

PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS  
AGENDA ITEM SUMMARY

Meeting Date: January 23, 2018 Consent [X] Regular [ ]  
Public Hearing [ ]

Department: Water Utilities Department

I. EXECUTIVE BRIEF

**Motion and Title:** Staff recommends motion to approve: Amendment No. 1 to the Contract (Contract) with Aquifer Maintenance and Performance Systems, Inc., (AMPS) for System-wide Wellfield Maintenance for the Water Utilities Department (WUD) to renew the Contract for an additional 12-month period.

**Summary:** On March 14, 2017 the Board of County Commissioners approved the WUD System-wide Wellfield Maintenance Project (R2017-0315) with AMPS in the amount of \$1,189,076. WUD has undertaken \$390,875.20 of authorized maintenance work through December 1, 2017. The proposed 12-month renewal will allow for the continuation of system-wide wellfield maintenance to maintain adequate raw water supply to the WUD water treatment plants and does not add any additional funds to the Contract beyond those already approved. The renewal of the Contract does not guarantee nor authorize any work. Work will be assigned during the 12-month renewal period by formal Construction Delivery Orders (KDO) drawn against the Contract with the project cost identified on each KDO. The unit prices contained in the Contract will be used in determining the cost of the KDOs. The Small Business Enterprise (SBE) participation goal established by the SBE Ordinance is 15% overall. The Contract provided for SBE participation of 0%. AMPS has performed all of the work as specified and is working with the Office of Small Business Assistance to attain the SBE participation goal for the duration of the contract period. AMPS is a Palm Beach County company. (WUD Project No. 16-001/VMG) Countywide (MJ)

**Background and Justification:** The Contract provides for maintenance of surficial production wells for Water Treatment Plant Nos. 2, 3, 8, 9 and 11. The renewal of the Contract will provide for the continued maintenance of existing system-wide wellfields and the maintenance of adequate raw water supply.

**Attachments:**

- 1. Two (2) Original Amendment #1 to Contract
- 2. ITS Summary of Certificates

Recommended By:

  
Department Director

12-21-17  
Date

Approved By:

  
Deputy County Administrator

1/5/18  
Date

**II. FISCAL IMPACT ANALYSIS**

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

Fiscal Years	2018	2019	2020	2021	2022
Capital Expenditures	<u>\$0</u>	\$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
<b>NET FISCAL IMPACT</b>	<b><u>\$0</u></b>	\$0	\$0	0	0
# ADDITIONAL FTE POSITIONS (Cumulative)	0	0	0	0	0

**Budget Account No.:** Fund                  Dept                  Unit                  Object

Is Item Included in Current Budget?                  Yes                   No  
 Does this Item Include the use of federal funds                  Yes \_\_\_\_\_                  No

Reporting Category N/A

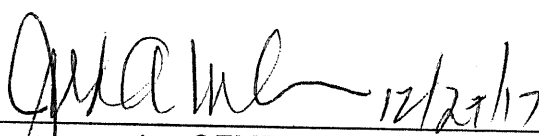
**B. Recommended Sources of Funds/Summary of Fiscal Impact:**

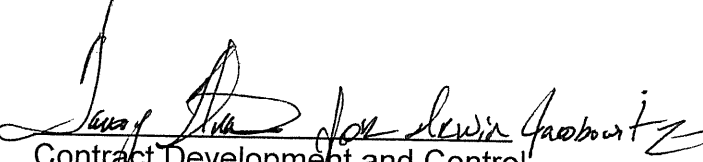
No fiscal impact time extension only.

**C. Department Fiscal Review:** \_\_\_\_\_

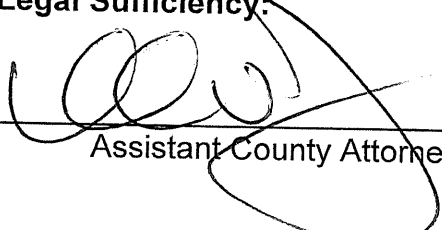
**III. REVIEW COMMENTS**

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

  
 \_\_\_\_\_ 12/29/17  
 OFMB  
 12/27

  
 \_\_\_\_\_  
 Contract Development and Control  
 12/28/17

**B. Legal Sufficiency:**

  
 \_\_\_\_\_ 1/4/17  
 Assistant County Attorney

**C. Other Department Review:**

\_\_\_\_\_  
 Department Director

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

**AMENDMENT No. 1 TO CONTRACT WITH  
AQUIFER MAINTENANCE and  
PERFORMANCE SYSTEMS, INC.  
SYSTEM-WIDE WELLFIELD MAINTENANCE  
FOR PALM BEACH COUNTY  
WATER UTILITIES DEPARTMENT**

