

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

Meeting Date: May 4, 2021 Consent [X] Regular []
Public Hearing []

Department: Water Utilities Department

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to approve: Work Authorization (WA) No. 2 to the Lift Station Rehabilitation Continuing Construction Contract 2020 (Continuing Contract) with Hinterland Group Inc. (Hinterland) for the Loxahatchee Groves Park Lift Station and Force Main (Project) in the amount of \$234,386.65.

Summary: On September 15, 2020, the Board of County Commissioners approved the Palm Beach County Water Utilities Department (PBCWUD) Contract (R2020-1379) with Hinterland. WA No. 2 provides for the conversion of a restroom sanitary system in the Loxahatchee Groves Park, from a septic to a pressurized system, consisting of the installation of a Manufactured Odorless Pump Station (MOPS) and 280 linear feet of 4-inch force main connecting to the PBCWUD wastewater collection system. The Continuing Contract was procured under the requirements of the Equal Business Opportunity Ordinance. On January 15, 2020, the Goal Setting Committee applied an Affirmative Procurement Initiative (API) of a mandatory 20% Small Business Enterprise (SBE) subcontracting participation, of which 3% shall be among certified African American and/or Hispanic American owned firms. The Continuing Contract provides for 26.87% SBE participation which includes 3.18% M/WBE participation, 3.18% MBE (H). WA No. 2 includes 4.84% SBE participation which includes 1.68% M/WBE participation, 1.68% MBE (H). The cumulative SBE participation including WA No. 2 is 4.84% which includes 1.68% M/WBE participation, 1.68% MBE (H). Hinterland is a Palm Beach County based Company. **This project is funded through the infrastructure sales tax.** (PBCWUD Project No. 19-064) District 6 (MJ).

Background and Justification: The Palm Beach County Parks & Recreation Department (PBC Parks) owns and maintains the septic system that currently serves the existing restrooms in the Loxahatchee Groves Park. The work provided by the Project will also include abandonment of the existing septic system. Connection to PBCWUD's wastewater collection system will eliminate the septic maintenance cost from PBC Parks as well as eliminate the risk of the septic system failure.

Attachments:

1. Four (4) Originals of Work Authorization No. 2
2. Location Map
3. Certificate of Liability Insurance
4. Budget Availability Statement

Recommended By: Jim Stiles Department Director Date: 4-7-2021

Approved By: Will J. Blum Assistant County Administrator Date: 4/13/2021

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

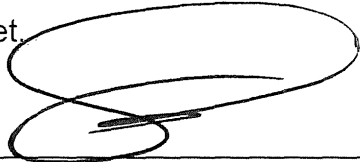
Fiscal Years	2021	2022	2023	2024	2025			
Capital Expenditures	<u>\$234,387</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>			
Operating Costs	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>			
External Revenues	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>			
Program Income (County)	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</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>\$234,387</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	3600	Dept.	581	Unit	P886	Object	6504
		<u>3602</u>		<u>581</u>		<u>P831</u>		<u>6504</u>
		<u>3950</u>		<u>581</u>		<u>T032</u>		<u>6504</u>

Is Item Included in Current Budget? Yes X No

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:

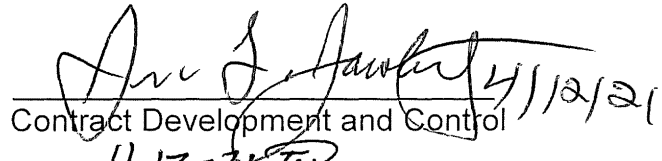
Parks Department operating budget. 

C. Department Fiscal Review: _____

III. REVIEW COMMENTS

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

 4/8/21
OFMB 4-7-21

 4/12/21
Contract Development and Control
4-12-21 TW

B. Legal Sufficiency:

 4/13/21
Assistant County Attorney

C. Other Department Review:

Department Director

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

WORK AUTHORIZATION NO. 2

Palm Beach County Water Utilities Department
Lift Station Rehabilitation Continuing Construction Contract 2020
Resolution No. R2020-1379 Contract Dated September 15, 2020

Project Title: Loxahatchee Groves Park Lift Station and Force Main

PBCWUD Project No.: 19-064

Contractor: Hinterland Group Inc.

Address: 2051 West Blue Heron Blvd., Riviera Beach, FL 33404

Budget Line Item No.: 3600-581-P886-6504
3602-581-P831-6504
3950-581-T032-6504

District: 6

This Work Authorization provides for: Construction services for the installation of a Manufactured Odorless Pump Station (MOPS) and 280 linear feet of 4-inch force main in order to connect the existing restroom building at the Loxahatchee Groves Park to the Palm Beach County Water Utilities Department (PBCWUD) wastewater collection system.

(See ATTACHMENT A for detailed scope of services)

The Contract provides for 26.87% SBE participation which includes 3.18% M/WBE participation, 3.18% MBE. This Work Authorization includes 4.84% overall SBE participation which includes 1.68% M/WBE participation, which includes 1.68% MBE (H). The cumulative SBE participation, including this Work Authorization is 4.84% which includes 1.68% M/WBE participation, which includes 1.68% MBE (H).

1. Services completed by the Contractor to date:

See ATTACHMENT B

2. Contractor shall begin work within ten (10) calendar days from the issuance of Notice to Proceed (NTP). Execution of the Project will be accomplished as follows from the issuance of the NTP:

Substantial Completion 180 Calendar Days
Final Construction Completion 210 Calendar Days

Liquidated damages will apply as follows:

\$500.00 per day past substantial completion date.

\$250.00 per day past final completion date.

WORK AUTHORIZATION NO. 2

Palm Beach County Water Utilities Department
Lift Station Rehabilitation Continuing Construction Contract 2020
Resolution No. R2020-1379 Contract Dated September 15, 2020

Project Title: Loxahatchee Groves Park Lift Station and Force Main

PBCWUD Project No.: 19-064

IN WITNESS WHEREOF, this Work Authorization is accepted, subject to the terms, conditions and obligations of the aforementioned Contract.

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

Joseph Abruzzo, Clerk of the Circuit Court
& Comptroller, Palm Beach County

Palm Beach County, Board
of County Commissioners

ATTEST:

Signed: _____

HKM

Dave Kerner, Mayor

JCS

Typed Name: _____

Deputy Clerk

(Date)

Approved as to Form and Legal
Sufficiency

Contractor: Hinterland Group Inc.

Signed: _____

(Signature)

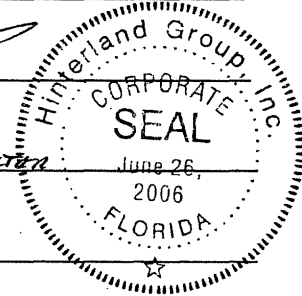
[Handwritten Signature]

(Name and Title)

(Date)

Typed Name: Michael W. Jones
County Attorney

3/8/21



STATE OF FLORIDA
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 8 day of Mar, 2021, by CHASE ROGERS, who is personally known to me or has produced _____ as identification.

