

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
AGENDA ITEM SUMMARY**

Meeting Date: December 5, 2017 Consent Regular
 Workshop 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: Supplement No. 6 to Project Agreement R2008-0825 with HSQ Group, Inc. (HSQ) in the amount of \$140,850.87 for professional services for the Lyons Road from north of Lake Worth Road to south of Lake Worth Drainage District (LWDD) L-11 Canal project.

SUMMARY: Approval of this supplement will provide the services necessary for the preparation of revised plans for the project. Due to new development within the project limits, the survey will be updated and the roadway design plans will be revised. The Small Business Enterprise (SBE) goal for all contracts is 15%. HSQ has committed to 86.88% SBE participation for this project. HSQ has proposed 100% SBE participation for this supplement. HSQ is certified as an SBE and is a Palm Beach County based company. District 6 (LBH)

Background and Justification: On May 20, 2008, the Board of County Commissioners (BCC) approved Agreement R2008-0825 with HSQ to provide professional services required to prepare design plans and construction bid documents for the project. The original project limits began south of the LWDD L-11 Canal and ended at the LWDD L-10 Canal, and included roadway improvements in the Ranchettes. The project was put on hold in 2012, and resumed in 2015 with new project limits set from north of Lake Worth Road to south of the LWDD L-11 Canal. The master plan was revised to reflect the new limits. Since then, new development on the corridor has occurred and must be incorporated into the project. Palm Beach County now desires HSQ to update the survey and revise the roadway design plans for the project, as detailed in Exhibit "A" of the attached Supplement. **(Continued on Page 3)**

Attachments:

1. Location Map
2. Supplemental with Exhibits "A", "B", "C" and Certificate of Insurance (2)
3. Project Work Schedule

Recommended by: 11/21/2017
 Department Director Date

Approved By: 11/30/17
 Assistant County Administrator Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2018	2019	2020	2021	2022
Capital Expenditures	<u>\$140,851</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
Operating Costs	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
External Revenues	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
Program Income (County)	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
In-Kind Match (County)	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
NET FISCAL IMPACT	<u>\$140,851</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____

Is Item Included in Current Budget? Yes No
 Does this item include the use of federal funds? Yes No

Budget Account No:

Fund 3503 Dept 361 Unit 1178 Object 6505

Recommended Sources of Funds/Summary of Fiscal Impact:

Road Impact Fee Fund - Zone 3
 Lyons Rd/Lake Worth Road to N of LWDD L-10 Canal

Authorization - Basic Services	\$127,048.16
- Reimbursables	\$ 10,892.72
- Optional Services	\$ 2,909.99
Total Authorization	<u>\$140,850.87</u>

C. Departmental Fiscal Review:

Alicia Kovalainen

III. REVIEW COMMENTS

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

Sean Pone 11/14/12
 OFMB
 11/13 ACD 11/13

John J. S. [Signature] 11/29/12
 Contract Dev. and Control
 11/29/12 JW

B. Approved as to Form and Legal Sufficiency:

[Signature]
 Assistant County Attorney
 11/30/12

C. Other Department Review:

 Department Director

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

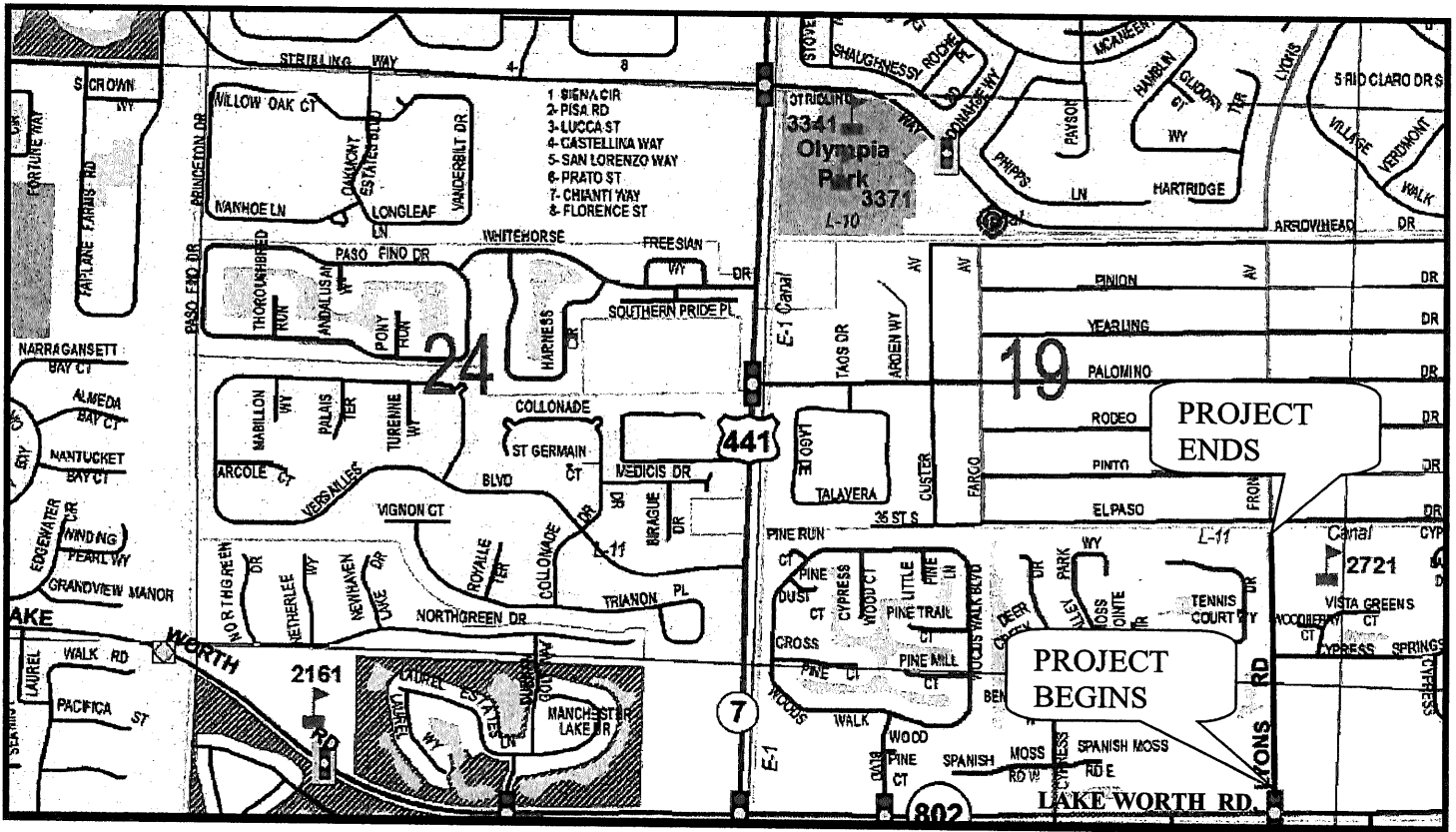
Background and Justification: (continued from Page 1)

With the approval of Supplement No. 6, the total project cost will be \$627,658.15. The fee, as detailed in Exhibit "A" of the attached supplemental, has been negotiated as just and reasonable compensation as follows:

Basic Services (Lump Sum)	\$127,048.16	(Roadway Design Analysis and Plans, Drainage Analysis and Plans, Utilities, Permits, Signing and Pavement Marking).
Reimbursable Expenses (Not to Exceed)...	\$ 10,892.72	(Permit Fees).
Optional Services (Not to Exceed).....	<u>\$ 2,909.99</u>	(Post Design Services).
Total:	<u>\$140,850.87</u>	

After reviewing the attached supplement and finding it in proper order, the Engineering Department recommends the BCC's approval.