This Amendment No. 1 dated Dec. 7, 2017 to the Contract (R-2017-0315) dated March 14, 2017, by and between Palm Beach County, a political subdivision of the State of Florida, by and through its Board of Commissioners, hereinafter referred to as the COUNTY and **Aquifer Maintenance and Performance Systems, Inc. (FEIN #65-0071672)** a corporation authorized to do business in the State of Florida, hereinafter referred to as the CONTRACTOR.

W I T N E S S E T H

**WHEREAS**, the parties have entered into a Contract under which the CONTRACTOR provided certain professional services to the COUNTY for various projects in accordance with the contract for the:

**System-wide Wellfield Maintenance for  
Palm Beach County Water Utilities Department**

**Contract No: WUD 16-001/VMG;**

**And WHEREAS**, the parties hereto desire to amend the Contract to extend it for an additional one (1) year period without adding any additional budget for the Contract

**NOW, THEREFORE**, in consideration of the premises and of the mutual covenants hereinafter set forth and for such other good and valuable consideration, the receipt of which the parties hereto expressly acknowledge, the parties covenant and agree to the following terms and conditions:

1. The term of this Contract as set forth in Special Conditions Section 14 is renewed for one (1) additional year through March 14, 2019.
2. Except as specifically modified above, the terms and conditions of the

Contract are hereby confirmed and remain in full force and effect.

**THE REST OF THIS PAGE INTENTIONALLY LEFT BLANK**

INWITNESS WHEREOF, the Board of County Commissioners of Palm Beach County, Florida has made and executed this Amendment on behalf of the COUNTY and CONTRACTOR has hereunto set its hand the day and year above written.

ATTEST:  
SHARON R. BOCK  
CLERK AND COMPTROLLER

PALM BEACH COUNTY, FLORIDA A  
Political Subdivision of the State of Florida  
BOARD OF COUNTY COMMISSIONERS

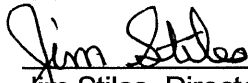
\_\_\_\_\_

By: \_\_\_\_\_  
Melissa McKinlay, Mayor

APPROVED AS TO FORM AND LEGAL  
SUFFICIENCY

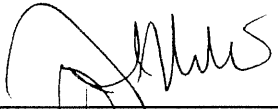

APPROVED AS TO TERMS AND  
CONDITIONS

\_\_\_\_\_  
Assistant County Attorney

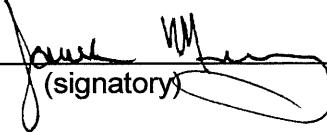
  
\_\_\_\_\_  
Jim Stiles, Director  
Water Utilities Department

'CONTRACTOR'

By: AQUIFER MAINTENANCE and  
PERFORMANCE SYSTEMS, INC.

  
\_\_\_\_\_  
(witness signature)  
  
\_\_\_\_\_  
(witness name printed)

a FLORIDA corporation  
(insert state of corporation)

By:   
\_\_\_\_\_  
(signatory)

\_\_\_\_\_  
James Murray  
(print signatory's name)

By: President  
(print title)

(Corporate Seal)

12/7/17, 2017  
(date of execution)

7146 Haverhill Road  
(Contractor's Official Address)

West Palm Beach, FL 33407  
(Contractor's City, State, Zip Code)

# ATTACHMENT 2

## Summary of Certificates

This report displays detailed Certificate of Insurance information for a selected Insured. Any items shown in red are deficient.