(Signature of Notary Public, State of Florida)

[Handwritten Signature]
Notary Public
State of Florida
Comm# GG125233

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



November 30, 2020

To whom it may concern:

I, Daniel Duke, III, President of Hinterland Group Inc., do hereby authorize Chase R Rogers, Jay Breig and Stephanie Sackett to sign any and all project related documents on behalf of Hinterland Group Inc.

In addition, and until further notice, the following personnel are authorized to sign pay applications and supporting documentation relating to Palm Beach County pay applications. This does not authorize the signing of change orders, lien releases, notice to proceed, warranties of title or Final pay applications.

Authorized to Sign Pay Applications and Supporting Documentation:

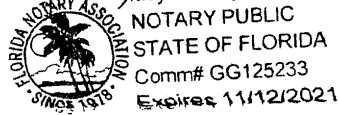
- Bill Scheets
- Brett Konchak
- Butch Forrester
- Garrett Noonan
- Jacob Crowe
- Kervin Flores- Garcia
- Mark Horning

Daniel Duke, III - President
Dated: November 30, 2020

State of Florida
County of Palm Beach

The foregoing instrument was acknowledged before me by means of physical presence or online notarization this 30 day of November, 2020 by Daniel Duke III who is personally known to me or has produced a NP as identification.

Notary Public Mayra C. Aguiar
My Commission Expires 11/12/2021



Hinterland Group Inc. Corporate Office
2051 W Blue Heron Blvd. Riviera Beach, FL 33404 • Ph 561-640-3503 • Fax 561-640-3504

WORK AUTHORIZATION NO. 2

**Palm Beach County Water Utilities Department
Lift Station Rehabilitation Continuing Construction Contract 2020
Resolution No. R2020-1379 Contract Dated September 15, 2020**

LIST OF ATTACHMENTS

ATTACHMENT A	Scope of Work
ATTACHMENT B	Summary and Status of Work Authorizations
ATTACHMENT C	Public Construction Bond
ATTACHMENT D	Form of Guarantee
ATTACHMENT E	Schedule of Bid Items
ATTACHMENT F	OEBO Schedule 1 and 2
ATTACHMENT G	Summary of SBE-M/WBE Business Tracking
ATTACHMENT H	Location Map

Revised 02/11/2021

ATTACHMENT B

SUMMARY AND STATUS OF WORK AUTHORIZATIONS

Work Auth. No.	PBCWUD Project No.	Title	Status	Project Total Amount	SBE Total Amount	SBE Participation %	Approved	
							By	Date
1	21-032	Lift Station Rehabilitation Priority Work Phase 1	Pending	\$851,935.01	\$50,000.00	5.86%	BCC	Pending
2	19-064	Loxahatchee Groves Park Lift Station and Force Main	Pending	\$234,386.65	\$11,360.00	4.84%	BCC	Pending
3	19-047	Lift Station Pressure Nodes Addition	Pending	\$489,007.00	\$0.00	0.00%	BCC	Pending



HALCYON UNDERWRITERS

YOUR PARTNER IN PRODUCTION. MAKING THE DIFFERENCE

555 Winderley Place, Suite 420
Maitland, Florida 32751

February 22, 2021

To: Palm Beach County
8100 Forest Hill Boulevard
West Palm Beach, FL 33413

Re: Hinterland Group Inc.
Bond No: 21BCSIL2891
Resolution No. R2020-1379
Loxahatchee Groves Park Lift Station and Force Main

To Whom It May Concern

Please allow this letter to serve as formal authorization for Palm Beach County to date the captioned Construction Bond and power of attorney to coincide with the Contract Date. Please advise our office once dated. We are the bonding agent for Hinterland Group, Inc. They are bonded by Hartford Accident and Indemnity Company, an A+ rated surety in the AM Best Guide. Please be advised that we authorize you to date powers of attorney, form of guarantee and bonds for Resolution No. R2020-1379 / Loxahatchee Groves Park Lift Station and Force Main.

Thank you and please call me if you have any questions.



Jennie N. Lanman, Attorney-in-Fact

ATTACHMENT C

PUBLIC CONSTRUCTION BOND – WORK AUTHORIZATION NO. 2
Lift Station Rehabilitation Continuing Construction Contract 2020
Resolution No. R2020-1379 Contract Dated September 15, 2020

PROJECT TITLE: Loxahatchee Groves Park Lift Station and Force Main

PBCWUD PROJECT NO.: 19-064

BOND NUMBER: 21BCSIL2891

WORK AUTHORIZATION/BOND AMOUNT: \$234,386.65

CONTRACTOR'S NAME: Hinterland Group Inc.

CONTRACTOR'S ADDRESS: 2051 West Blue Heron Blvd., Riviera Beach, FL 33404

CONTRACTOR'S PHONE: (561) 640-3503

SURETY COMPANY: Hartford Accident and Indemnity Company

SURETY'S ADDRESS: 2301 Lucien Way, #360, Maitland, FL 32751

OWNER'S NAME: PALM BEACH COUNTY

OWNER'S ADDRESS: 8100 Forest Hill Boulevard
West Palm Beach, FL 33413

OWNER'S PHONE: (561) 493-6000

DESCRIPTION OF WORK: Conversion of a restroom sanitary system in the Loxahatchee Groves Park, from a septic to a pressurized system

PROJECT LOCATION: 13901 Southern Blvd, Loxahatchee Groves, FL 33470

LEGAL DESCRIPTION: Section 17 Township 43; Range 41

Revised 02/11/2021

PUBLIC CONSTRUCTION BOND

This Bond is issued in favor of the County conditioned on the full and faithful performance of the Work Authorization No. 2 to Lift Station Rehabilitation Continuing Construction Contract 2020, Contract Resolution No. R2020-1379 dated on September 15, 2020.

KNOW ALL MEN BY THESE PRESENTS: that Contractor and Surety, are held and firmly bound unto
Palm Beach County Board of County Commissioners
301 N. Olive Avenue
West Palm Beach, Florida 33401

as Obligee, herein called County, for the use and benefit of claimant as herein below defined, in the amount of Two Hundred Thirty-Four Thousand Three Hundred Eighty-Six Dollars and 65/100 Cents, \$234,386.65,

for the payment whereof Principal and Surety bind themselves, their heirs, personal representatives, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS,

Principal has by written agreement dated _____, 20____, entered into Work Authorization No. 2 to Lift Station Rehabilitation Continuing Construction Contract 2020, Contract Resolution No. R2020-1379 with the County for

Work Authorization Project Name: Loxahatchee Groves Park Lift Station and Force Main

Work Authorization Project No.: 19-064

Project Description: Conversion of a restroom sanitary system in the Loxahatchee Groves Park, from a septic to a pressurized system

Project Location: 13901 Southern Blvd, Loxahatchee Groves, FL 33470

in accordance with Design Criteria Drawings and Specifications prepared by

Name of Design Firm: Mock, Roos & Associates, Inc.