LYONS ROAD
N. OF LAKE WORTH ROAD TO S. OF LWDD L-11 CANAL
PALM BEACH COUNTY PROJECT NO. 2007500A



LOCATION SKETCH

ATTACHMENT 2

SUPPLEMENT NO. 6 BETWEEN

**PALM BEACH COUNTY
AND
HSQ Group, Inc.**

**FOR PROFESSIONAL ENGINEERING SERVICES ON
LYONS ROAD FROM N. OF LAKE WORTH ROAD TO S. OF LWDD L-11 CANAL**

**PROJECT NO.: 2007500A
PALM BEACH COUNTY, FLORIDA**

THIS SUPPLEMENT No. 6, made and entered into this day of _____ 2017, by and between Palm Beach County (COUNTY), a Political Subdivision of the State of Florida, by and through its Board of County Commissioners, and, HSQ Group, Inc., a Florida Corporation with an address of 1489 W. Palmetto Park Road, Suite 3, Boca Raton, Florida 33486, hereinafter CONSULTANT.

WITNESSETH

WHEREAS, the COUNTY and CONSULTANT entered into a Project Agreement dated May 20, 2008 (R2008-0825), to provide professional engineering services for the design of Lyons Road from north of Lake Worth Road to south of LWDD L-11 Canal, Palm Beach County, Florida (hereinafter PROJECT); and.

WHEREAS, the COUNTY now desires for the CONSULTANT to modify the master plan for the PROJECT; and

**RE: Lyons Road from N. of Lake Worth Road to S. of LWDD L-11 Canal
Project No. 2007500A**

WHEREAS, the following fee has been negotiated as just and reasonable compensation for these professional services to be performed by the **CONSULTANT**:

Basic Services in a lump sum fee of **\$127,048.16**;

Reimbursable Services (Not to Exceed) \$10,892.72;

Optional Services (Not to Exceed) \$2,909.99;

Totaling \$140,850.87

NOW, THEREFORE, THIS INDENTURE WITNESSETH: That for and in consideration of the mutual benefits to flow from each to the other, the parties hereto agree as follows:

1. The **CONSULTANT** agrees to provide professional services as described in Exhibit "A" of this Supplement known as "SCOPE OF WORK & FEE".
2. The **CONSULTANT** agrees to "CERTIFICATION" statements as described in Exhibit "B" of this Supplement.
3. The **CONSULTANT** agrees to Small Business Enterprise (SBE) Participation, described in Exhibit "C" of this Supplement.
4. The **COUNTY** agrees to pay the **CONSULTANT** a fee of One Hundred Forty Thousand Eight Hundred-Fifty Dollars and Eighty Seven Cents (\$140,850.87).
5. Palm Beach County has established the Office of the Inspector General in Palm Beach County Code Section 2-421 – 2-440, as may be amended. The Inspector General's authority includes but is not limited to the power to review past, present and proposed County contracts, transactions, accounts and records, to require the production of records, and audit, investigate, monitor, and inspect the activities of the **CONSULTANT**, its officers, agents, employees, and lobbyists in order to ensure compliance with contract requirements and detect corruption and fraud.

Failure to cooperate with the Inspector General or interfering with or impeding any investigation shall be in violation of Palm Beach County Code, Section 2-421 – 2-440, and punished pursuant to Section 125.69, Florida Statutes, in the same manner as a second degree misdemeanor.

**RE: Lyons Road from N. of Lake Worth Road to S. of LWDD L-11 Canal
Project No. 2007500A**

6. The **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 pursuant to Palm Beach County Resolution R-2014-1421, as may be amended.

CONSULTANT has submitted to the **COUNTY** a copy of its non-discrimination policy which is consistent with the above paragraph, as contained in Resolution R-2014-1421, as amended, or in the alternative, if the **CONSULTANT** does not have a written non-discrimination policy, it has acknowledged through a signed statement provided to **COUNTY** that **CONSULTANT** will conform to the **COUNTY's** non-discrimination policy as provided in R-2014-1421, as amended.

Except as hereby amended, changed or modified, all other terms and conditions of the original Agreement dated **May 20, 2008 (R2008-0825)**, and;

Supplements and Amendments thereto, shall remain in full force and effect.

REMAINDER OF PAGE LEFT INTENTIONALLY BLANK

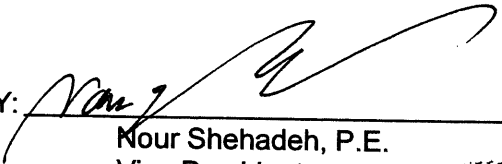
RE: Lyons Road from N. of Lake Worth Road to S. of LWDD L-11 Canal
Project No. 2007500A

IN WITNESS WHEREOF, the parties hereto have made and executed this Supplement as of the
day and year first above written.

OWNER:
Palm Beach County, a Political Subdivision
of the State of Florida, by and through its
Board of County Commissioners:

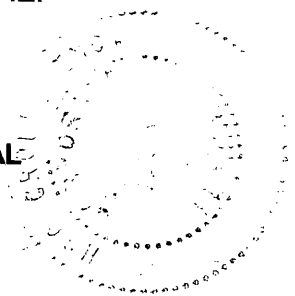
CONSULTANT:
HSQ Group, Inc.