Wednesday, December 13, 2017

Simple View	Certificate Images	Documents
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Insured: Aquifer Maintenance Performance Systems, Inc. Insured ID: 16-001VMG-PBC

Status: Compliant (with overrides)

ITS Account Number: PLC2398

Project(s): Palm Beach County - Water Utilities Procurement

Insurance Policy	Required	Provided	Override
<u>General Liability</u>			
Expiration: 10/28/2018			
General Aggregate:	\$1,000,000	\$2,000,000	
Products - Completed Operations Aggregate:	\$1,000,000	\$2,000,000	
Personal And Advertising Injury:	\$1,000,000	\$2,000,000	
Each Occurrence:	\$1,000,000	\$2,000,000	
Fire Damage:	\$0	\$0	
Medical Expense:	\$0	\$0	
<u>Automobile Liability</u>		Any Auto	
Expiration: 8/2/2018	All Owned Autos	not provided	X
	Hired Autos	not provided	X
	Non-Owned Autos	not provided	X
Combined Single Limit:	\$1,000,000	\$1,000,000	
<u>Workers Compensation/Employers Liability</u>	WC Stat. Limits	WC Stat. Limits	X
Expiration: 6/1/2018			

Notifications (Show All)

There were no deficiency letters issued.

Do you have an updated Certificate? Click the button below to submit a Certificate.

Certificate Submittal



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/5/2017

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 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 Silk Insurance Services 1000 Germantown Pike Suite J-4 Plymouth Meeting PA 19462	CONTACT NAME: Mike Gegerson
	PHONE (A/C, No. Ext): (610) 994-8600 FAX (A/C, No.): (610) 994-8704 E-MAIL: mgegerson@thesilkcompanies.com ADDRESS: mgegerson@thesilkcompanies.com
INSURED Aquifer Maintenance and Performance Systems Inc 7146 Haverhill Road North West Palm Beach FL 33407	INSURER(S) AFFORDING COVERAGE
	INSURER A: Landmark American Insurance Company
	INSURER B: Everest
	INSURER C:
	INSURER E:

COVERAGES CERTIFICATE NUMBER: CL1751600438 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.

INER LTR	TYPE OF INSURANCE	ADDL SUBR INSP 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 <input type="checkbox"/> OTHER	X	LHC766416	10/28/2017	10/28/2018	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MFD EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Dmg Prem Rent to You \$ 100,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" 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		02-CA-069971035-0	08/02/2017	08/02/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist combined \$ 500,000
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	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			E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$
A	Professional Liability		LHC766416	10/28/2017	10/28/2018	5,000 deductible 2,000,000
A	Pollution Liability		LHC766416	10/28/2017	10/28/2018	5,000 deductible 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Palm Beach County C/O Insurance Tracking Services, Inc. (ITS) is listed as additional insured, per written contract, on the General Liability policy

<b>CERTIFICATE HOLDER</b> pbc@instracking.com  Palm Beach County C/O Insurance Tracking Services, Inc. (ITS) P.O. Box 20270 Long Beach, CA 90801	<b>CANCELLATION</b> 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 Ronald Wilk/MG <i>[Signature]</i>
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INS025 (201401)

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## ADDITIONAL COVERAGES

Ref #	Description PIP-Basic	Coverage Code PIP	Form No.	Edition Date
Limit 1 10,000	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Premium				
OFADTLCV			Copyright 2001, AMS Services, Inc.	





**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
10/05/2017

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).

<b>PRODUCER</b> Marsh USA, Inc 1185 Avenue of the Americas New York, NY 10036 Attn: Atlanta.Contact@marsh.com	<b>CONTACT</b> NAME: PHONE (A/C No. Excl): E-MAIL: ADDRESS:	FAX (A/C No.): INSURER(S) AFFORDING COVERAGE NAME #
342831-FL-WC-17-18      781021	INSURER A: <b>Marsh National Insurance Company</b>	23817
<b>INSURED</b> DecisionHR, Inc 11101 Roussoff Blvd N St Petersburg, FL 33718	INSURER B: INSURER C: INSURER D: INSURER E:	INSURER F:

**COVERAGES**      **CERTIFICATE NUMBER:** ATL004765146-01      **REVISION NUMBER:** 1

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.

TYPE OF INSURANCE	INSURANCE	POLICY NO.	POLICY EFF. DATE	POLICY EXP. DATE	LIMITS
<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ. <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Excl. occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Excl. occurrence) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per occurrence) \$
<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
<b>A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	CG4085300		08/01/2017	08/01/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Coverage is provided for only those employees leased to but not subcontractors of Aquifer Maintenance and Performance Systems Inc.  
 Coverage is provided effective 10/05/2017

<b>CERTIFICATE HOLDER</b> Palm Beach County c/o Insurance Tracking Services, Inc. (ITS) PO Box 20270 Long Beach, CA 90801	<b>CANCELLATION</b> 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 of Marsh USA Inc. Henry L. Whiting
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ACORD 25 (2016/03)

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