Location of Firm: 5720 Corporate Way, West Palm Beach, FL 33407

Phone: (561) 683-3113

Fax: _____

which Work Authorization No. 2 to Lift Station Rehabilitation Continuing Construction Contract 2020, Contract Resolution No. R2020-1379 is by reference made a part hereof in its entirety, and is hereinafter referred to as the Work Authorization.

1. THE CONDITION OF THIS BOND is that if Principal:

- a. Performs the Work Authorization dated _____, 20____, between Principal and County for the construction of the above project, the Work Authorization being made a part of this bond by reference, at the times and in the manner prescribed in the Work Authorization; and

Revised 02/11/2021

- b. Promptly makes payments to all claimants, as defined in Section 255.05, Florida Statutes, supplying Principal with labor, materials, or supplies, used directly or indirectly by Principal in the prosecution of the work provided for in the Work Authorization; and
 - c. Pays County all losses, damages (including liquidated damages), expenses, costs, and attorneys' fees, including appellate proceedings, that County sustains because of a default by Principal under the Work Authorization; and
 - d. Performs the guarantee of all work and materials furnished under the Work Authorization for the time specified in the Work Authorization; then this bond is void; otherwise it remains in full force.
2. Any changes in or under the contract documents and compliance or noncompliance with any formalities connected with the Work Authorization or the changes does not affect Surety's obligation under this bond and Surety waives notice of such changes.
3. The amount of this bond shall be reduced by and to the extent of any payment or payments made in good faith hereunder, inclusive of the payment by Surety of construction liens which may be filed of record against said improvement, whether or not claim for the amount of such lien be presented under and against the bond.
4. Principal and Surety expressly acknowledge that any and all provisions relating to consequential, delay and liquidated damages contained in the Work Authorization are expressly covered by and made a part of this Performance, Labor and Material Payment Bond. Principal and Surety acknowledge that any such provisions lie within their obligations and within the policy coverage's and limitations of this instrument.
5. Section 255.05, Florida Statutes, as amended, together with all notice and time provisions contained therein, is incorporated herein, by reference, in its entirety. Any action instituted by a claimant under this bond for payment must be in accordance with the notice and time limitation provisions in Section 255.05(2), Florida Statutes. This instrument regardless of its form, shall be construed and deemed a statutory bond issued in accordance with Section 255.05, Florida Statutes.
6. Any action brought under this instrument shall be brought in the state court of competent jurisdiction in Palm Beach County, Florida and not elsewhere.

Mary C. J.
Witness

MAYRA E. AGUIAR
Print Name

Laura Even
Witness

Laura Even, Licensed 4-40 Agent/Witness
Print Name

Hinterland Group Inc.
Principal

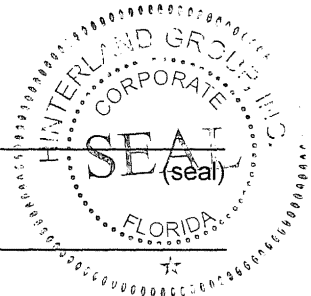
Chase Rogers
Print name

Project Director
Title

Jennie Yarnman Hartford Accident and Indemnity Company
Surety (seal)

Jennie N. Lanman
Print name

Attorney - in - Fact
Title



ATTACHMENT D

FORM OF GUARANTEE

GUARANTEE FOR (Contractor and Surety Name) Hinterland Group Inc. and Hartford Accident and Indemnity Company

We the undersigned hereby guarantee that the Lift Station Rehabilitation Continuing Construction Contract 2020, Contract Resolution No. R2020-1379, Contract Dated September 15, 2020, PBCWUD Project No. 19-064, Work Authorization No. 2, Project Title: Loxahatchee Groves Park Lift Station and Force Main, Palm Beach County, Florida, which we have constructed and bonded, has been done in accordance with the plans and specifications; that the work constructed will fulfill the requirements of the guaranties included in the Contract Documents. We agree to repair or replace any or all of our work, together with any work of others which may be damaged in so doing, that may prove to be defective in the workmanship or materials within a period of one year from the date of Final Completion of all of the above named work by the County of Palm Beach, State of Florida, without any expense whatsoever to said County of Palm Beach, ordinary wear and tear and unusual abuse or neglect excepted by the County. The date of Final Completion shall be the date set forth on the fully executed and acknowledged Contractor's Certification of Final Completion form. When correction work is started, it shall be carried through to completion.

In the event of our failure to acknowledge notice, and commence corrections of defective work within five (5) calendar days after being notified in writing by the Board of County Commissioners, Palm Beach County, Florida, we, collectively or separately, do hereby authorize Palm Beach County to proceed to have said defects repaired and made good at our expense and we will honor and pay the costs and charges therefore upon demand. County and Contractor agree that the provisions of Florida Statute Chapter 558 shall not apply to this Contract/Agreement.

SEAL AND NOTARIAL ACKNOWLEDGMENT OF SURETY

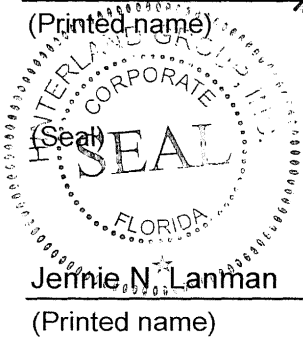
Hinterland Group Inc.
(Contractor)

By: [Signature]
(Signature)

Chase Rogers, Project Director
(Printed name)

Hartford Accident and Indemnity Company
(Surety)

By: Jennie Lanman
(Signature)



Jennie N. Lanman
(Printed name)

POWER OF ATTORNEY

Direct Inquiries/Claims to:

THE HARTFORD
 BOND, T-12
 One Hartford Plaza
 Hartford, Connecticut 06155
 bond.claims@thehartford.com

call: 888-266-3488 or fax: 860-757-5835

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Name: **HALCYON UNDERWRITERS**
 Agency Code: **21-224119**

- Hartford Fire Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- Hartford Casualty Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- Hartford Accident and Indemnity Company**, a corporation duly organized under the laws of the State of Connecticut
- Hartford Underwriters Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- Twin City Fire Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- Hartford Insurance Company of Illinois**, a corporation duly organized under the laws of the State of Illinois
- Hartford Insurance Company of the Midwest**, a corporation duly organized under the laws of the State of Indiana
- Hartford Insurance Company of the Southeast**, a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint, **up to the amount of \$15,000,000:**

Jennie N. Lanman
 of
 Maitland, FL

their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign its name as surety(ies) only as delineated above by X, and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on May 6, 2015 the Companies have caused these presents to be signed by its Senior Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.



John Gray

John Gray, Assistant Secretary

M. Ross Fisher

M. Ross Fisher, Senior Vice President

STATE OF CONNECTICUT }
 COUNTY OF HARTFORD } ss. Hartford

On this 11th day of January 2016, before me personally came M. Ross Fisher, to me known, who being by me duly sworn, did depose and say: that he resides in the County of Hartford, State of Connecticut; that he is the Senior Vice President of the Companies, the corporations described in and which executed the above instrument; that he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that he signed his name thereto by like authority.