BY: _____
Mayor

BY:  _____
Nour Shehadeh, P.E.
Vice President

SEAL

CORPORATE SEAL



ATTEST:
Sharon R. Bock, Clerk & Comptroller
Circuit Court

ATTEST WITNESS:

BY: _____
(Print Name)

BY: Jay Huebner _____
(Print Name)

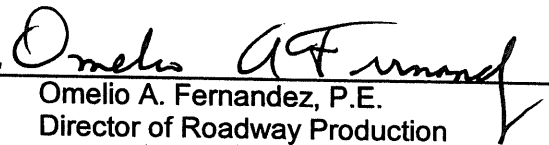
Jay Huebner _____
(Signature)

(Signature)

BY: BethAnn Shay _____
(Print Name)

BethAnn Shay _____
(Signature)

APPROVED AS TO TERMS
AND CONDITIONS:

BY:  _____
Omelio A. Fernandez, P.E.
Director of Roadway Production

APPROVED AS TO FORM &
LEGAL SUFFICIENCY:

BY: _____
Liz Herman, Assistant County Attorney II

Supplemental Scope # 06

Lyons Road
North or Lake Worth Road to South of L-11 Canal
COUNTY PROJECT NO. 2007500A
SCOPE OF SERVICES

*OK to proceed as to
scope & fee (revised for
page #5 - original
approved AAK & HSF
2/6/17)
K. J. J. J.
10/4/17*

Project Limits.

The limits of this SA#6 is from north side of Lake Worth Road to south of the LWDD L-11 Canal. Approximately 0.455 miles (2400').

Scope Description

1. The project was placed on hold and has now been reactivated for design. The previous plans for this project had reached 96% completion; due to new development that has occurred, as well as proposed development within the project limits, the plans must be revised in accordance with the revised master plan (see attached). The roadway plans for the project will be revised as follows:
 - a- Closing the median at the gas station and provide a single left southbound to eastbound at Lake Worth Road. The median in this area will be wide enough to accommodate future second southbound left.
 - b- Redesign the roadway layout from the gas station northward to Cypress Springs Road, and add the new entrances to the Village MUPD and Cypress Royal PUD.
 - c- From Cypress Springs Road to L-11 Canal, the master plan is acceptable to the county as shown on the attached sketch. However, the end of Lyons Road at L-11 Canal will be modified to include curb and gutter and sidewalk across the right of way with guardrail at the face of curb, including coordination with the Palm Beach County School Board and Discovery Key Elementary School.
1. Design PGL for the limits of this SA#6 keeping in mind that the runoff from Lyons Road can continue to go to the existing Cypress Springs development or part of it can go to either Village MPUD or Cypress Royal PUD.

Drainage Design

- 1- Pavement spread analysis will be done for all curb inlets to ensure that runoff spread doesn't exceed half of the outside thru lane.
- 2- Based on the new layout of Lyons Road, the size of the existing pipes must be confirmed by conducting pipe size calculations that are connected to Cypress Springs development.
- 3- Supplement the existing drainage system by adding needed inlets and or manholes.
- 4- Prepare drainage report.

Permitting.

Permit packages will be prepared by HSQ Group Inc. with provisions for a response to Requests for Additional Information (RAI) from reviewing agencies as follows:

- 1- Permit modification of Cypress Woods development, Village MUPD and Cypress Royal PUD.
- 2- Right of way permit from LWDD for the work that will be done within the L11 canal right of way.

Utility Coordination.

HSQ Group, Inc. will assist Palm Beach County in the utility coordination effort. We will attend the utility coordination meetings. The roadway design will be amended where possible to avoid utility conflicts. HSQ Group Inc. will also assist in the utility verification effort with the utility companies.

Signing and Pavement Marking.

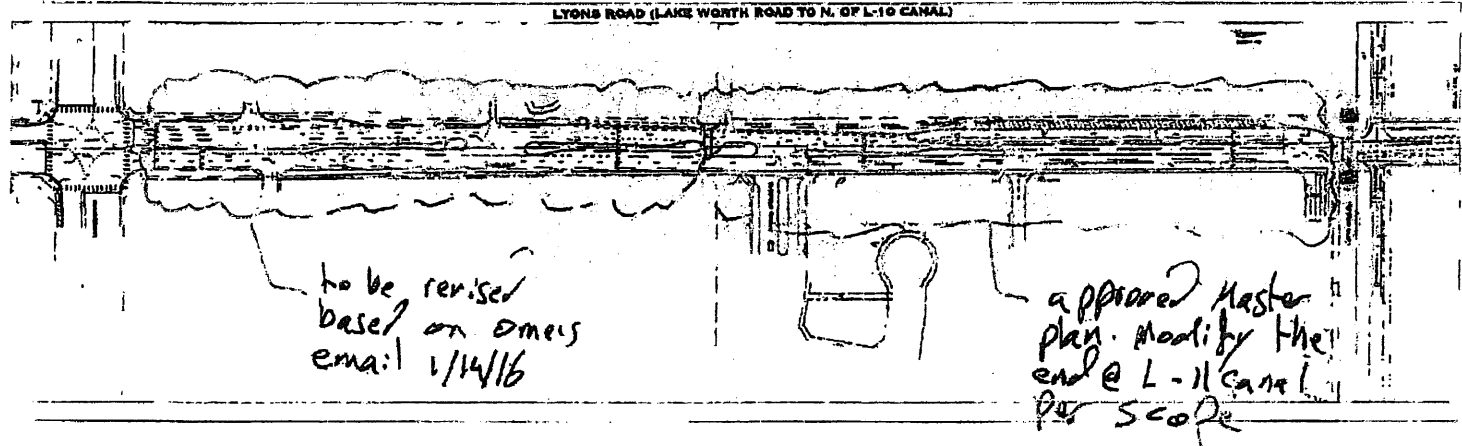
Pavement Marking and Signing Plans will be prepared to conform to the proposed roadway improvements in accordance with Palm Beach County Standards. These plans will be prepared as a separate set of documents with quantities.

Permit Fees

The County shall pay all permit fees as reimbursable. See attached fee schedule

Post Design Services.

Post design services will include attending pre-bid and pre-construction meetings, answering RFI's, review of shop drawings and as built plans.



Lyons Road , North of Lake Worth Rd to L-11 Canal
 Summary of fee proposal
 County project number 2010504A

