

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

Meeting Date:	May 2, 2017	<input checked="" type="checkbox"/>	Consent	<input type="checkbox"/>	Regular
		<input type="checkbox"/>	Workshop	<input type="checkbox"/>	Public Hearing
Department:	Engineering & Public Works Department				
Submitted By:	Engineering & Public Works Department				
Submitted For:	Roadway Production Division				

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to approve: the second amendment to the annual civil engineering contract R2016-0309 with Michael B. Schorah & Associates, Inc. (MBS), dated March 22, 2016, to restore the multiplier as shown in their fee schedule.

SUMMARY: Approval of this second amendment with MBS to their annual civil engineering contract will restore the original multiplier to their fee schedule. On February 7, 2017, part of the first amendment R2017-0141, the multiplier was inadvertently modified. The Small Business Enterprise (SBE) goal for all contracts is 15%. MBS committed to 94% SBE participation for the annual contract. To date, MBS has achieved 100% SBE participation for tasks in the amount of \$47,991.50. MBS is a Palm Beach County based company and is SBE certified. Countywide

Background and Justification: In accordance with Board of County Commissioners (BCC) adopted procedures pursuant to Florida Statutes 287.055 Consultants Competitive Negotiations Act, MBS was selected to perform professional services at the request of Palm Beach County (County), and is presently under contract with the County, on an annual contractual basis. This second amendment will restore the original multiplier of 2.9284 to their fee schedule which was inadvertently modified on February 7, 2017, due to a scrivener's error as part of the first amendment R2017-0141. Staff recommends BCC approval of this second amendment.

Attachments:

1. Second Amendment to the Annual Civil Engineering Contract with Michael B. Schorah & Associates, Inc. with Exhibit B2 and Certificates of Insurance

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Recommended by:  3/29/17
Department Director Date

Approved By:  4/10/17
Assistant County Administrator Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2017	2018	2019	2020	2021
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-
# 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:

**This item has no fiscal impact.

C. Departmental Fiscal Review: Alii Kovalainen

III. REVIEW COMMENTS

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

Juha Luoma 3/31/17
OFMB 3/30

Ar. J. Jaramba 4/5/17
Contract Dev. and Control
4/4/17

B. Approved as to Form and Legal Sufficiency:

[Signature] 4/7/17
Assistant County Attorney

C. Other Department Review:

Department Director

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

**SECOND AMENDMENT TO THE ANNUAL CIVIL DESIGN
CONTRACT NO. R2016-0309
DATED MARCH 22, 2016, BY AND BETWEEN
MICHAEL B. SCHORAH & ASSOCIATES, INC.
AND PALM BEACH COUNTY**

THIS SECOND AMENDMENT to the Annual Civil Design Contract dated March 22, 2016, (R2016-0309), hereinafter "CONTRACT" by and between Michael B. Schorah & Associates, Inc., hereinafter "CONSULTANT" and the Board of County Commissioners of Palm Beach County, a political subdivision of the state of Florida, hereinafter, "COUNTY".

W I T N E S S E T H

WHEREAS, on March 22, 2016, the CONSULTANT and COUNTY entered into a twelve month Annual Civil Design Contract for engineering services and other related tasks throughout Palm Beach County; and

WHEREAS, on February 7, 2017, the multiplier was inadvertently modified due to a scrivener's error as part of the First Amendment; and

WHEREAS, by this amendment, the CONSULTANT and the COUNTY mutually agree to amend the CONTRACT to restore the original multiplier, with all original terms, conditions adhered to; and

WHEREAS, the original CONTRACT provides in section 5.3.2 that the rates may be adjusted by negotiation; and

WHEREAS, by this amendment, the CONSULTANT and the COUNTY mutually agree to amend the CONTRACT terms to modify the Fee Schedule of the CONTRACT from Exhibit B in the Original Contract to the revised Fee Schedule provided by Michael B. Schorah & Associates, Inc., dated February 14, 2017, and attached hereto as Exhibit B2.

NOW, THEREFORE, in consideration of the mutual covenants, promises, and agreements herein contained, the parties agree as follows:

1. The above recitations are true and correct and incorporated herein.
2. The CONTRACT, dated March 22, 2016, between the CONSULTANT and the COUNTY is hereby amended to restore the original multiplier of the CONTRACT.

3. The Fee Schedule shown as Exhibit B in the Original Contract is hereby modified as shown in the revised Fee Schedule provided by Michael B. Schorah & Associates, Inc., dated February 14, 2017, and attached hereto as Exhibit B2.
4. It is the intent of the parties hereto that this Amendment shall not become binding until the date executed by the COUNTY.
5. Except as provided herein, all other provisions of the Annual Civil Design Contract dated March 22, 2016, hereby confirmed shall remain in full force and effect.

THIS SECTION HAS BEEN LEFT BLANK INTENTIONALLY

IN WITNESS WHEREOF, the parties have caused this Amendment to be executed and sealed this _____ day of _____, 2017.