CERTIFICATE

Kathleen T. Maynard
 Kathleen T. Maynard
 Notary Public
 My Commission Expires July 31, 2021

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of February 22, 2021.
 Signed and sealed at the City of Hartford.



Kevin Heckm *Kevin Heckm*

ATTACHMENT E
SCHEDULE OF BID ITEMS

Palm Beach County Water Utilities Department

Lift Station Rehabilitation Continuing Construction Contract 2020

Contract Resolution No. R2020-1379

Contract Dated: September 15, 2020

Work Authorization No.: 2

Contractor Name: Hinterland Group Inc.

Project Name: Loxahatchee Groves Park Lift Station and Force Main

WUD Project No.: 19-064

Bid Item No.	Item (Furnish and Install with Appurtenances)	Quantity	Units	Unit Price	Total
8	New Concrete Valve Vault (Interior Dimension 4'Lx6'Wx4'D)	1	EA	\$10,000.00	\$10,000.00
27	4" Mechanical Joint Restraint for DIP/PVC/HDPE	10	EA	\$150.00	\$1,500.00
33	Ductile Iron Fittings for Wastewater Force Main	0.5	Tons	\$6,500.00	\$3,250.00
34	4" PVC C-900 Push-On Joint Force Main (36"-60" Cover)	280	LF	\$35.00	\$9,800.00
47	4" to 6" Diameter Connection to Existing Wastewater Force Main (Joint Restraint for existing pipe to be included if required)	1	EA	\$3,500.00	\$3,500.00
50	Removal & Disposal of Exist. Pipe up to 8"	20	LF	\$60.00	\$1,200.00
63A	New MOPS (4-ft diameter) Fiberglas Wetwell and Appurtenances	1	LS	\$97,500.00	\$97,500.00
68	Concrete Lift Station Pad Installation (6" thick w/ no.9 WWF)	370	SQ FT	\$10.00	\$3,700.00
77	Black Vinyl-Coated Chain-link Fence Installation	70	LF	\$50.00	\$3,500.00
78	Removal of Existing Fence	55	LF	\$10.00	\$550.00
79	Black Vinyl-Coated Chain-link Swing Fence Gate Installation (12-ft wide)	1	EA	\$2,000.00	\$2,000.00
86	Control Panel & Instrumentation (up to 9.9 hp)	1	EA	\$38,000.00	\$38,000.00
92	2" Electrical Conduit Installation	350	LF	\$20.00	\$7,000.00
93	FPL Meter Box/Can Replacement	1	EA	\$1,400.00	\$1,400.00
98	1-1/2" PVC or HDPE Water Service Installation	40	LF	\$80.00	\$3,200.00
100	Backflow Preventer Assembly	1	LS	\$2,500.00	\$2,500.00
101	4" Gate Valve (FL or MJ)	5	EA	\$700.00	\$3,500.00
108	4" Swing Check Valve w/ Outside Lever and Weight	2	EA	\$1,600.00	\$3,200.00
130	Concrete Driveway Removal & Restoration (up to 6.0" thick)	18	SY	\$50.00	\$900.00
137	Density Test	10	EA	\$100.00	\$1,000.00
138	Proctor Test	1	EA	\$150.00	\$150.00
139	Sod Replacement (St Augustine or Bahia)	500	SY	\$5.00	\$2,500.00
141	Maintenance of Traffic	500	LF	\$1.00	\$500.00
143	Record Drawings (Force Main/Gravity Pipe)	280	LF	\$3.00	\$840.00
144	Record Drawings (Lift Station Site)	1	LS	\$2,400.00	\$2,400.00
151	Pre-Construction Video (per Project Location)	1	LS	\$600.00	\$600.00
(A) SUBTOTAL BASE BID (Bid Items 1-256)					\$204,190.00
259	Additional Work not included in Bid Items (See Items 259A -259D Below)	1	LS	\$23,050.00	\$23,050.00
260	Mobilization (2.5% of Subtotal Bid Price [A])	1	LS	2.5%	\$5,104.75
261	Demobilization (1% of Subtotal Bid Price [A])	1	LS	1%	\$2,041.90
(B) SUBTOTAL ADDITIONAL WORK BID PRICE (Bid Items 259-261)					\$30,196.65
TOTAL BID PRICE (A + B)					\$234,386.65

Revised 02/11/2021

Additional Work not included in Bid Items (See Items 259 Above)

Bid Item No.	Item (Furnish and Install with Appurtenances)	Quantity	Units	Unit Price	Total
259A	Septic Tank and Drainfield Abandonment	1.00	Lump Sum	\$7,500.00	\$7,500.00
259B	Main Disconnect Switch	1.00	Lump Sum	\$5,400.00	\$5,400.00
259C	6" Sewer Lateral and Cleanouts	1	Lump Sum	\$3,400.00	\$3,400.00
259D	Shellrock - 8" Driveway Removal and Restoration	150.00	SY	\$45.00	\$6,750.00

Revised 02/11/2021

ATTACHMENT F
OEBO SCHEDULE 1

Office of Equal Business Opportunity Compliance Programs

OEBO SCHEDULE 1
LIST OF PROPOSED CONTRACTOR/CONSULTANT AND
SUBCONTRACTOR/SUBCONSULTANT PARTICIPATION

SOLICITATION/PROJECT/BID NAME: Loxahatchee Groves Park Lift Station and Force Main
 NAME OF PRIME RESPONDENT/BIDDER: Hinterland Group Inc.
 CONTACT PERSON: Chase Roberts
 SOLICITATION OPENING/SUBMITTAL DATE: September 15, 2020

SOLICITATION/PROJECT/BID No.: 19-064
 ADDRESS: 2051 West Blue Heron Blvd., Riviera Beach, FL 33404
 PHONE NO.: (561) 640-3503 E-MAIL: crogers@hinterlandgroup.com
 DEPARTMENT: Palm Beach County 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.

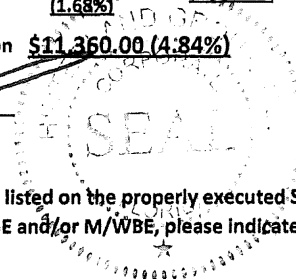
Name, Address and Phone Number	(Check all Applicable Categories)				DOLLAR AMOUNT OR PERCENTAGE OF WORK				
	Non-SBE	M/WBE Minority/Woman Business	SBE Small Business	Black	Hispanic	Women	Caucasian	Other (Please Specify)	
1. Hinterland Group Inc. 2051 West Blue Heron Blvd., Riviera Beach, FL 33404 (561) 640-3503	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	<u>\$219,475.32</u> (Non SBE)	
2. Almazan Construction LLC 2771 Vista Parkway, St F6, West Palm Beach, FL 33411 (561) 812-3672	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	<u>\$3,958.00</u>	_____	_____	_____	
3. Agricultural Land Services, Inc. 12265 State Road 7, Boynton Beach, FL 33473 (561) 732-6105	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<u>\$2,075.00</u>	_____	_____	
4. Utility Supply Associates, Inc. 721 Aspen Rd, West Palm Beach, FL 33409 (561) 723-2401	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	_____	<u>(\$8,878.33 x 0.6)</u> <u>\$5,327.00</u>	_____	
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	
(Please use additional sheets if necessary)				Total	<u>\$0.00</u> (0.00%)	<u>\$3,958.00</u> (1.68%)	<u>\$2,075.00</u>	<u>\$5,327.00</u>	<u>\$0.00</u>

Total Bid Price **\$234,386.65**

Total SBE – MWBE Participation **\$11,360.00 (4.84%)**

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


Signature



Chase Rogers, Project Director
Title

- Note:
- 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.
 - 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.
 - Modification of this form is not permitted and will be rejected upon submittal.

