

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2022	2023	2024	2025	2026
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	0	<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 4011 Dept 121 Unit W004 Object 6541

Is Item Included in Current Budget? Yes X(*) No

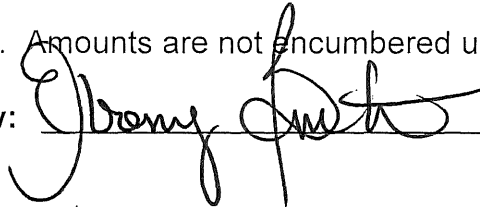
Does this item include the use of federal funds? Yes No X

Reporting Category N/A

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

(*) There is no fiscal impact. Amounts are not encumbered until KDOs are issued.

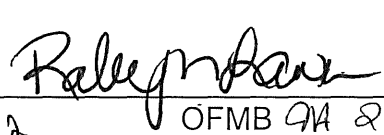
C. Department Fiscal Review:


 _____ GE

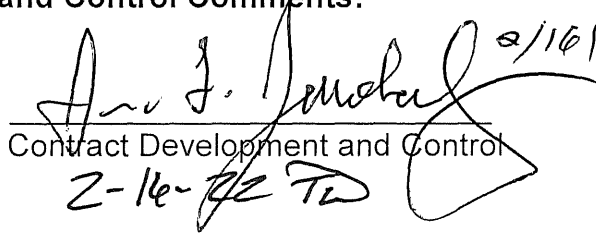
III. REVIEW COMMENTS

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

*for review
 account
 2/10/22*

 2/10/22

 OFMB QA 2-16-22

 2/16/22

 Contract Development and Control
 2-16-22 TD

B. Legal Sufficiency:

 2/17/22

 Assistant County Attorney

C. Other Department Review:

 Department Director

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

**EMERGENCY EXTENSION TO
CONTRACT WITH AQUIFER
MAINTENANCE AND
PERFORMANCE SYSTEMS, INC. -
SYSTEM-WIDE WELLFIELD
MAINTENANCE FOR PALM BEACH
COUNTY
WATER UTILITIES DEPARTMENT**

This Emergency Extension, dated _____, 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.

WITNESSETH

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 16-001VMG**

WHEREAS, the Contract was amended on January 23, 2018 (R-2018-0075) to extend the Contract for an additional one (1) year period (the "First Amendment"); and

WHEREAS, the Contract was amended on February 5, 2019 (R-2019-0217) to extend the Contract for an additional one (1) year period and to increase the contract amount by \$500,000 from \$1,189,076 to \$1,689,076 to provide for the wellfield maintenance activities to be undertaken under the extended contract term (the "Second Amendment"); and

WHEREAS, the Contract was amended on March 17, 2020 (R-2020-0317) to extend the Contract for an additional one (1) year period and increase the contract amount by \$300,000 from \$1,689,076 to \$1,989,076 to provide for the wellfield maintenance activities to be undertaken under the extended contract term (the "Third Amendment"); and

WHEREAS, the Contract was amended on March 9, 2021 (R-2021-0359) to extend it for an additional one (1) year period and increase the contract amount by \$300,000 from \$1,989,076 to \$2,289,076 to provide for the wellfield maintenance activities to be undertaken under the extended contract term (the "Fourth Amendment"); and

WHEREAS, there are no remaining extensions available under the Contract and the procurement process for the replacement contract is not yet completed; and

WHEREAS, there is a continued need for the services provided by the CONTRACTOR; and

WHEREAS, an extension of the term for three (3) months is beneficial to the interest, health, safety or welfare of the County.

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 extended for three (3) months through June 13, 2022. The not to exceed amount is not being increased.
2. Except as specifically modified above, the terms and conditions of the Contract dated March 14, 2017, as amended by the First Amendment dated January 23, 2018, the Second Amendment dated February 5, 2019, the Third Amendment dated March 17, 2020, and the Fourth Amendment dated March 9, 2021, are hereby confirmed and remain in full force and effect.