HSQ GROUP, INC.
 Engineers • Planners • Surveyors

SA # 6

ACTIVITY	SENIOR ENGINEER		PROJECT MANAGER		PROJECT ENGINEER		ENGINEER INTERN		CADD TECHNICIAN		Total	Total
	STAFF HOURS	HR. RATE	STAFF HOURS	HR. RATE	STAFF HOURS	HR. RATE	STAFF HOURS	HR. RATE	STAFF HOURS	HR. RATE	STAFF HRS. ACTIVITY	COST BY ACTIVITY
1-Roadway Design Analysis	64.40	\$ 49.00	136.00	\$ 48.00	54.40	\$ 37.00	27.20	\$ 27.00	0.00	\$ 23.00	272.00	\$ 11,940.80
2-Drainage Analysis	55.00	\$ 49.00	27.50	\$ 48.00	27.50	\$ 37.00	0.00	\$ 27.00	0.00	\$ 23.00	110.00	\$ 5,032.50
3-Roadway Plans	87.60	\$ 49.00	87.60	\$ 48.00	58.40	\$ 37.00	29.20	\$ 27.00	29.20	\$ 23.00	292.00	\$ 12,118.00
4-Drainage Plans	26.00	\$ 49.00	26.00	\$ 48.00	36.40	\$ 37.00	10.40	\$ 27.00	5.20	\$ 23.00	104.00	\$ 4,269.20
5-Utilities	0.00	\$ 49.00	14.40	\$ 48.00	57.60	\$ 37.00	19.20	\$ 27.00	4.80	\$ 23.00	96.00	\$ 3,451.20
6-Permits	8.80	\$ 49.00	8.80	\$ 48.00	48.40	\$ 37.00	17.60	\$ 27.00	4.40	\$ 23.00	88.00	\$ 3,220.80
7-Signing & Pavement Marking	7.00	\$ 49.00	7.00	\$ 48.00	21.00	\$ 37.00	14.00	\$ 27.00	21.00	\$ 23.00	70.00	\$ 2,317.00
TOTAL Basic Services	238.80	\$ 117,012.00	307.30	\$ 147,504.00	303.70	\$ 112,369.00	117.60	\$ 3,175.20	64.60	\$ 1,485.80	1032.00	\$ 42,349.50
8 Post Design SERVICES	10.00	\$ 49.00	10	\$ 48.00								\$ 970.00
HSQ FEE CALCULATIONS		\$ 490.00	\$ 450.00									
Type of services	Cost by activity	Overhead multiplier	Overhead cost	Subtotal (cost by activity + overhead cost)	Profit (%)	subtotal profit	TOTAL	Multiplier				
Basic services (HSQ)	\$ 42,349.50	168%	\$ 71,147.16	\$ 113,496.66	11.94%	\$ 13,551.50	\$ 127,048.16	3.00				
Basic Additional services (HSQ)	\$ -	168%	\$ -	\$ -	11.94%	\$ -	\$ -					
TOTAL BASIC SERVICES HSQ							\$ 127,048.16					
TOTAL Optional services (HSQ)	\$ 970.00	168%	\$ 1,629.60	\$ 2,599.60	11.94%	\$ 310.39	\$ 2,909.99	3.00				
Reimbursables												
Permit fees (HSQ)							\$ 1,250.00					
Betsy Lindsay (Survey)							\$ 9,642.72					
TOTAL Reimbursables							\$ 10,892.72					
TOTAL							\$ 140,850.87					

3.0 MULTIPLIER

BASIC \$ 127,048.16
 REIM. \$ 10,892.72
 OPTIONAL \$ 2,909.99
\$ 140,850.87

Lyons Road , North or Lake Worth Rd to L-11 Canal

1 - ROADWAY DESIGN ANALYSIS

SA # 6

TASK	BASIS OF ESTIMATE	NO. OF UNITS	HOURS/ UNIT	NO OF SHEETS	TOTAL HOURS	REMARKS
1. Revised approved master plan	LS	1	60		✓ 60	see scope for the work need to be done
2. Geometrics including PGL design	LS	1	60		✓ 60	
3. Coordination with Village MUPD and Cypress Royal PUD	LS	1	24		✓ 24	
4. Coordination with Discovery Elementary School	LS	1	16		✓ 16	
5. Quantity Computation Book	LS	1	60		✓ 60	roadway and signing and marking
6. Construction Cost Estimates & Update	EA	2	8		✓ 16	
8. Field Reviews	EA	2	4		✓ 12	2 people
9. meeting with the county/ meeting minutes	EA	3	6		✓ 18	
TOTAL					✓ 266	

2 - DRAINAGE ANALYSIS

TASK	BASIS OF ESTIMATE	NO. OF UNITS	HOURS/ UNIT	NO OF SHEETS	TOTAL HOURS	REMARKS
1. Pavement spread analysis	EA	1	20		✓ 20	13 existing and 7 proposed
2. Design drainage system north of Lake Worth Rd	EA	1	50		✓ 50	confirm pipe sizes of existing drainage system
3. Drainage Design Report	LS	1	40		✓ 40	
TOTAL					✓ 110	

3 - ROADWAY PLANS

TASK	BASIS OF ESTIMATE	NO. OF UNITS	HOURS/ UNIT	NO OF SHEETS	TOTAL HOURS	REMARKS
1. Key Map	Sheet	1	4.0	1	✓ 4.0	
2. Typical Sections	Sheet	2	8.0	2	✓ 16.0	
3. Summary of Quantities	Sheet	1	24	1	✓ 24	
4. Plan views	Sheet	4	20	4	✓ 80	
5. Profile views	Sheet	4	15	5	✓ 60	
6. Misc. Detail sheets	Sheet	1	8	1	✓ 8	
7. Cross-Sections	EA	24	3	12	✓ 72	
8. Driveway profiles	EA	7	4	7	✓ 28	
TOTAL				33	✓ 292	

4 - DRAINAGE PLANS

TASK	BASIS OF ESTIMATE	NO. OF UNITS	HOURS/ UNIT	NO OF SHEETS	TOTAL HOURS	REMARKS
1. Revise Drainage Maps with, plan/prof	Sheet	1	20	1	✓ 20	
2. Drainage Structures	EA	20	3	8	✓ 60	
3. Revise Summary of Drainage structure sheets	EA	1	8	3	✓ 8	
4. Drainage Details	Sheet	1	16	1	✓ 16	
TOTAL				13	✓ 104	

5 - UTILITIES

TASK	BASIS OF ESTIMATE	NO. OF UNITS	HOURS/ UNIT	NO OF SHEETS	TOTAL HOURS	REMARKS
1. Submit plans	EA	4	8		✓ 32	
2. Resolution of utilities conflicts & coordination of potholes	LS	1	40		✓ 40	
3. Meetings	EA	4	6		✓ 24	
TOTAL					✓ 96	

6 - PERMITS

TASK	BASIS OF ESTIMATE	NO. OF UNITS	HOURS/ UNIT	NO OF SHEETS	TOTAL HOURS	REMARKS
1. Agency coord/ Pre-application meetings	EA	2	4		✓ 8	LWDD, SFWMD
2. ERP permit modifications (SFWMD+LWDD)	EA	3	20		✓ 60	
3. Prepare and submit to LWDD ROW permit	EA	1	20		✓ 20	
TOTAL					✓ 88	

7 - SIGNING & PAVEMENT MARKING

TASK	BASIS OF ESTIMATE	NO. OF UNITS	HOURS/ UNIT	NO OF SHEETS	TOTAL HOURS	REMARKS
1. Revise Key Sheet	Sheet	1	2.0	1	✓ 2.0	
2. Revise Tabulation of Quantities	Sheet	1	8	1	✓ 8	
3. Revise Plan Sheets	Sheet	4	15	4	✓ 60	
TOTAL				6	✓ 70	