ATTACHMENT F
OEBO SCHEDULE 2

Office of Equal Business Opportunity Compliance Programs

Revised 02/11/2021

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OEBO LETTER OF INTENT – SCHEDULE 2

A completed Schedule 2 is a binding document between the Prime Contractor/consultant and a Subcontractor/subconsultant (for any tier) and should be treated as such. The Schedule 2 shall contain bolded language indicating that by signing the Schedule 2, both parties recognize this Schedule as a binding document. All Subcontractors/subconsultants, including any tiered Subcontractors/subconsultants, must properly execute this document. Each properly executed Schedule 2 must be submitted with the bid/proposal.

SOLICITATION/PROJECT NUMBER: 19-064

SOLICITATION/PROJECT NAME: Loxahatchee Groves Park Lift Station and Force Main

Prime Contractor: Hinterland Group Inc.

Subcontractor: Almazan Construction LLC

(Check box(s) that apply)

SBE WBE MBE M/WBE Non-S/M/WBE Date of Palm Beach County Certification (if applicable): 8/3/19-8/2/22

The undersigned affirms they are the following (select one from each column if applicable):

<u>Column 1</u>	<u>Column 2</u>	<u>Column 3</u>
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> African-American/Black <input type="checkbox"/> Asian American <input type="checkbox"/> Hispanic American	<input type="checkbox"/> Caucasian American <input type="checkbox"/> Supplier
	<input type="checkbox"/> Native American	

S/M/WBE PARTICIPATION – S/M/WBE Primes must document all work to be performed by their own work force on this form. Failure to submit a properly executed Schedule 2 for any S/M/WBE participation may result in that participation not being counted. Specify in detail, the scope of work to be performed or items supplied with the dollar amount and/or percentage for each work item. S/M/WBE credit will only be given for the areas in which the S/M/WBE is certified. A detailed proposal may be attached to a properly executed Schedule 2.


Line Item	Item Description	Unit Price	Quantity/ Units	Contingencies/ Allowances	Total Price/Percentage
	Asphalt and/or Concrete Work	\$3,958.00	LS	\$0.00	\$3,958.00

If the undersigned intends to subcontract any portion of this work to another Subcontractor/subconsultant, please list the business name and the amount below accompanied by a separate properly executed Schedule 2.

_____ Price or Percentage: _____
 Name of 2nd/3rd tier

The undersigned Subcontractor/subconsultant is prepared to self-perform the above-described work in conjunction with the aforementioned project at the following total price or percentage: \$3,958.00 / 1.68%

Hinterland Group Inc.
 Print Name of Prime

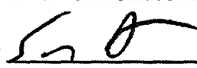
By: 
 Authorized Signature

CHASE ROGERS
 Print Name

PROJECT DIRECTOR
 Title

Date: 3/18/21

Almazan Construction LLC
 Print Name of Subcontractor/subconsultant

By: 
 Authorized Signature

Samuel J. Almazan
 Print Name

President
 Title

Date: 3/18/2021

OEBO LETTER OF INTENT – SCHEDULE 2

A completed Schedule 2 is a binding document between the Prime Contractor/consultant and a Subcontractor/subconsultant (for any tier) and should be treated as such. The Schedule 2 shall contain bolded language indicating that by signing the Schedule 2, both parties recognize this Schedule as a binding document. All Subcontractors/subconsultants, including any tiered Subcontractors/subconsultants, must properly execute this document. Each properly executed Schedule 2 must be submitted with the bid/proposal.

SOLICITATION/PROJECT NUMBER: 19-064

SOLICITATION/PROJECT NAME: Loxahatchee Groves Park Lift Station and Force Main

Prime Contractor: Hinterland Group Inc.

Subcontractor: Agricultural Land Services, Inc.

(Check box(s) that apply)

SBE WBE MBE M/WBE Non-S/M/WBE Date of Palm Beach County Certification (if applicable): 11/4/19-11/3/22

The undersigned affirms they are the following (select one from each column if applicable):

Column 1	Column 2	Column 3
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	<input type="checkbox"/> African-American/Black <input type="checkbox"/> Hispanic American	<input type="checkbox"/> Asian American <input type="checkbox"/> Native American
		<input checked="" type="checkbox"/> Caucasian American <input type="checkbox"/> Supplier

S/M/WBE PARTICIPATION – S/M/WBE Primes must document all work to be performed by their own work force on this form. Failure to submit a properly executed Schedule 2 for any **S/M/WBE** participation may result in that participation not being counted. Specify in detail, the scope of work to be performed or items supplied with the dollar amount and/or percentage for each work item. S/M/WBE credit will only be given for the areas in which the S/M/WBE is certified. A detailed proposal may be attached to a properly executed Schedule 2.

Line Item	Item Description	Unit Price	Quantity/ Units	Contingences/ Allowances	Total Price/Percentage
	Sodding <u>16,645 FAX Quota</u>	\$2,075.00	LS	\$0.00	\$2,075.00


The undersigned Subcontractor/subconsultant is prepared to self-perform the above-described work in conjunction with the aforementioned project at the following total price or percentage: \$2,075.00 / 0.89%

If the undersigned intends to subcontract any portion of this work to another Subcontractor/subconsultant, please list the business name and the amount below accompanied by a separate properly executed Schedule 2.

_____ Price or Percentage: _____

Name of 2nd/3rd tier

Hinterland Group Inc.
 Print Name of Prime


By: 
 Authorized Signature

CHASE ROGERS
 Print Name

PROJECT DIRECTOR
 Title

Date: 3/9/21

Agricultural Land Services, Inc.
 Print Name of Subcontractor/subconsultant

By: 
 Authorized Signature

Bob Lewis
 Print Name

Tran
 Title

Date: 3-8-2021

OEBO LETTER OF INTENT – SCHEDULE 2

A completed Schedule 2 is a binding document between the Prime Contractor/consultant and a Subcontractor/subconsultant (for any tier) and should be treated as such. The Schedule 2 shall contain bolded language indicating that by signing the Schedule 2, both parties recognize this Schedule as a binding document. All Subcontractors/subconsultants, including any tiered Subcontractors/subconsultants, must properly execute this document. Each properly executed Schedule 2 must be submitted with the bid/proposal.

