

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

**Meeting Date: June 3, 2025**

**[ X ] Consent**

**[ ] Regular**

**[ ] Workshop**

☐ Public Hearing

**Department: Facilities Development & Operations**

## I. EXECUTIVE BRIEF

**Motion and Title: Staff recommends motion to approve:** Amendment No. 4 to extend the term of the contract (R2017-0773) with Jacobs Project Management Co. (Jacobs) to provide program management services for the General Government Capital Program (GGCP) from June 6, 2025 through June 5, 2026, and increase labor rates as allowed by contract provisions.

**Summary:** On June 6, 2017, the Board of County Commissioners (BCC) approved the contract (R2017-0773) with Jacobs to provide program management services to assist the Facilities Development Operations Department (FDO)/Capital Improvements Division (CID) with the implementation of the GGCP, which includes the Infrastructure Sales Tax Program and general government 5-Year Capital Improvement Plan. The original contract term was five (5) years with an option to renew for five (5) additional one (1)-year terms. On May 17, 2022, the BCC approved Amendment No. 1 (R2022-0487) for the first renewal which authorized revisions to contract terms and conditions; set new hourly rates (labor rates and multiplier), incorporated the E-verify language, and added two (2) staff members (i.e., an estimator and a project manager) to the personnel complement provided by Jacobs. On May 16, 2023, the BCC approved Amendment No. 2 (R2023-0665) for the second renewal which authorized revisions to contract terms and conditions, and set new hourly rates (labor rates) for Jacobs' personnel and subconsultants performing services during the term of the contract. On June 4, 2024, the BCC approved Amendment No. 3 (R2024-0627) for the third renewal which authorized revisions to contract terms and conditions, and set new hourly rates (labor rates) for Jacobs' personnel and subconsultants performing services during the term of the contract. The contract is set to expire on June 5, 2025. Amendment No. 4 exercises the fourth renewal option to extend the contract through June 5, 2026. Additionally, Amendment No. 4 sets new hourly rates (labor rates) for Jacobs' personnel and subconsultants that will perform services during the term of the contract. The contract allows the raw labor rates to be adjusted for the Consumer Price Index up to 3% after the first two (2) years. Unlike typical consultant contracts, a Notice to Proceed (NTP) is issued annually by October 1<sup>st</sup> for approval as part of the annual GGCP in the upcoming budget year. The NTP will be issued administratively in an amount not to exceed the amount approved as part of the annual capital improvement program. If the NTP is not issued by October 1<sup>st</sup> of each fiscal year (FY), then the County may terminate the contract. The contract value under Amendment No. 4 is for a not to exceed amount of \$1,816,384.25. However, this item only authorizes expenses for the remainder of FY 2025 of \$605,461.42, which will be reflected in the NTP issued to Jacobs following the approval of this item. The Office of Equal Business Opportunity (OEBO) has reviewed the existing Small Business Enterprise (SBE) participation and approved this extension request under the existing SBE contract terms. This contract was advertised according to the County's prior SBE program where a 15% subcontracting goal was applied. The SBE participation on this Amendment is 17.19%. Jacobs is not a certified SBE firm but has an office located in Palm Beach County. **All program management costs (Estimator, Project Executive, Sr. Project Manager, Program Controls Manager and project controls set-up) will be capitalized to the Infrastructure Sales Tax projects and the costs associated with the Project Managers and Field Inspectors will be charged to the applicable projects. (Capital Improvements Division) Countywide (MWJ)**

**Background and Justification: Continued on Page 3**

**Attachments:**

1. Budget Availability Statement
2. Amendment No. 4
3. Amendment-Proposed Budget for 2025/2026
4. Nongovernmental Entity Human Trafficking Affidavit

**Recommended by:**

Department Director

5/22/25  
Date

**Approved by:**

County Administrator

5/22/25  
Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2025	2026	2027	2028	2029
Capital Expenditures	*\$605,462	\$1,210,923			
Operating Costs					
External Revenues					
Program Income (County)					
In-Kind Match (County)					
NET FISCAL IMPACT	*\$605,462	\$1,210,923			
# ADDITIONAL FTE					
POSITIONS (Cumulative)					

Is Item Included in Current Budget: Yes X No  
Is this item using Federal Funds? Yes No X  
Is this item using State Funds? Yes No X

Budget Account No: Fund 3950 Dept Various Unit Various Object Various


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

\*Costs will be charged to various Infrastructure Sales Tax (IST) and capital project budgets for each applicable project. With the approval of this item, the total cost for the remainder of FY25 is \$605,461.42.