8 Post Design SERVICES

TASK	BASIS OF ESTIMATE	NO. OF UNITS	HOURS/ UNIT	NO OF SHEETS	TOTAL HOURS	REMARKS
See scope of services for work breakdown	LS	1	20	0	✓ 20	
TOTAL				0	✓ 20	

EXHIBIT "A"
LYONS ROAD
Lake Worth Road to L-11 Canal
COUNTY PROJECT NO. 2007500A

SCOPE OF SERVICES

SURVEY

The following will be required:

- 1 Full survey of the new sidewalk on the west side of Lyons Road from Lake Worth Road to 1400' north. Survey will start at west edge of pavement and extend 25' outside of right of way.
- 2 Additional survey for the newly extended turn lane south of Lake Worth Road. Survey will start at the existing east lane line and extend east to the existing wall. (Approx. 500')
- 3 Survey of the newly installed pavement on Lyons Road for the entrance to Cypress Royale PUD LT 1 plat. Survey will start at the east edge of pavement and extend to the west edge of pavement. (Approx. 600')
- 4 Survey of the new entrance to Cypress Royale PUD LT 1. Survey will extend from the centerline of Lyons Road and extend west for 200'.
- 5 Specific purpose survey will be prepared for the additional work as outlined in this supplemental agreement.

DELIVERABLES

- 1 Specific purpose survey for additional work in PDF and two hard copies either on 24" x36" or 11"x17".
- 2 Point File in dgn showing all point locations, elevations and descriptions.
- 3 An XML file along with the DTM for the additional survey only.
- 4 Separate files for drainage, ROW, baseline, utilities, topo etc.

FEEES

The surveys can be completed with the optional services fees of \$9,642.72

**Lyons Road (Lake Worth Rd to L11.)
Project Number 2007500A**

Betsy Lindsay, Inc. - Work Breakdown and Fee Estimate

Item No.	Work Task	Est. No. of Units	admin	Estimated Work Hours				Estimated Task Cost
				Three-Man Field Crew (\$98/Hr.) ✓	Professional Land Surveyor (\$79.52/Hr.)	Project Tech (\$59.64/Hr.) ✓	CADD Technician (\$51.12/Hr.)	
1	Set Control Points and Tie to State Plane Coordinate System	19		4	0.5			\$431.76
2	Perform Bench Run			4	0.5			\$431.76
3	Locate sidewalk west side Lyons Road.	1400'		20	2			\$2,119.04
4	Locate turn lane	500'		6	1			\$667.52
5	Locate new asphalt	600		6	1			\$667.52
6	Locate new entrance road	200		6	1			\$667.52
7	Process Data and create dtm and cadd files				10		30	\$2,328.80
8	Specific Purpose Survey				10		30	\$2,328.80
9								
10								
	Estimated crew days			5.75				
	Estimated Total Hours			✓ 46	26 ✓	0	60 ✓	✓
	Estimated Total Costs			\$4,508.00 ✓	\$2,067.52 ✓	\$0.00	\$3,067.20 ✓	\$9,642.72

**LAKE WORTH DRAINAGE DISTRICT
OPERATING POLICIES**

Chapter 2: Fees

2.3 RIGHT-OF-WAY PERMIT FEE SCHEDULE (CONTINUED)

<u>Right-of-Way Permit Types</u>	<u>Permit Application Fee</u>	<u>One-Time Right-of-Way Usage or Occupancy Fee</u>
All Other Right-of-Way Authorizations (Requests for all other right-of-way uses require Board approval)	\$500.00 each	To be determined

LWDD does not permit right-of-way uses not listed in this fee schedule (e.g. parallel fences, structures, landscaping, bike paths). Applicants requesting an alternative use must submit an application for staff review and consideration by the Board of Supervisors. Applicants must demonstrate a substantial hardship and provide assurances that drainage works and maintenance functions will not be harmed. If approved by the Board of Supervisors, applicable permit and right-of-way usage (one-time and/or annual) fees will be applied and must be submitted prior to permit issuance. Application fees are non-refundable.

SOUTH FLORIDA WATER MANAGEMENT DISTRICT

PERMIT APPLICATION FEE SCHEDULE

(Effective 10/1/2013)

Environmental Resource Permits

New Individual or Conceptual Permit (excludes Agriculture, Mitigation Bank)

• Project area < 10 acres; no wetlands; no boat slips	\$ 2,000
• Project area < 10 acres; < 1 acre wetland or surface water; < 10 boat slips	\$ 3,500
• Project area < 40 acres; < 3 acres wetlands or surface water; < 30 boat slips	\$ 5,500
• Project area < 100 acres; < 10 acres wetlands or surface waters; < 50 boat slips	\$ 7,500
• Project area < 640 acres; < 50 acres wetlands or surface waters; < 50 boat slips	\$ 13,125
• Project area > 640 acres; > 50 acres wetlands or surface waters; > 50 boat slips	\$ 25,000

New Individual Agriculture or Silviculture Permit

• Project area < 10 acres; < 1 acre wetland or surface water	\$ 859
• Project area < 40 acres; < 3 acres wetlands or surface waters	\$ 2,444
• Project area < 100 acres; < 10 acres wetlands or surface waters	\$ 4,029
• Project area < 640 acres; < 50 acres wetlands or surface waters	\$ 5,284
• Project area > 640 acres; > 50 acres wetlands or surface waters	\$ 6,605

Individual or Conceptual Permit Major Modification (excludes Agriculture, Mitigation Bank)

• Project area < 10 acres; no wetlands; no boat slips	\$ 1,200
• Project area < 10 acres; < 1 acre wetland or surface water; < 10 boat slips	\$ 2,100
• Project area < 40 acres; < 3 acres wetlands or surface waters; < 30 boat slips	\$ 3,300
• Project area < 100 acres; < 10 acres wetlands or surface waters; < 50 boat slips	\$ 4,500
• Project area < 640 acres; < 50 acres wetlands or surface waters; < 50 boat slips	\$ 7,875
• Project area > 640 acres; > 50 acres wetlands or surface waters; > 50 boat slips	\$ 15,000

Individual Agriculture or Silviculture Permit Major Modification

• Project area < 10 acres; < 1 acre wetland or surface water	\$ 515
• Project area < 40 acres; < 3 acres wetlands or surface waters	\$ 1,466
• Project area < 100 acres; < 10 acres wetlands or surface waters	\$ 2,417
• Project area < 640 acres; < 50 acres wetlands or surface waters	\$ 3,170
• Project area > 640 acres; > 50 acres wetlands or surface waters	\$ 3,963

Individual or Conceptual Permit Minor Modification (Including Mitigation Banks)

• Time Extension of Permit (not associated with SB/HB)	\$ 500
• Time Extension of Permit (associated with SB/HB)	\$ 0
• Minor errors not requiring technical review	\$ 0
• Transfer of ownership	\$ 0
• Transfer from construction to operation phase	\$ 0
• All other minor modifications (Letter Modification)	\$ 250 X

3 permits will be modified @ \$750

CERTIFICATION STATEMENTS

Project: Lyons Road from N. of Lake Worth Road to S. of L.W.D.D. L-11 Canal
Project No.: 2007500A

Consultant/Annual Consultant: HSQ Group, 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.