SOLICITATION/PROJECT NUMBER: 19-064

SOLICITATION/PROJECT NAME: Loxahatchee Groves Park Lift Station and Force Main

Prime Contractor: Hinterland Group Inc.

Subcontractor: Utility Supply Associates, Inc.

(Check box(s) that apply)

SBE WBE MBE M/WBE Non-S/M/WBE Date of Palm Beach County Certification (if applicable): 8/22/19-8/21/22

The undersigned affirms they are the following (select one from each column if applicable):

Column 1

Male Female

Column 2

African-American/Black
Hispanic American

Asian American

Native American

Column 3

Supplier

S/M/WBE PARTICIPATION – S/M/WBE Primes must document all work to be performed by their own work force on this form. Failure to submit a properly executed Schedule 2 for any S/M/WBE participation may result in that participation not being counted. Specify in detail, the scope of work to be performed or items supplied with the dollar amount and/or percentage for each work item. S/M/WBE credit will only be given for the areas in which the S/M/WBE is certified. A detailed proposal may be attached to a properly executed Schedule 2.

Line Item	Item Description	Unit Price	Quantity/ Units	Contingencies/ Allowances	Total Price/Percentage
	Pipe Supplier	\$5,327.00	LS	\$0.00	\$5,327.00

The undersigned Subcontractor/subconsultant is prepared to self-perform the above-described work in conjunction with the aforementioned project at the following total price or percentage: \$5,327.00/2.27%

If the undersigned intends to subcontract any portion of this work to another Subcontractor/subconsultant, please list the business name and the amount below accompanied by a separate properly executed Schedule 2.

Name of 2nd/3rd tier _____ Price or Percentage: _____

Hinterland Group Inc.

Print Name of Prime

By: _____

Authorized Signature

Chase Rogers

Print Name

Project Director

Title

Date: 3/8/2021

Utility Supply Associates, Inc.

Print Name of Subcontractor/subconsultant

By: _____

Authorized Signature

William Potts

Print Name

Secretary Treasurer Director

Title

Date: 3/8/2021

ATTACHMENT G

Palm Beach County Water Utilities Department

Lift Station Rehabilitation Continuing Construction Contract 2020

Resolution No. R2020-1379 Contract Dated September 15, 2020

SUMMARY OF SBE-M/WBE BUSINESS TRACKING

Master Contract Goals	SBE: <u>26.87%</u>	M/WBE: <u>3.18%</u>	MBE (H): <u>3.18%</u>
Current Proposal			
Value of Authorization No.: <u>2</u>	\$234,386.65		
Value of SBE-M/WBE Letters of Intent	\$11,360.00	\$3,958.00	\$3,958.00
Actual Percentage	4.84%	1.68%	1.68%
Signed/Approved Authorizations			
Total Value of Authorizations	\$0.00		
Total Value of SBE-M/WBE Signed Subcontractors	\$0.00	\$0.00	\$0.00
Actual Percentage	0.00%	0.00%	0.00%
Signed/Approved Authorizations Plus Current Proposal			
Total Value of Authorization	\$234,386.65		
Total Value of Subcontractors & Letters of Intent	\$11,360.00	\$3,958.00	\$3,958.00
Actual Percentage	4.84%	1.68%	1.68%

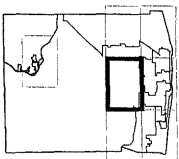
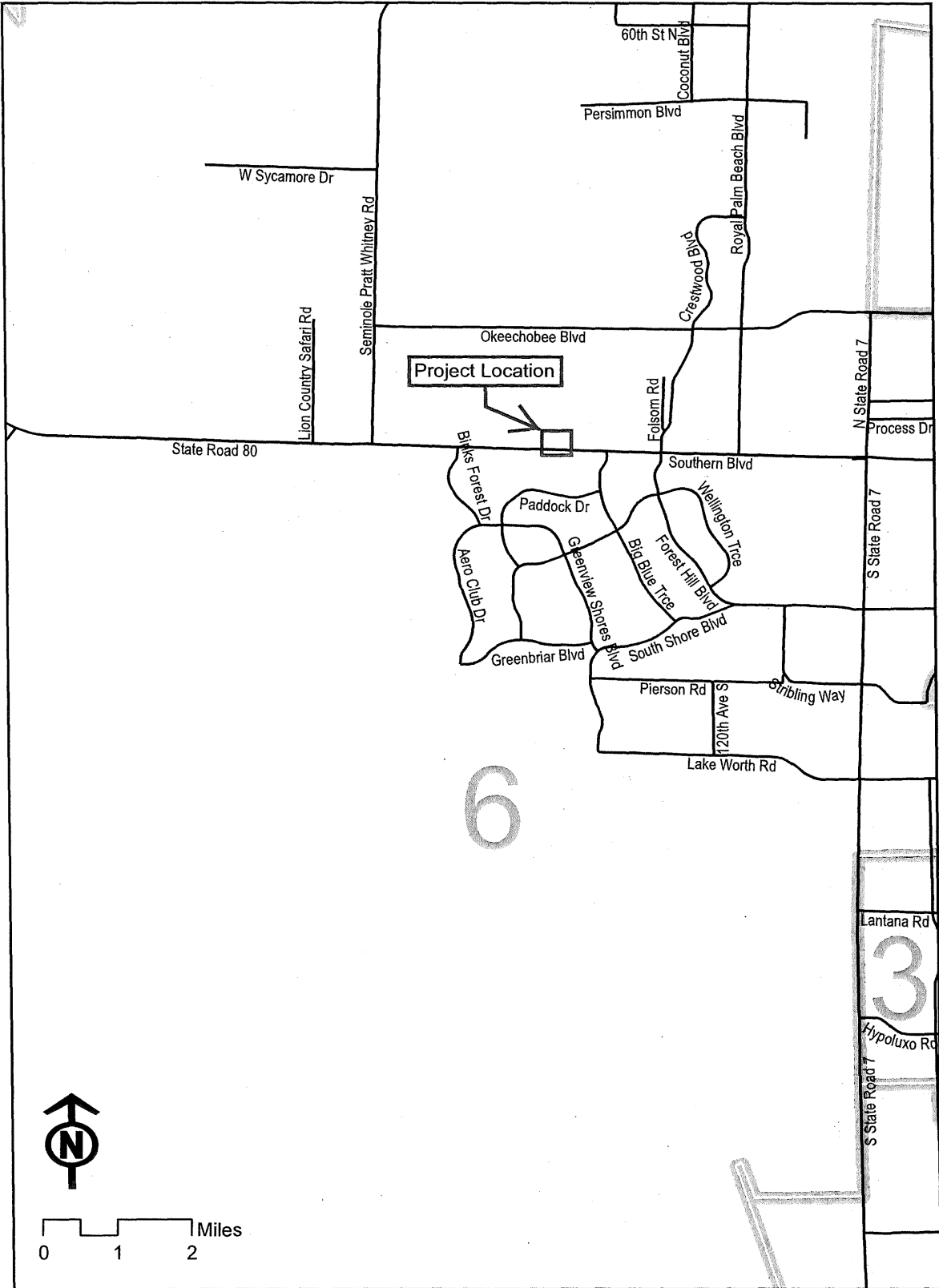
Revised 02/11/2021

