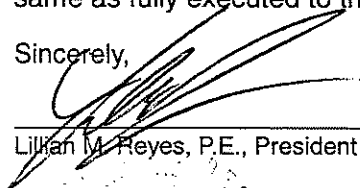
Dear Sir:


This Renewal Contract serves as our official notification of interest in continuing our Contract with Palm Beach County for professional services as specified in the above reference, for the period of June 4, 2014 through June 3, 2015.

We are in agreement that all provisions in the original Contract, 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 Contract by proper signature below and returning same as fully executed to this office.

Sincerely,

  
\_\_\_\_\_  
Lilian M. Reyes, P.E., President      2/20/14      Date

      2/20/14  
Attest: Crystal Coan / office mgr.      Date



Accepted by:  
Palm Beach County Board of Commissioners

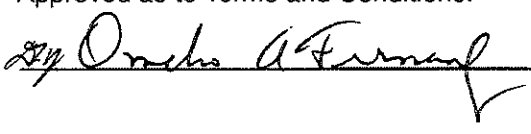
Attest:  
Sharon R. Bock, Clerk and Comptroller

\_\_\_\_\_  
Priscilla A. Taylor, Mayor      Date

\_\_\_\_\_  
Deputy Clerk      Date

Approved As To Form & Legal Sufficiency:

Approved as to Terms and Conditions:

\_\_\_\_\_  




Attachment 1 – Page 2 of 4

*Rates OK  
2/26/14*

Fee Summary

Re: Street Lighting Annual Agreement  
Palm Beach County, Florida

As requested, the following is our information regarding overhead multipliers and personnel hourly rates for projects with Palm Beach County. These rates will be used throughout the duration of the Contract:

Base Rate	<u>100</u>	%
Overhead & Fringe Benefits	<u>160</u>	%
Subtotal	<u>260</u>	%
Operating Margin (10%)	<u>0.26</u>	

MULTIPLIER 2.86

In order to meet Palm Beach County guidelines, the maximum multiplier of 2.86 will be used for this contract.

OVERALL MULTIPLIER 2.86

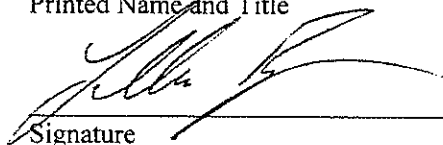
Individual classification for personnel hourly rates are as follows:

Classification	Basic Hourly Rate	Overall Multiplier	Billable
Project Manager	56.88	2.86	162.68
Engineer	35.10	2.86	100.39
Engineer Intern	29.00	2.86	82.94
CADD/Computer Technician	28.00	2.86	80.08

Under penalty of perjury, I declare that I have read the foregoing and the facts stated in it are true. False statements may result in criminal prosecution for a felony of the third degree as provided for in Section 92.525(3), Florida Statutes.

Lillian M. Reyes

Printed Name and Title

  
Signature

Date: March 4, 2014

5300 W. ATLANTIC AVE.  
SUITE 408  
DELRAY BEACH, FL 33484

4763 S. CONWAY ROAD  
SUITE E  
ORLANDO, FL 32812

3001 N. ROCKY POINT DRIVE E.  
SUITE 200  
TAMPA, FL 33607

### CERTIFICATION STATEMENTS

Attachment 1 – Page 3 of 4

Project: Street Lighting Design Annual Services

Project No.: On A Work Task Order Basis

Consultant/Annual Consultant: Electrical Design Associates, Inc.

### TRUTH-IN-NEGOTIATION STATEMENT

By entering into this Contract, 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 Contract.

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

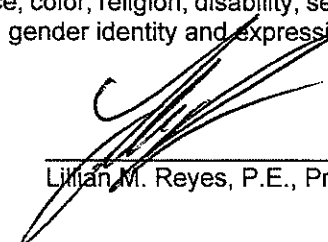
By entering into this Contract the **CONSULTANT/ANNUAL CONSULTANT** warrants that they have not employed or retained any company or person other than a bonafide employee working solely for the **CONSULTANT/ANNUAL CONSULTANT** to solicit or secure this Contract and that they have not paid or agreed to 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 Contract.

### PUBLIC ENTITY CRIMES STATEMENT

As provided in F.S. 287.132-133, by entering this Contract 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, or genetic information.

  
Lillian M. Reyes, P.E., President

2/20/14

**CONFLICT OF INTEREST DISCLOSURE FORM**

Attachment 1 – Page 4 of 4

**Project:** Street Lighting Design Annual Services  
**Project No.:** On a Work 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.