C. Departmental Fiscal Review: 

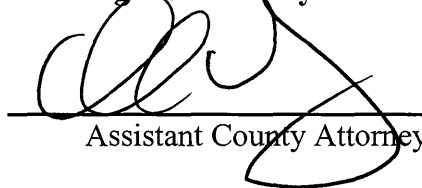
III. REVIEW COMMENTS:

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

 5/5/2025  
OFMB QA 5/5  
ESW 5.5-25

 5/8/25  
Contract Development and Control 26, 5/14/25

B. Legal Sufficiency:

 5/14/25  
Assistant County Attorney

C. Other Department Review:

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

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

Continued from Page 1.

**Background and Justification:** In order to address backlogged County infrastructure, a discretionary one-cent local government Infrastructure Sales Tax (IST) was approved by the voters in 2017. The proceeds of the IST have been used to finance the renewal and replacement of: 1) existing capital investments including roadway surfaces, bridges, drainage improvements, canals, parks amenities and government buildings that were deferred during the recession and remain outstanding, and 2) other projects identified by the BCC as health, safety and welfare priorities. Proposals for these program management services were requested in order to assist staff with management of the GGCP. On December 15, 2016, proposals were received from three firms and on January 27, 2017, each firm made a presentation to the Final Selection Committee. The Committee reviewed and evaluated the firms based on predetermined selection criteria and ranked the vendors based on that criteria. The results of the Selection Committee meeting were posted on January 27, 2017, and the BCC ratified the Committee's unanimous selection of Jacobs on February 7, 2017.

Jacobs provided a proposed budget that illustrates the anticipated administrative and management costs for the entire year under of the GGCP. Since each FY's costs will be capped at the amount included in the not to exceed NTP, this item will be capped at \$605,461.42 for the remainder of FY 2025. Expenses for FY 26 will be reviewed and adjusted as the County's needs are determined and the adjusted amounts will be included in the annual capital budget recommendations. Subsequently, a NTP will be issued administratively in an amount not to exceed the amount approved as part of the annual capital improvement program.

It is the consensus of FDO/CID that Jacobs has successfully provided the professional program management services required for this contract, and is in good standing. It is the desire of Jacobs and FDO/CID that the consultant continues to provide said services.

BUDGET AVAILABILITY STATEMENT

REQUEST DATE: 4/25/2025    REQUESTED BY: Fernando Del Dago    PHONE: (561) 233-5276  
PROJECT TITLE: Jacobs Program Management Contract for the General Government Capital Program (GGCP)

(Same as CIP or IST, if applicable)

ORIGINAL CONTRACT AMOUNT:    \$ N/A

REQUESTED AMOUNT:    \$605,461.42

eFDO #:    P-

PROJECT NUMBER:    17200

~~CSA or~~ CHANGE ORDER NUMBER:    Amendment #4

TASK ORDER NUMBER:    N/A

SERVICE LOCATION:    N/A

BUILDING NUMBER:    N/A

CONSULTANT:    Jacobs Project Management Co. (Project Management)

CONTRACTOR:    N/A

IST PLANNING NO.:    N/A

BCC RESOLUTION#:    R2017-0773

DATE:    6/6/17

SUPPLEMENT NUMBER:    N/A

W. O. NUMBER:    N/A

AMENDMENT NUMBER:    N/A

PROVIDE A BRIEF STATEMENT OF THE SCOPE OF SERVICES TO BE PROVIDED BY THE CONSULTANT/CONTRACTOR: Amendment #4 contract renewal to extend program management services through the remaining of FY25.