ATTACHMENT H

Location Map

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ATTACHMENT H
LOCATION MAP
WORK AUTHORIZATION No. 2
HINTERLAND GROUP INC.
WUD PROJECT No. 19-064





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/29/2021

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 South Shore Insurance Inc. 955 SE Central Parkway Stuart FL 34994	CONTACT NAME: PHONE (A/C No. Ext): (772) 426-9973 FAX (A/C No.): (772) 872-5870 E-MAIL ADDRESS: _____ _____														
INSURED Hinterland Group Inc. 2051 West Blue Heron Blvd Riviera Beach, FL 33404	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : Zurich American Insurance Company</td> <td>16535</td> </tr> <tr> <td>INSURER B : Travelers Property Casualty Company of Amer</td> <td>25674</td> </tr> <tr> <td>INSURER C : American Guarantee & Liability Insurance Co.</td> <td>26247</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 : Zurich American Insurance Company	16535	INSURER B : Travelers Property Casualty Company of Amer	25674	INSURER C : American Guarantee & Liability Insurance Co.	26247	INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : Zurich American Insurance Company	16535														
INSURER B : Travelers Property Casualty Company of Amer	25674														
INSURER C : American Guarantee & Liability Insurance Co.	26247														
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	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"/> XCU Coverage Included <input checked="" type="checkbox"/> Primary/Non Contributory GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: _____	x	x	GLO 4956332-01	01/31/2021	01/31/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	x	x	BAP 4956334-01	01/31/2021	01/31/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			ZUP81N2525921	01/31/2021	01/31/2022	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
C	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	x	WC 4956333-01	01/31/2021	01/31/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Inland Marine			CPP667426001	01/31/2021	01/31/2022	Installation Floater \$ 2,000,000 Rented/Leased Equi \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Should any of the above policies be cancelled before the expiration date thereof, the issuing Insurer will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the Insurer, its agents or representatives. Certificate Holder is as an additional insured on blanket form only if required by written contract/agreement with the insured executed prior to injury or damage. A Waiver of Subrogation is provided on blanket form only if required by written contract/agreement with the insured executed prior to injury or damage. Coverage is primary/noncontributory when required by written contract agreement. Daniel Amos Duke III CGC1520354 / Daniel Amos Duke III CUC1224634 / Charles J Breig EC13003615

CERTIFICATE HOLDER Palm Beach County Palm Beach County Board of County Commissioners Insurance Compliance PO Box 100085- DX Duluth, GA 30096	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 <JNL>
--	--



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/13/2020

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 South Shore Insurance Inc. 955 SE Central Parkway Stuart FL 34994	CONTACT NAME: Jennie Lanman PHONE (A/C, No., Ext.): (772) 426-9973 E-MAIL ADDRESS: jennie@southshore-insurance.com	FAX (A/C, No.): 772-872-5870
	INSURER(S) AFFORDING COVERAGE	
INSURED Hinterland Group Inc. 2051 W Blue Heron Blvd Riviera Beach, FL 33404	INSURER A: American Zurich Insurance Company	NAIC # 40142
	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. INSR. (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 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. RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / <input type="checkbox"/> N / A If yes, describe under DESCRIPTION OF OPERATIONS below					PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Builders Risk	Y	EC15291752	07/14/2020	07/14/2021	Blanket Limit \$11,000,000

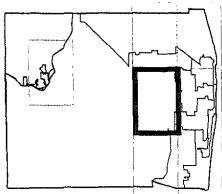
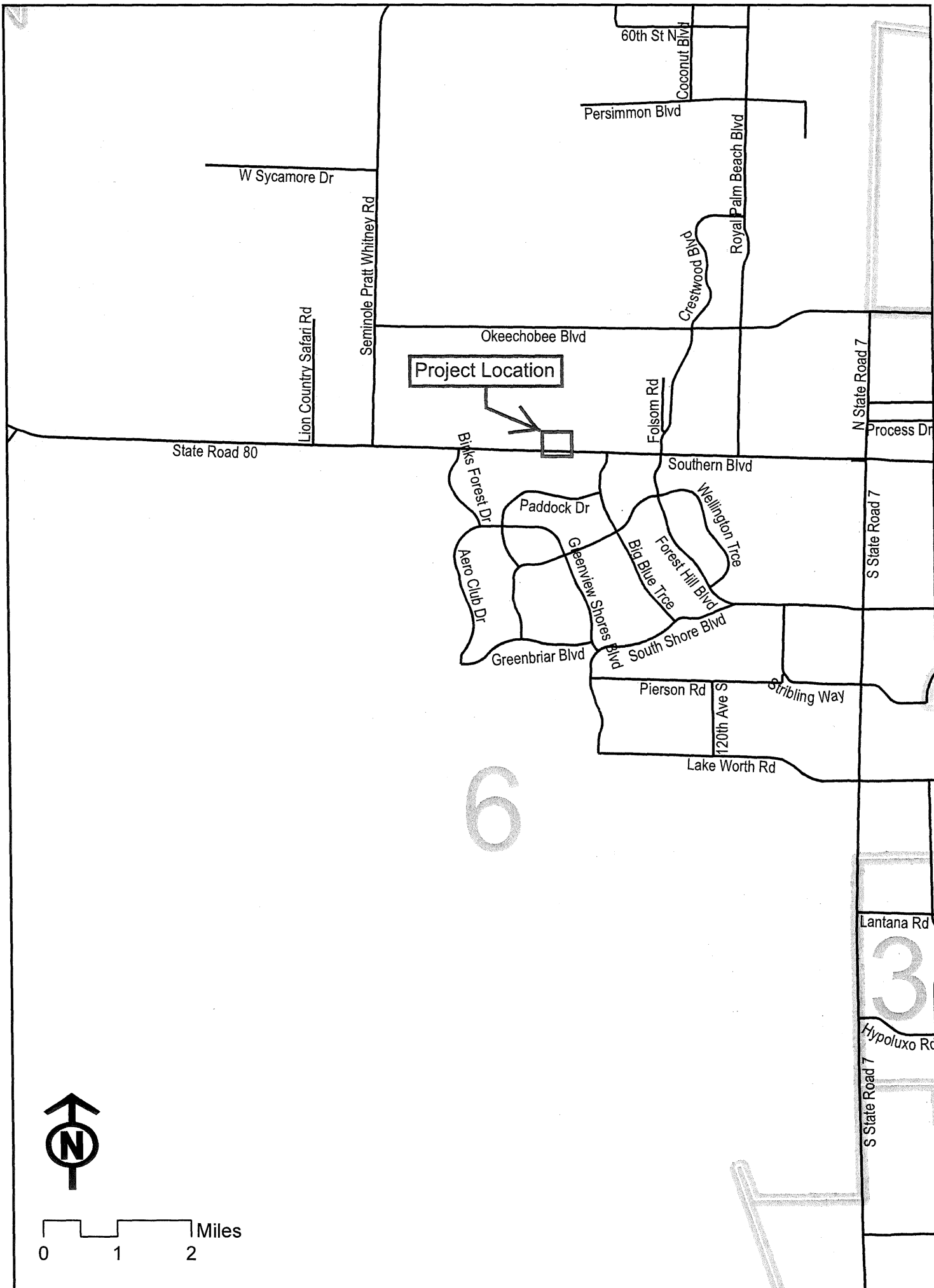
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

When required by a written or oral contract, all owners; contractors and subcontractors of every tier; manufacturers; suppliers; architects and engineers are insured for their interest in the Covered Property while that Covered Property is at the "project site".