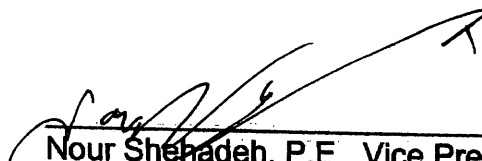
The **COUNTY** shall exercise its right under this "Certificate" within one year following final payment.

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).



Nour Shehadeh, P.E., Vice President

CONFLICT OF INTEREST DISCLOSURE FORM

Project: Lyons Road from N. of Lake Worth Road to S. of LWDD to L-11 Canal
Project No.: 2007500A

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.

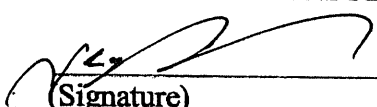
CONSULTANT/ANNUAL CONSULTANT shall promptly notify the COUNTY in writing by certified mail of all potential conflicts of interest that may arise in the future through any prospective business association, interest or other circumstance which may influence or appear to influence CONSULTANT'S/ANNUAL CONSULTANT'S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

Vice President, of HSQ Group, 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)

10/13/17
(Date)

NON-DISCRIMINATION POLICY FORM
Project No.: 2007500A

Pursuant to Palm Beach County Resolution R-2014-1421 ("Resolution), as may be amended, it is the policy of the Board of County Commissioners of Palm Beach County ("County") that the County **"shall not conduct business with nor appropriate any funds for any organization or entity that practices discrimination on the basis of race, color, national origin, religion, ancestry, sex, age, familial status, marital status, sexual orientation, gender identity and expression, disability, or genetic information."**

This Resolution requires that each organization or entity doing business with the County is "required to submit a copy of its non-discrimination policy, which shall be consistent with the non-discrimination policy stated above, prior to entering into any contract with the County." In the event an organization or entity does *not* have a written non-discrimination policy, such organization or entity "shall be required to sign a statement affirming their non-discrimination policy is in conformance with this resolution."

Check one:

Organization/Entity hereby attaches its non-discrimination policy, which is consistent with the County's Non-Discrimination Policy and Resolution.

OR

Organization/Entity hereby acknowledges that it **does not** have a written non-discrimination policy and hereby **affirms by signing below** that its non-discrimination policy is in conformance with the County's Non-Discrimination Policy and Resolution.

ORGANIZATION / ENTITY INFORMATION:

HSQ Group, Inc.
Name of Organization or Entity


Signature

Nour Shehadeh
Name (type or print)

Vice President
Title

Equal Employment Opportunity

We are committed to equal employment opportunity. We will not discriminate against employees or applicants for employment on any legally-recognized basis including, but not limited to: veteran status, uniform servicemember status, race, color, religion, sex, national origin, age, physical or mental disability, genetic information and/or any other protected class under federal, state, or local statute.

You may discuss equal employment opportunity related questions with your supervisor or any other designated member of management.

Americans With Disabilities Act

We are committed to providing equal employment opportunities to qualified individuals with disabilities. This may include providing reasonable accommodation where appropriate in order for an otherwise qualified individual to perform the essential functions of the job. It is your responsibility to notify your supervisor of the need for an accommodation. Upon doing so, your supervisor may ask you for your input or the type of accommodation you believe may be necessary or the functional limitations caused by your disability. Also, when appropriate, we may need your permission to obtain additional information from your physician, or other medical, or rehabilitation professionals. The company will not seek genetic information in connection with requests for accommodation. All medical information received by the company in connection with a request for accommodation will be treated as confidential.

NON-DISCRIMINATION POLICY FORM
Project No.: 2007500A

Pursuant to Palm Beach County Resolution R-2014-1421 ("Resolution), as may be amended, it is the policy of the Board of County Commissioners of Palm Beach County ("County") that the County **"shall not conduct business with nor appropriate any funds for any organization or entity that practices discrimination on the basis of race, color, national origin, religion, ancestry, sex, age, familial status, marital status, sexual orientation, gender identity and expression, disability, or genetic information."**

This Resolution requires that each organization or entity doing business with the County is "required to submit a copy of its non-discrimination policy, which shall be consistent with the non-discrimination policy stated above, prior to entering into any contract with the County." In the event an organization or entity does *not* have a written non-discrimination policy, such organization or entity "shall be required to sign a statement affirming their non-discrimination policy is in conformance with this resolution."

Check one:

Organization/Entity hereby attaches its non-discrimination policy, which is consistent with the County's Non-Discrimination Policy and Resolution.

OR

Organization/Entity hereby acknowledges that it **does not** have a written non-discrimination policy and hereby **affirms by signing below** that its non-discrimination policy is in conformance with the County's Non-Discrimination Policy and Resolution.

ORGANIZATION / ENTITY INFORMATION:

Betsy Lindsay, Inc.
Name of Organization or Entity


Signature

Elizabeth A. Lindsay
Name (type or print)

President
Title

**Palm Beach County
Engineering & Public Works Roadway Production**

Exhibit "C"
Page 1 of 3

PARTICIPATION FOR MWBE/SBE CONSULTANTS

Supplement Number 6 Date

Project Name: Lyons Road - S. of LWDD L-11 Canal to N. of LWDD L-10 Canal **Project Number:** 2007500
Prime Vendor: HSQ Group, Inc. **Resolution Number**
Telephone: (561) 392-0221 **Resolution Date**
Contact: Nour Shehadeh, P.E. **Department:** Engineering & Public Works

Total Supplement Amount \$140,850.87

Minority Sub-Consultant	Type of Work Performed	Contract Dollar Amount for Sub-Consultant					
		Black	Hispanic	Women	Other	White Male	Pct
HSQ Group, Inc. 1489 W PALMETTO PARK RD STE 3 BOCA RATON, FL 33486 (561) 392-0221	MWBE	0.00	0.00	0.00	0.00		0.0%
	SBE	0.00	0.00	0.00	127,048.16	0.00	90.2%
HSQ Group, Inc. 1489 W PALMETTO PARK RD STE 3 BOCA RATON, FL 33486 (561) 392-0221	MWBE	0.00	0.00	0.00	0.00		0.0%
	SBE	0.00	0.00	0.00	2,909.99	0.00	2.1%
HSQ Group, Inc. 1489 W PALMETTO PARK RD STE 3 BOCA RATON, FL 33486 (561) 392-0221	MWBE	0.00	0.00	0.00	0.00		0.0%
	SBE	0.00	0.00	0.00	1,250.00	0.00	0.9%
Betsy Lindsay, Inc. 208 N US HIGHWAY 1 UNIT 8 TEQUESTA, FL 33469 (561) 575-5275	MWBE	0.00	0.00	0.00	0.00		0.0%
	SBE	0.00	0.00	9,642.72	0.00	0.00	6.8%
	Total MWBE	0.00	0.00	0.00	0.00		0.0%
	Percentage	0.00%	0.00%	0.00%	0.00%		
	Total SBE	0.00	0.00	9,642.72	131,208.15	0.00	100.0%
	Percentage	0.00%	0.00%	6.85%	93.15%	0.00%	