THE REST OF THIS PAGE INTENTIONALLY LEFT BLANK

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

ATTEST:
JOSEPH ABRUZZO
CLERK OF THE CIRCUIT
COURT & COMPTROLLER

Deputy Clerk

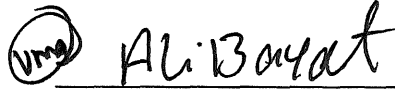
APPROVED AS TO FORM AND LEGAL
SUFFICIENCY

Assistant County Attorney

PALM BEACH COUNTY, FLORIDA, BY ITS
BOARD OF COUNTY COMMISSIONERS

By _____,
Robert S. Weinroth , Mayor

APPROVED AS TO TERMS AND
CONDITIONS

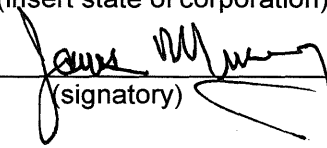


Ali Bayat, Director
Water Utilities Department

'CONTRACTOR'

By: AQUIFER MAINTENANCE and
PERFORMANCE SYSTEMS. INC.

a _____ Florida _____ corporation
(insert state of corporation)

By: 

(signatory)

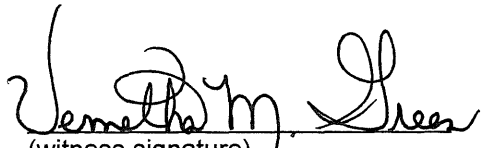
James Murray
(print signatory's name)

By: _____
President
(print title)

_____ 2/9/22 _____, 2022
(date of execution)

7146 Haverhill Road
(Contractor's Official Address)

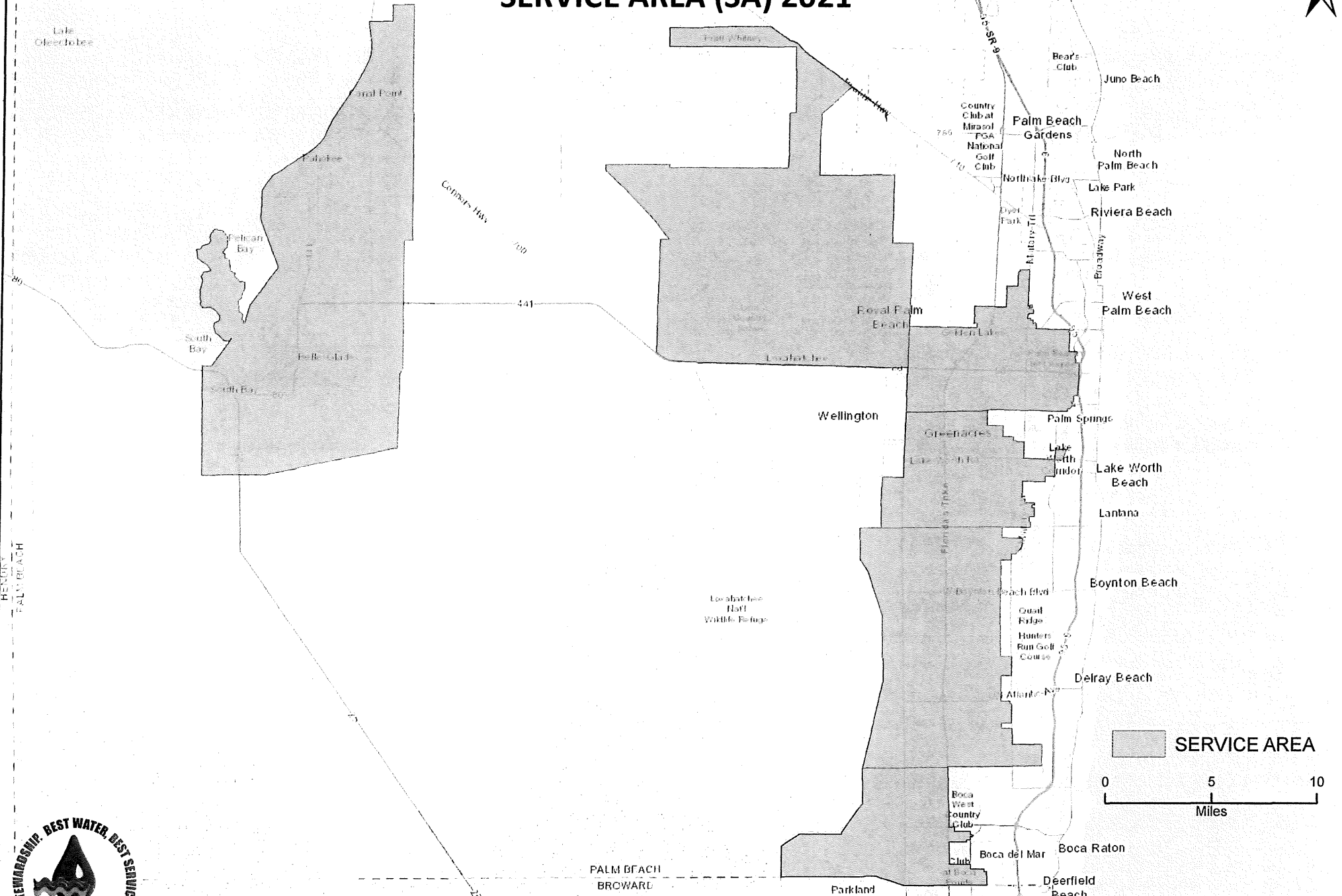
West Palm Beach, FL 33407
(Contractor's City, State, Zip Code)


