

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2019	2020	2021	2022	2023
Capital Expenditures	<u>\$0</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>\$0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
# ADDITIONAL FTE POSITIONS (Cumulative)	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

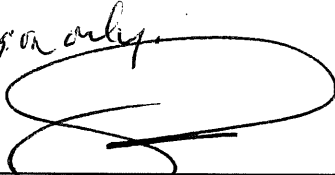
Budget Account No.: Fund ____ Dept ____ Unit ____ Object ____

Is Item Included in Current Budget? Yes ____ No X

Does this item include the use of federal funds? Yes ____ No X

Reporting Category N/A

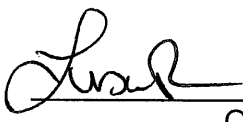
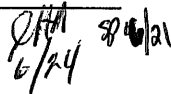
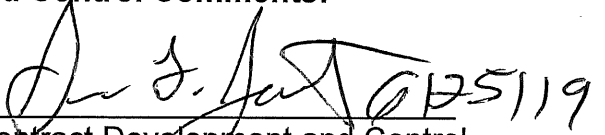
B. Recommended Sources of Funds/Summary of Fiscal Impact:

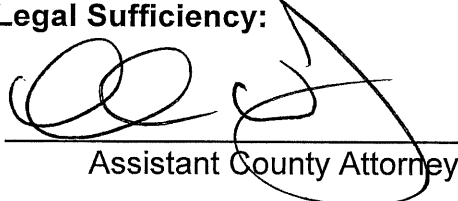
No Fiscal Impact, *Time extension only.*


C. Department Fiscal Review: _____

III. REVIEW COMMENTS

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

 _____ OFMB	6/24/19  6/24	 _____ Contract Development and Control 6/25/19
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B. Legal Sufficiency:


 Assistant County Attorney
 6/25/19

C. Other Department Review:

 Department Director

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

**AMENDMENT NO. 1
TO
CONTRACT FOR CONSULTING/PROFESSIONAL SERVICES
SOUTHERN REGION WATER RECLAMATION FACILITY ENGINEERING SERVICES FOR
HEADWORKS AND EFFLUENT TRANSFER PUMPING IMPROVEMENTS
PROJECT NO. WUD 15-095**

This Amendment No.1 is made as of the _____ day of ____ 20____, 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 Hazen and Sawyer, P.C. [] an individual, [] a partnership, [X] a corporation authorized to do business in the State of Florida, hereinafter referred to as the ENGINEER, whose Federal I.D. is 13-2904652.

In consideration of the mutual promises contained herein, the COUNTY and the ENGINEER agree that the Contract for Consulting/Professional Services entered into by the parties on July 12, 2016, and referenced by County Resolution Number R2016-0905 (hereinafter "the CONTRACT"), is amended as follows:

1. The project schedule set forth in Article 2 of the CONTRACT is hereby extended by 274 calendar days to reflect a new completion of services date of May 16, 2020. All schedules, tables, charts, or other items of the CONTRACT containing the project schedule are hereby similarly amended to reflect a new completion of services date of May 16, 2020.
2. The compensation as provided in the CONTRACT was for a lump sum fee of \$664,100.00 plus an additional not to exceed amount of \$622,570.00 for a total of \$1,286,670.00. The not to exceed amount was increased by \$152,282.61 from \$622,570.00 to \$774,852.61 in Work Task Order No. 1 (R2019-0323). There is no change to the not to exceed amount set forth in the CONTRACT and Work Task Order No. 1.
3. The modified SBE schedule 1 is contained in Exhibit "C1" attached hereto and made a part hereof for the additional services contained in this Amendment No.1.

All other provisions of the CONTRACT remain unchanged by this Amendment No.1 and shall remain in full force and effect.

**AMENDMENT NO. 1
TO
CONTRACT FOR CONSULTING/PROFESSIONAL SERVICES
SOUTHERN REGION WATER RECLAMATION FACILITY ENGINEERING SERVICES FOR
HEADWORKS AND EFFLUENT TRANSFER PUMPING IMPROVEMENTS
PROJECT NO. WUD 15-095**

IN WITNESS WHEREOF, this Amendment No.1 is accepted, subject to the terms, conditions and obligations of the aforementioned CONTRACT.

PALM BEACH COUNTY, A POLITICAL SUBDIVISION OF THE STATE OF FLORIDA

Sharon R. Bock, Clerk & Comptroller,
Palm Beach County

Palm Beach County, Board of County
Commissioners

ATTEST:

Signed: _____

Signed: _____
cI Mack Bernard, Mayor JCS

Typed Name: _____
Deputy Clerk

_____ Date

Approved as to Form and Legal Sufficiency

CONSULTANT: HAZEN AND SAWYER, P.C.

Signed: _____

Robert B. Taylor, Jr.