SCHEDULE 1

LIST OF PROPOSED SBE-M/WBE PRIME AND/OR SUBCONTRACTOR PARTICIPATION

PROJECT NAME OR BID NAME: Lyons Road – N. of Lake Worth Road to S. LWDDL-11 Canal PROJECT NO. OR BID NO.: 2007500A
 NAME OF PRIME BIDDER: HSQ Group, Inc. ADDRESS: 1489 W. Palmetto Park Rd., Ste 340 Boca Raton, FL 33486
 CONTACT PERSON: Nour Shehadeh PHONE NO.: 561-392-0221 FAX NO.: 561-392-6485
 BID OPENING DATE: _____ USER DEPARTMENT: Engineering & Public Works Department

THIS DOCUMENT IS TO BE COMPLETED BY THE PRIME CONTRACTOR AND SUBMITTED WITH BID PACKET. PLEASE LIST THE NAME, CONTACT INFORMATION AND DOLLAR AMOUNT OR PERCENTAGE OF WORK TO BE COMPLETED BY ALL SBE -M/WBE SUBCONTRACTORS ON THIS PROJECT. IF THE PRIME IS AN SBE-M/WBE, PLEASE ALSO LIST THE NAME, CONTACT INFORMATION AND DOLLAR AMOUNT OR PERCENTAGE OF WORK TO BE COMPLETED BY THE PRIME ON THIS PROJECT.

Name, Address and Phone Number	(Check one or both Categories)		DOLLAR AMOUNT OR PERCENTAGE OF WORK				
	M/WBE Minority Business	SBE Small Business	Black	Hispanic	Women	Caucasian	Other (Please Specify)
1. HSQ Group, Inc. 1489 W. Palmetto Park Road, Ste 340 Boca Raton, FL 33486 561-392-0221	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	_____	_____	93.15%
2. Betsy Lindsey 7997 SW Jack James Dr. Stuart, FL 34997 772-286-5753	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	_____	_____	6.85%
3.	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
4.	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
5.	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
(Please use additional sheets if necessary)		Total	_____	_____	_____	_____	100.00%
Total Bid Price \$ <u>\$140,850.87</u>		Total SBE-M/WBE Participation Dollar Amount or Percentage of Work <u>100.00%</u>					

Exhibit "C"
Page 2 of 3

Note:

- The amount listed on this form for a subcontractor must be supported by price or percentage listed on the signed Schedule 2 or signed proposal in order to be counted toward goal attainment.
- Firms may be certified by Palm Beach County as an SBE and/or and M/WBE. If firms are certified as both an SBE and N/WBE, please indicate the dollar amount or percentage under the appropriate category.
- M/WBE information is being collected for tracking purposes only.

OSBA SCHEDULE 2
LETTER OF INTENT TO PERFORM AS AN SBE-M/WBE SUBCONTRACTOR

This document must be completed by the SBE-M/WBE Subcontractor and submitted with bid packet. Specify in detail, the particular work items to be performed and the dollar amount and/or percentage for each work item. SBE credit will only be given for items which the SBE-M/WBE Subcontractor is SBE certified to perform. Failure to properly complete Schedule 2 may result in your SBE participation not being counted.

PROJECT NUMBER: 2007500A PROJECT NAME: Lyons Rd., N. of Lake Worth Rd. to S. of LWDD to L-11 Canal

TO: HSQ Group, Inc.
(Name of Prime Bidder)

The undersigned is certified by Palm Beach County as a - (check one or more, as applicable):

Small Business Enterprise Minority Business Enterprise _____
Black _____ Hispanic _____ Women _____ Caucasian _____ Other (Please Specify)

Date of Palm Beach County Certification: _____

The undersigned is prepared to perform the following described work in connection with the above project. Additional Sheets May Be Used As Necessary

Line Item/ Lot No. Item Description	Qty/Units	Unit Price	Total Price/ Percentage
<u>Surveying Services</u>	<u>1</u>	<u></u>	<u>\$9642.72</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

at the following price or percentage 6.85 %
(Subcontractor's quote)

and will enter into a formal agreement for work with you conditioned upon your execution of a contract with Palm Beach County.

If undersigned intends to subcontract any portion of this job to a certified SBE or a non-SBE subcontractor, please list the name of the subcontractor and the amount below.

Price and/or Percentage _____
(Name of Subcontractor)

The Prime affirms that it will monitor the SBE's listed to ensure the SBE's perform the work with its own forces. The undersigned subcontractor affirms that it has the resources necessary to perform the work listed without subcontracting to non-certified SBE or any other certified SBE subcontractors except as noted above.

The undersigned subcontractor understands that the provision of this form to Prime Bidder does not prevent Subcontractor from providing quotations to other bidders.

HSQ Group, Inc.
Print name of Prime Contractor
By: [Signature]
Signature
[Name]
Print name/title of person executing on behalf
Prime Contractor

Betsy Lindsay, Inc.
Print name of SBE-M/WBE Subcontractor
By: [Signature]
Signature
ELIZABETH A. LINDSAY, PRESIDENT
Print name/title of person executing on behalf
of SBE/M/WBE Subcontractor



HSQGROU-01

GMASTERS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/28/2017

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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

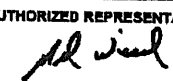
PRODUCER Collinsworth, Altar, Fowler & French, LLC 8000 Governors Square Blvd Suite 301 Miami Lakes, FL 33016	CONTACT NAME: PHONE (A/C, No, Ext): (305) 822-7800 FAX (A/C, No): (305) 362-2443 E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE NAIC #	
INSURED HSQ Group, Inc. 1489 Palmetto Park Road Suite #340 Boca Raton, FL 33486	INSURER A : Hartford Casualty 29424	
	INSURER B : Argonaut Insurance Company	
	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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	21SBAIG1445	10/17/2017	10/17/2018	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 HIRED NONOWNED \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		21SBAIG1445	10/17/2017	10/17/2018	COMBINED SINGLE LIMIT (Per 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"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		21SBAIG1445	10/17/2017	10/17/2018	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in FL) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Prof Liab Claim Made		IAE4197350	06/03/2017	06/03/2018	Each Claim 2,000,000
B	Deductible \$20,000		IAE4197350	06/03/2017	06/03/2018	Aggregate 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
PROFESSIONAL LIABILITY RETRO DATE - 1/18/2005
Palm Beach County Board of County Commissioners, a Political Subdivision of the State of Florida, its Officers, Employees & Agents are named additional insured, if required by written contract, as respects Commercial General Liability, for all projects insured is working on for Palm Beach County.