(witness signature)
Verneeta M. Green
(witness name printed)

(Corporate Seal)

ATTACHMENT 2 PALM BEACH COUNTY WATER UTILITIES DEPARTMENT

SERVICE AREA (SA) 2021



Sources: Esri, HERE, Garmin, Intermap, increment P Corp., GEBCO, USGS, FAO, NPS, NRCAN, GeoBase, IGN, Kadaster NL, Ordnance Survey, Esri Japan, METI, Esri China (Hong Kong), (c) OpenStreetMap contributors, and the GIS User Community

Authorized by PBCWUD GIS 9/26/16 Date: 05/11/2021 WGISProject: OpenServiceArea

ATTACHMENT 3



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/26/2021

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 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 Townsend Insurance Services, LLC 5931 NW 61st Manor Parkland FL 33067	CONTACT NAME: Darcy Silver PHONE (A/C, No, Ext): (954) 764-9099 FAX (A/C, No): (954) 960-6357 E-MAIL ADDRESS: darcy@tisinsfl.com														
INSURED Aquifer Maintenance and Performance Systems Inc 7146 Haverhill Road North West Palm Beach FL 33407	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: Allied World Surplus Insurance Company</td> <td style="text-align: center;">24319</td> </tr> <tr> <td>INSURER B: Markel Amer Ins Co</td> <td style="text-align: center;">38970</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Allied World Surplus Insurance Company	24319	INSURER B: Markel Amer Ins Co	38970	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES CERTIFICATE NUMBER: CL21102602248 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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			5054-1386-01	10/28/2021	10/28/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 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 Employee Benefits \$ 1,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> 19			AWWA000093-1	08/02/2021	08/02/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$ 5,000
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> 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/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Contractor's Pollution Liability Professional Liability			5054-1386-01	10/28/2021	10/28/2022	Each Occurrence Limit \$1,000,000 Aggregate Limit \$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Palm Beach County Board of County Commissioners is named Additional Insured when required by written contract, waiver of subrogation applies in favor of certificate holder.

CERTIFICATE HOLDER Palm Beach County 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
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/26/2021

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PRODUCER **Marsh USA, Inc. 1166 Avenue of the Americas New York, NY 10036 Attn: Atlanta.Certrequest@marsh.com CN103161462-FL-WC-21-22 781021	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:														
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Illinois National Insurance Company</td> <td>23817</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Illinois National Insurance Company	23817	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:
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INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															
INSURED DecisionHR, Inc. 11101 Roosevelt Blvd N St. Petersburg, FL 33716															

COVERAGES	CERTIFICATE NUMBER: ATL-004758225-16	REVISION NUMBER: 4
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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	
		INSD	WVD					
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A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N <input type="checkbox"/> Y	N/A	WC 015547872	06/01/2021	06/01/2022	<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)

Re: Workers Compensation: Must provide coverage for the following State(s): FL
Coverage is provided for only those employees leased to but not subcontractors of Aquifer Maintenance & Performance System
Waiver of Subrogation applies to the Workers Compensation policy where required by written contract.

CERTIFICATE HOLDER Palm Beach County 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 of Marsh USA Inc. Henry L. Whiting
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