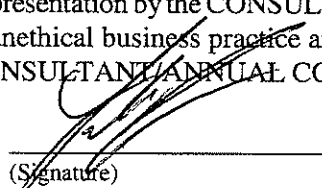
CONSULTANT/ANNUAL CONSULTANT shall promptly notify the COUNTY in writing by certified mail of all potential conflicts of interest that may arise in the future through any prospective business association, interest or other circumstance which may influence or appear to influence CONSULTANT'S/ANNUAL CONSULTANT'S 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 Lillian M. Reyes, P.E., as  
(Name of Individual)

President, of Electrical Design 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)

2/20/14  
(Date)



## CERTIFICATE OF LIABILITY INSURANCE

OP ID: CM

DATE (MM/DD/YYYY)  
02/04/2014

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  
Gifford Wells Insurance  
750 East Propect Road  
Fort Lauderdale, FL 33334  
Lynette C. Wells

CONTACT  
NAME:  
PHONE  
(A/C, No, Ext): FAX  
(A/C, No):  
E-MAIL  
ADDRESS:  
PRODUCER  
CUSTOMER ID #: ELECT-1

INSURED  
Electrical Design  
Associates, Inc.  
5300 West Atlantic Avenue  
#408  
Delray Beach, FL 33484

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Colony Specialty Insurance Co.	39993
INSURER B: A (Excellent) XII	
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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY					EACH OCCURRENCE \$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG \$
						\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS					PROPERTY DAMAGE (PER ACCIDENT) \$
	<input type="checkbox"/> HIRED AUTOS					\$
	<input type="checkbox"/> NON-OWNED AUTOS					\$
						\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR					EACH OCCURRENCE \$
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$
	DEDUCTIBLE					\$
	RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A				E.L. EACH ACCIDENT \$
						E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability		IAE11384-04	12/01/2013	12/01/2014	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)

Architects &amp; Engineers Professional Liability

Claims-Made Form

Retroactive Date: 12/01/1998

For All Projects within Palm Beach County

## CERTIFICATE HOLDER

## CANCELLATION

Palm Beach County Board of  
County Commissioners, c/o  
Engineering & Public Works  
2300 N. Jog Road  
West Palm Beach, FL 33411

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

Lynette C. Wells

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Client#: 1050010

ELECTDES3

ACORD<sup>TM</sup>

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
2/04/2014

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PRODUCER USI Insurance Services, LLC, 1715 N. Westshore Blvd. Suite 700  Tampa, FL 33607	CONTACT NAME: PHONE (A/C, No, Ext): 813 321-7500 FAX (A/C, No): 813 321-7525 E-MAIL ADDRESS:  INSURER(S) AFFORDING COVERAGE INSURER A: Old Dominion Insurance Co INSURER B: Travelers Casualty and Surety C INSURER C: INSURER D: INSURER E: INSURER F:
INSURED  Electrical Design Associates, Inc. 5300 West Atlantic Avenue Suite 408 Delray Beach, FL 33484	NAIC # 40231 31194

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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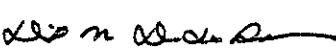
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ- JECT <input type="checkbox"/> LOC		BPG8082A	08/11/2013	08/11/2014	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 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"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		BPG8082A	08/11/2013	08/11/2014	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$		CUG8082A	08/11/2013	08/11/2014	EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000
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	UB6838Y963	08/12/2013	08/12/2014	<input checked="" type="checkbox"/> WC STATU- TORY LIMITS <input type="checkbox"/> 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

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

RE: 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 Additional Insureds as respects the Commercial General Liability, which includes the Automobile Liability (CG 20 26 07/04) and Excess Liability (Follow Form) where required by a written contract. Thirty (30) days prior written notice of cancellation applies to all policies except Workers' Compensation wherein notice is delivered in accordance with policy provisions.

## CERTIFICATE HOLDER

## CANCELLATION

Palm Beach County Board of County Commissioners c/o Engineering & Public Works 2300 N. Jog Road West Palm Beach, FL 33411	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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*Electrical Design Associates*

March 28, 2013

Ms. JaeAnn Dean  
Consultant Contract Management Specialist  
Roadway Production Division/CCNA Section  
2300 N. Jog Road, Suite 3W-33  
West Palm Beach, FL 33411-2745

Re: Street Lighting Annual Agreement  
Automobile Statement

Dear Ms. Dean;

The intent of this letter is to confirm that Electrical Design Associates, Inc., does not own any corporate vehicles.

Should you require additional information, please call.

Sincerely,

A handwritten signature in black ink, appearing to read 'Lillian M. Reyes', is written over the word 'Sincerely,'.

Lillian M. Reyes, P.E.

JD032813 Auto.doc