RE:
Builders Risk 5% wind/hail and \$10,000 all other deductible. This policy is on an All Risk form with 100% replacement cost.

CERTIFICATE HOLDER Palm Beach County Board of County Commissioners Water Utilities Department 8100 Forest Hill Boulevard West Palm Beach, FL 33413	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 <i>Jennie Lanman</i> <CS>
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**ATTACHMENT 2
LOCATION MAP
AGENDA ITEM**
WORK AUTHORIZATION No. 2
HINTERLAND GROUP INC.
WUD PROJECT No. 19-064



ATTACHMENT 3



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/29/2021

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 South Shore Insurance Inc. 955 SE Central Parkway Stuart FL 34994	CONTACT NAME: PHONE (A/C No. Ext): (772) 426-9973 FAX (A/C No.): (772) 872-5870 E-MAIL ADDRESS: ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Zurich American Insurance Company 16535 INSURER B: Travelers Property Casualty Company of Amer 25674 INSURER C: American Guarantee & Liability Insurance Co. 26247 INSURER D: INSURER E: INSURER F:
INSURED Hinterland Group Inc. 2051 West Blue Heron Blvd Riviera Beach, FL 33404	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR	INSR	BYVD	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> XCU Coverage Included <input checked="" type="checkbox"/> Primary/Non Contributory GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		x	x	GLO 4956332-01	01/31/2021	01/31/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 OTHER: \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		x	x	BAP 4956334-01	01/31/2021	01/31/2022	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ OTHER: \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION:				ZUP81N2525921	01/31/2021	01/31/2022	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 OTHER: \$
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/A	WC 4956333-01	01/31/2021	01/31/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Inland Marine				CPP667428001	01/31/2021	01/31/2022	Installation Floater \$2,000,000 Rented/Leased Equi \$500,000

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

Should any of the above policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives. Certificate Holder is as an additional insured on blanket form only if required by written contract/agreement with the insured executed prior to injury or damage. A Waiver of Subrogation is provided on blanket form only if required by written contract/agreement with the insured executed prior to injury or damage. Coverage is primary/noncontributory when required by written contract agreement, Daniel Amos Duke III CGC1520354 / Daniel Amos Duke III CUC1224634 / Charles J Breig EC13003615

CERTIFICATE HOLDER Palm Beach County Palm Beach County Board of County Commissioners Insurance Compliance PO Box 100086- DX Duluth, GA 30096	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 <JNL>
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/13/2020

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 South Shore Insurance Inc. 955 SE Central Parkway Stuart FL 34994	CONTACT NAME: Jennie Lanman PHONE (A/C No., Ext.): (772) 426-9973 E-MAIL ADDRESS: jennie@southshore-insurance.com	FAX (A/C No.): 772-872-5870
	INSURER(S) AFFORDING COVERAGE	
INSURED Hinterland Group Inc. 2051 W Blue Heron Blvd Riviera Beach, FL 33404	INSURER A: American Zurich Insurance Company	NAIC # 40142
	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.

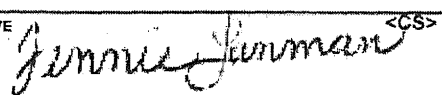
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (EA occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/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 (Per 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 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	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	
A	Builders Risk	Y	EC15291752	07/14/2020	07/14/2021	Blanket Limit	\$11,000,000

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

When required by a written or oral contract, all owners; contractors and subcontractors of every tier; manufacturers; suppliers; architects and engineers are insured for their interest in the Covered Property while that Covered Property is at the "project site".

RE:

Builders Risk 5% wind/hail and \$10,000 all other deductible. This policy is on an All Risk form with 100% replacement cost.

CERTIFICATE HOLDER Palm Beach County Board of County Commissioners Water Utilities Department 8100 Forest Hill Boulevard West Palm Beach, FL 33413	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 

ATTACHMENT 4

PALM BEACH COUNTY PARKS & RECREATION DEPARTMENT BUDGET AVAILABILITY STATEMENT

REQUEST DATE: 2/22/2021

REQUESTED BY: Henry Melendez

PHONE#: 561-493-6120

PROJECT TITLE: Loxahatchee Groves Sewer Expansion

PROJECT #:
SUPPLEMENT #:

BAS AMOUNT: \$234,686.65

BCC RESOLUTION#: N/A
BCC RESOLUTION DATE: N/A

CONTRACTOR/CONSULTANT: PBC WUD

PROVIDE A BRIEF STATEMENT OF THE SCOPE OF SERVICES TO BE PROVIDED BY THE CONSULTANT/CONTRACTOR:

Construction of sewer infrastructure connecting the restroom at Loxahatchee Groves Park to the force main located along Southern Boulevard.

AMOUNT REQUESTED ON THIS BAS:

CONSTRUCTION	\$234,686.65
ARCHITECTURE/ENGINEER	
*STAFF COSTS	
BOND WAIVER	
EQUIPMENT	
OTHER	
TOTAL	\$234,686.65

BUDGET ACCOUNT NUMBER (IF KNOWN)

FUND: 3950	DEPT: 581	UNIT: T032	OBJECT: 6504 - \$23,344
FUND: 3602	DEPT: 581	UNIT: P831	OBJECT: 6504 - \$200,000
FUND: 3600	DEPT: 581	UNIT: P886	OBJECT: 4611 - PK92-FY21- \$11,342.65 <i>6504</i>

IDENTIFY FUNDING SOURCE FOR EACH ACCOUNT: (check and provide detail for all that apply)

Ad Valorem (Amount \$ <u>11,342.65</u>)	Infrastructure Sales Tax (Amount <u>\$23,344</u>)
State (source/type: _____ Amount \$ _____)	Federal (source/type: _____ Amount \$ _____)
Grant (source/type: _____ Amount \$ _____)	Impact Fees: (Amount <u>\$200,000</u>)
Other (source/type: _____ Amount \$ _____)	

Department: Parks and Recreation

BAS APPROVED BY: *Eric Cole* DATE 2/23/21

ENCUMBRANCE NUMBER: _____