ATTEST:
SHARON R. BOCK
Clerk and Comptroller

PALM BEACH COUNTY, a Political
Subdivision of the State of Florida
Board of County Commissioners

By: _____
Deputy Clerk

By: _____
Paulette Burdick, Mayor

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY

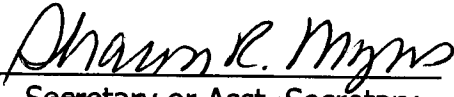
APPROVED AS TO TERMS
AND CONDITIONS

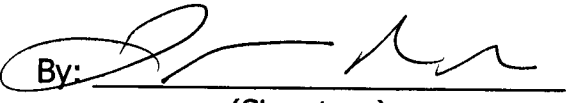
By: _____
County Attorney

By: 
Engineering

ATTEST:

Michael B. Schorah & Associates, Inc.
Consultant

By: 
~~Secretary or Asst. Secretary~~
OFFICE MANAGER

By: 
(Signature)

(Seal)

Frederick Roth, Jr., Sr. Vice President
(Print Name and Title)

Civil Design Annual Services
Effective Period from March 22, 2017 through March 21, 2018

Michael B. Schorah and Associates, Inc.

Rates OK
HK

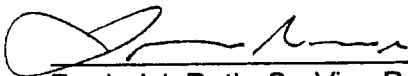
CLASSIFICATION

• ENGINEERING	<u>RAW RATE</u>	<u>Multiplier</u>	<u>Hourly Rate</u>
Sr. Engineer (P.E.)	\$53.56.....	2.9284.....	\$156.85
Project Engineer (P.E.).....	\$41.20.....	2.9284.....	\$120.65
Engineer (P.E.)	\$35.00.....	2.9284.....	\$102.49
CADD Tech	\$27.00.....	2.9284.....	\$ 79.07
• SURVEYING	<u>RAW RATE</u>		
Professional Surveyor & Mapper (P.S.M.)	\$41.20.....	2.9284.....	\$120.65
CADD Tech	\$27.00.....	2.9284.....	\$ 79.07
Two-Man Field Crew (per crew)	\$40.00.....	2.9284.....	\$117.14
Three-Man Field Crew (per crew) ..	\$52.00.....	2.9284.....	\$152.28

Direct Salary Dollar	1.0000
Fringe Benefits	.3200
Overhead	<u>1.2947</u>
Direct Salary Cost	2.6147
Profit @ 12%	<u>.3137</u>
Target Multiplier	2.9284

CERTIFICATION:

The above is true and correct to the best of my knowledge.


Frederick Roth, Sr. Vice President

February 14, 2017
Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/04/2016

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 Conway E & S, Inc. 100 Allegheny Dr, Suite 100 Warrendale PA 15086	CONTACT NAME: Sue Schaper PHONE (A/C, No, Ext): (724) 779-9700 FAX (A/C, No): (800) 748-9787 E-MAIL ADDRESS: sschaper@conwayes.com
INSURED Michael B. Schorah and Associates, Inc. Landmark Surveying 1850 Forest Hill Blvd., Suite 206 West Palm Beach FL 33406	INSURER(S) AFFORDING COVERAGE INSURER A: Beazley Insurance Company Inc NAIC # 37540 INSURER B: 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 INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	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 N	N/A			PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability (Claims Made)		V15WM4160901	11/06/2016	11/06/2017	\$2,000,000 Each Claim Limit \$2,000,000 Aggregate for the Policy Period

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

EVIDENCE OF COVERAGE

"All projects in Palm Beach County"
Retro Date: 8/1/1979

CERTIFICATE HOLDER

CANCELLATION

Palm Beach County c/o Insurance Tracking Services, Inc. (ITS) P.O. Box 20270 Long Beach CA 90801	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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CERTIFICATE OF LIABILITY INSURANCE

MICH-21

OP ID: NC

DATE (MM/DD/YYYY)
01/18/2017

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

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PRODUCER
Henderson Brothers, Inc.
920 Ft Duquesne Blvd
Pittsburgh, PA 15222
Jared J. Sadowski

CONTACT
NAME: Jared J. Sadowski
PHONE (A/C, No. Ext): 412-261-1842 FAX (A/C, No): 412-261-4149
E-MAIL ADDRESS: jjsadowski@hendersonbrothers.com

INSURED Michael B. Schorah & Assoc Inc
Michael B. Schorah
1850 Forest Hill Blvd Ste 205
West Palm Beach, FL 33406

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Liberty Mutual Insurance	23043
INSURER B: Peerless Indemnity Insurance	18333
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	ADDC SUBR INSD 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 <input checked="" type="checkbox"/> Contractual Liab GEN'L AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER	X X	BKS57676550	12/03/2016	12/03/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPI/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	X X	BAS57676550	12/03/2016	12/03/2017	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 checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		USO57676550	12/03/2016	12/03/2017	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
A	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	X XWS57676550	01/27/2017	01/27/2018	<input checked="" type="checkbox"/> PER STATUTE OTH-ER E L EACH ACCIDENT \$ 500,000 E L DISEASE - EA EMPLOYEE \$ 500,000 E L DISEASE - POLICY LIMIT \$ 500,000

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

CERTIFICATE HOLDER

PALMBEA

Palm Beach County c/o Insurance
Tracking Services, Inc. (ITS)
P.O. Box 20270
Long Beach, CA 90801

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

AL J. Sadowski

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NOTEPAD:

HOLDER CODE PALMBEA
INSURED'S NAME Michael B. Schorah & Assoc Inc

MICH-21
OP ID: NC

PAGE 2

Date 01/18/2017

For reference only: For all projects in 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 under the General Liability (Ongoing Operations only), and Auto policies.