CERTIFICATE HOLDER 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 
---	---



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/22/2017

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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. IF SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER State Farm Marlon Fazio Insurance Agency Inc. 805 George Bush Blvd Delray Beach FL 33483	CONTACT NAME: Marlon Fazio PHONE (A/C, H/A, Ext): 6612780330 FAX (A/C, No): 6612760060 E-MAIL ADDRESS: Marlon@marlonfazio.com													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: State Farm Mutual Automobile Insurance Company</td> <td>25178</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: State Farm Mutual Automobile Insurance Company	25178	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:
INSURER(S) AFFORDING COVERAGE	NAIC #													
INSURER A: State Farm Mutual Automobile Insurance Company	25178													
INSURER B:														
INSURER C:														
INSURER D:														
INSURER E:														
INSURER F:														
INSURED HSQ GROUP 1489 W PALM PK RD STE 340 BOCA RATON FL 33488														

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.

INBR LTR	TYPE OF INSURANCE	ADDL. SUBR. (IND) (NOV)	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 GENL. AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Per Occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/PROP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		C80 8364-E12-59A 994 2729-C06-59B 981 7895-C14-59C 439 8846-e02-59G	05/12/2017 09/08/2017 09/14/2017 05/02/2017	11/12/2017 03/08/2018 03/14/2018 11/02/2017	COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED. RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in MI) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			PER STATUTE OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
03 FORD F150 VIN: 1FTRX14W88NB80474 14 TOYOTA TACOMA VIN: 5TFTX4CN1EX038231
06 TOYOTA TACOMA VIN: 5TETX22N46Z243428 11 JEEP COMPASS VIN: 1J4NT1FB1BD260022
15 TOYOTA TACOMA VIN: 5TFUX4EN8FX035285 09/23/2017-09/23/2018

CERTIFICATE HOLDER Palm Beach County C/O Insurance Tracking Services Inc. (ITS) PO 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:
--	---



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/09/17

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Aon Risk Services, Inc of Florida
1001 Brickell Bay Drive, Suite #1100
Miami, FL 33131-4937

CONTACT NAME: Aon Risk Services, Inc of Florida
PHONE (A/C, No, Ext): 800-743-8130 **FAX (A/C, No):** 800-622-7614
EMAIL ADDRESS: ADP.COLCenter@aon.com

INSURED
ADP TotalSource CO XXI, Inc.
10200 Sunast Drive
Miami, FL 33173
ALTERNATE EMPLOYER
HSQ Group Inc
1489 W Palmetto Park Rd, Ste 340
Boca Raton, FL 33486

INSURER(S) AFFORDING COVERAGE
INSURER A: Illinois National Insurance Co NAIC # 23817
INSURER B:
INSURER C:
INSURER D:
INSURER E:
INSURER F:

COVERAGES

CERTIFICATE NUMBER: 1873074

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 INSR	SUBR 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"/> PROJECT <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 - COMPROP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						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 DEC RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WC 026160313 FL	7/1/2017	7/1/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
All workforce employees working for HSQ GROUP INC, paid under ADP TOTALSOURCE, INC.'s payroll, are covered under the above stated policy. HSQ GROUP INC is an alternate employer under this policy.
Proprietor/Partner/Executive Officer/Member are not excluded as long as they are in the ADPTS payroll or have completed the SEI Participation Addendum

CERTIFICATE HOLDER

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

ACORD 25 (2016/03)

The ACORD name and logo are registered marks of ACORD

© 1988-2015 ACORD CORPORATION. All rights reserved.

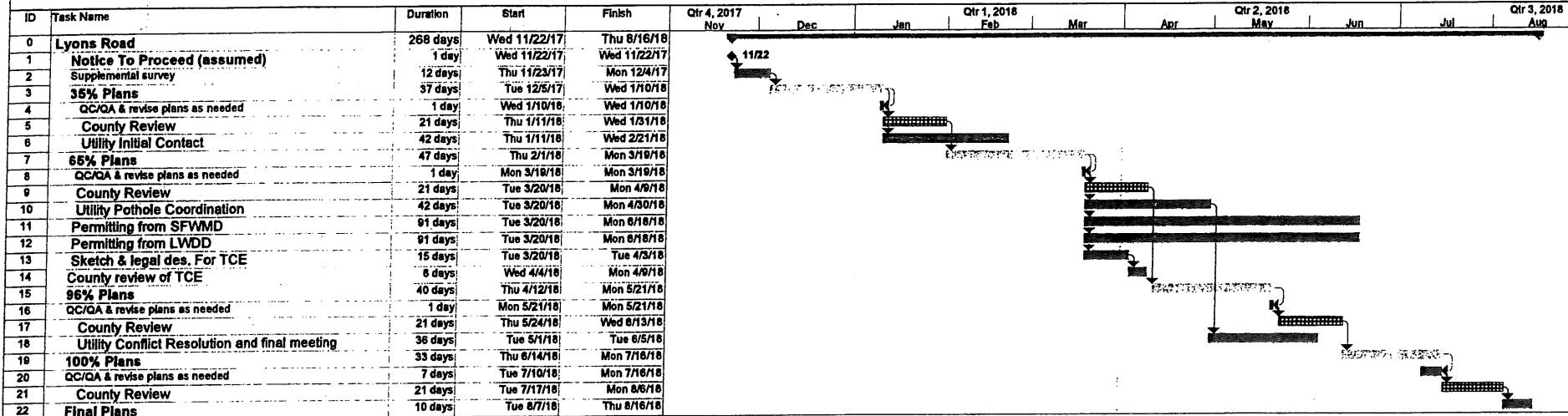
1012706

MD1270656071101111001000090000000000123456789201708141



Lyons Road

(Lake Worth Rd to L-11 Canal)
Project Number 2007500A



Attachment 3

Project: Lyons Road
Date: Wed 9/27/17

Task		Project Summary		Inactive Task		Duration-only		Finish-only	
Split		External Tasks		Inactive Milestone		Manual Summary Rollup		Progress	
Milestone		External Milestone		Inactive Summary		Manual Summary		Deadline	
Summary		Inactive Task		Manual Task		Start-only			

HSQ Group, Inc.

Wed 9/27/17