(Signature)

Typed Name: _____
County Attorney

Robert B. Taylor, Jr. / Vice President
(Name and Title)

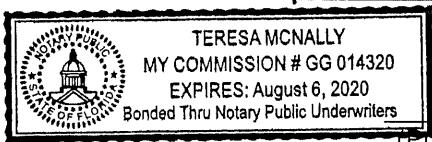
6/19/19

Date

STATE OF FLORIDA

COUNTY OF Palm Beach

The foregoing instrument was acknowledged before me this 19th day of June, 2019,
by Robert B. Taylor, Jr. as Vice President
for Hazen and Sawyer



Teresa McNally

(Signature of Notary Public - State of Florida)

Teresa McNally

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known OR Produced Identification _____ Type of Identification Produced _____

EXHIBIT C1
Office of Equal Business Opportunity
SBE SCHEDULE No. 1

OEBO SCHEDULE 1

LIST OF PROPOSED CONTRACTOR/CONSULTANT AND SUBCONTRACTOR/SUBCONSULTANT PARTICIPATION

SRWRF Engineering Services for Headworks

SOLICITATION/PROJECT/BID NAME: and Effluent Transfer Pumping Improvements

SOLICITATION/PROJECT/BID No.: 15-095

NAME OF PRIME RESPONDENT/BIDDER: Hazen and Sawyer, P.C.

ADDRESS: 2101 NW Corporate Blvd., Suite 301, Boca Raton, FL 33431

CONTACT PERSON: Albert Muniz, P.E.

PHONE NO.: 561-997-8070 E-MAIL: amuniz@hazenandsawyer.com

SOLICITATION OPENING/SUBMITTAL DATE: _____

DEPARTMENT: Water Utilities Department

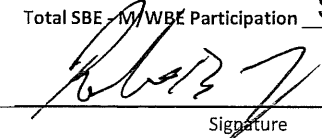
PLEASE LIST THE DOLLAR AMOUNT OR PERCENTAGE OF WORK TO BE COMPLETED BY THE PRIME CONTRACTOR/CONSULTANT ON THIS PROJECT. PLEASE ALSO LIST THE DOLLAR AMOUNT OR PERCENTAGE OF WORK TO BE COMPLETED BY ALL SUBCONTRACTORS/SUBCONSULTANTS ON THE PROJECT.

Name, Address and Phone Number	(Check all Applicable Categories)			DOLLAR AMOUNT OR PERCENTAGE OF WORK					
	Non-SBE	M/WBE	SBE	Black	Hispanic	Women	Caucasian	Other (Please Specify)	
		Minority/Women Business	Small Business						
1. Hazen and Sawyer, P.C. 2101 NW Corporate Blvd., Suite 301 Boca Raton, FL 33431	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	\$0.00	_____	
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	
(Please use additional sheets if necessary)							Total	\$0.00	_____

Total Bid Price \$ 0.00

Total SBE - M/WBE Participation \$0.00

I hereby certify that the above information is accurate to the best of my knowledge:

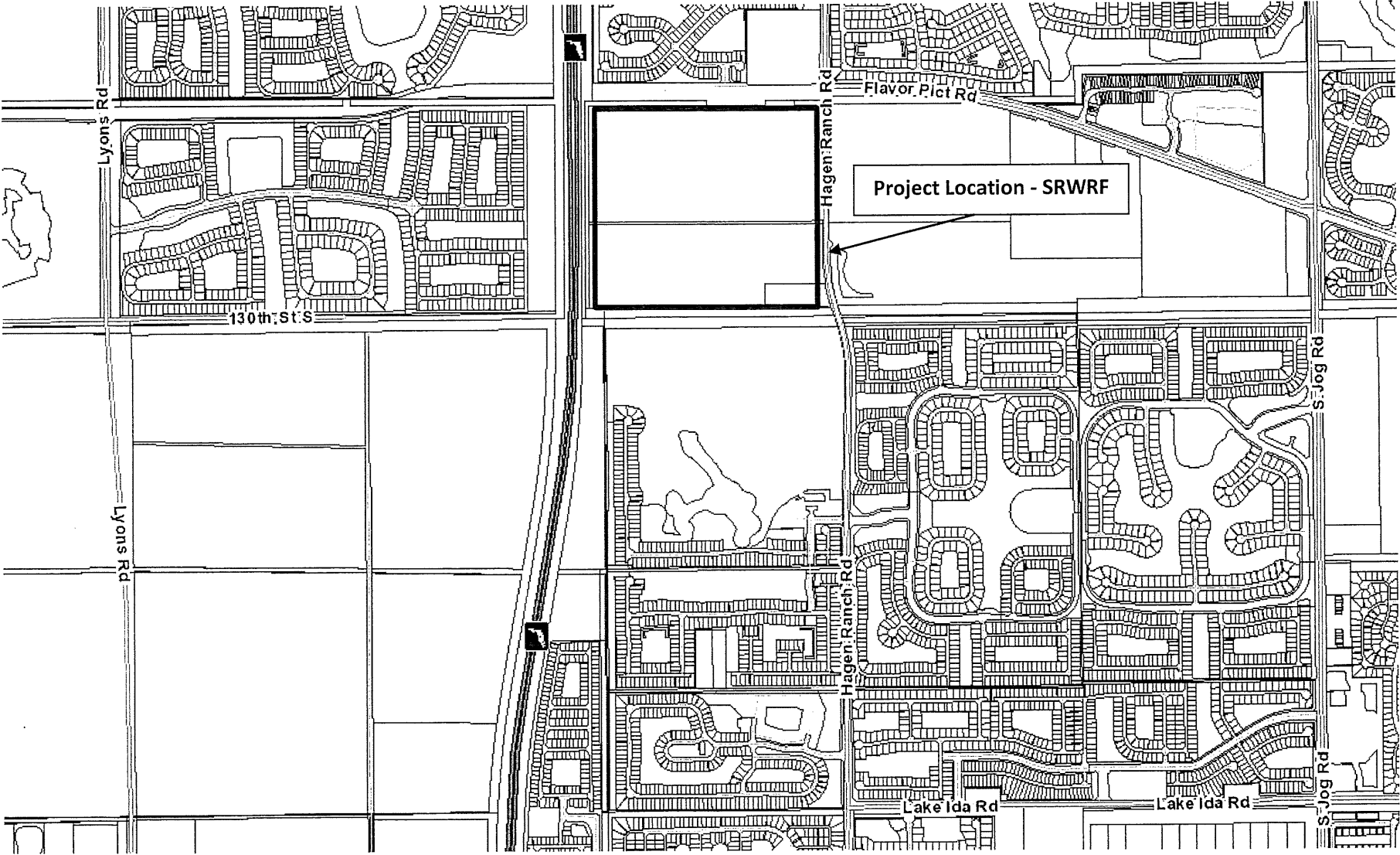

Signature

Vice President
Title

- Note:
1. The amount listed on this form for a Subcontractor/subconsultant must be supported by price or percentage listed on the properly executed Schedule 2 or attached signed proposal.
 2. Firms may be certified by Palm Beach County as an SBE and/or an M/WBE. If firms are certified as both an SBE and/or M/WBE, please indicate the dollar amount under the appropriate category.
 3. Modification of this form is not permitted and will be rejected upon submittal.

ATTACHMENT 2

Location Map



ATTACHMENT 3

HAZE&SA-01

KGODWIN



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/29/2019

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 Ames & Gough 8300 Greensboro Drive Suite 980 McLean, VA 22102	CONTACT NAME: PHONE (A/C, No, Ext): (703) 827-2277	FAX (A/C, No): (703) 827-2279
	E-MAIL ADDRESS: admin@amesgough.com	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Hartford Fire Insurance Company A+ (XV)		19682
INSURER B : Hartford Casualty Insurance Company A+ (XV)		29424
INSURER C : Twin City Fire Insurance Company		29459
INSURER D : Continental Casualty Company (CNA) A, XV		20443
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 INSD	SUBR 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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	X	X	42UUNBH8062	3/29/2019	3/29/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	X		42UENBH7997	3/29/2019	3/29/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Comp./Coll. Ded \$ 1,000
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB OCCUR CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	42WBAD0SYE	3/29/2019	3/29/2020	<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
D	Professional Liab			AEH008231489	3/29/2019	3/29/2020	Per Claim/Aggregate 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 RE: Project No. WUD 15-095/Southern Region Water Reclamation Facility Engineering Services for Headworks and Effluent Transfer Pumping Improvements

Palm Beach County, Board of County Commissioners, a political subdivision of the State of Florida and Palm Beach County Water Utilities Department, its officers, directors, agents and employees are included as additional insured with respect to General Liability and Automobile Liability when required by written contract. General Liability and Workers Compensation policies include a waiver of subrogation in favor of the additional insureds where permissible by state law and when required by written contract.

CERTIFICATE HOLDER Palm Beach County Water Utilities Department c/o JDi Data Corporation 100 W Cypress Creek Rd, Suite 1052 Fort Lauderdale, FL 33309	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
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED AND RIGHTS OF RECOVERY AGAINST OTHERS

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

- A. Any person or organization whom you are required by contract to name as additional insured is an "insured" for LIABILITY COVERAGE but only to the extent that person or organization qualifies as an "insured" under the WHO IS AN INSURED provision of Section II - LIABILITY COVERAGE.
- B. For any person or organization for whom you are required by contract to provide a waiver of subrogation, the Loss Condition - TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US is applicable.