CONSTRUCTION	\$0.00
PROFESSIONAL SERVICES	\$605,461.42
STAFF COST*	\$0.00
EQUIPMENT/SUPPLIES	\$0.00
ADVERTISEMENT/PERMIT FEES	\$0.00
CONTINGENCY	\$0.00
TOTAL	\$605,461.42

*\* By signing this BAS your department agrees to these CID staff charges and your account will be charged upon receipt of this BAS by FD&O. Unless there is a change in the scope of work, no additional staff charges will be billed. If this BAS is for construction costs of \$250,000 or greater, staff charges will be billed as actual and reconciled at the end of the project. If the project requires Facilities Management or ESS staff your department will be billed actual hours worked upon project completion.*

**BUDGET ACCOUNT NUMBER(S) (Specify distribution if more than one and order in which funds are to be used):**

FUND: 3950                      DEPT: Various                      UNIT: Various                      OBJ: Various

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

- ☐ Ad Valorem (Amount \$ \_\_\_\_\_)
- ☐ Infrastructure Sales Tax (Amount \$ \_\_\_\_\_)
- ☐ State (source/type: \_\_\_\_\_ Amount \$ \_\_\_\_\_)
- ☐ Federal (source/type: \_\_\_\_\_ Amount \$ \_\_\_\_\_)
- ☐ Grant (source/type: \_\_\_\_\_ Amount \$ \_\_\_\_\_)
- ☐ Impact Fees: (Amount \$ \_\_\_\_\_)
- ☐ Other (source/type: \_\_\_\_\_ Amount \$ \_\_\_\_\_)

Department: FDO

BAS APPROVED BY: Karyn Sykes

Digitally signed by Karyn Sykes  
DN: cn=Karyn Sykes, o=FD&O, ou=FD&O, email=Karyn.Sykes@fd&o.gov  
Reason: I am approving this document  
Date: 2025.04.28 09:41:32-0400  
Full PDF Editor Version: 12.1.0

DATE \_\_\_\_\_

ENCUMBRANCE NUMBER: \_\_\_\_\_

**ATTACHMENT #2**

Project Name: Jacobs Program Management Contract for the GGCP  
Project No.: 17200

**AMENDMENT NO. 4 TO THE JACOBS PROGRAM MANAGEMENT CONTRACT  
FOR THE GENERAL GOVERNMENT CAPITAL PROGRAM (GGCP)**

This is Amendment No. 4 dated June 3, 2025, to the Program Management Contract (R2017-0773) dated June 6, 2017, as previously amended by Amendment No. 1 dated May 17, 2022 (R2022-0487), Amendment No. 2 dated May 16, 2023 (R2023-0665), and Amendment No. 3 dated June 4, 2024 (R2024-0627) (collectively the "Contract") by and between **Palm Beach County**, a political subdivision of the State of Florida, by and through its Board of County Commissioners, hereinafter referred to as the COUNTY and **Jacobs Project Management Co.**, a corporation authorized to do business in the State of Florida, whose Federal Tax ID# is 35-2321289, hereinafter referred to as the PROGRAM MANAGER.

W I T N E S S E T H

**WHEREAS**, the parties have entered into the Contract under which the PROGRAM MANAGER provides certain program management services to the COUNTY for various projects; and

**WHEREAS**, the parties hereto desire to amend the Contract to extend it for an additional one (1) year period and to update certain contract terms.

**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. Term.** The term of this Contract is renewed for one (1) additional year to June 5, 2026.
- 2. Labor Rates.** Under Section 5.3.3, the Labor Rates (raw hourly rates) and Estimated Hours for this renewal term are attached hereto and incorporated herein as **Exhibit A**.
- 3. Scrutinized Companies.** PROGRAM MANAGER certifies that it is still in compliance with the requirements pertaining to scrutinized companies under Florida Statutes Section 287.135.
- 4. Confirmation.** Except as specifically modified above, the terms and conditions of the Contract are hereby confirmed and remain in full force and effect.

Project Name: Jacobs Program Management Contract for the GGCP  
Project No.: 17200

**IN WITNESS WHEREOF**, the Board of County Commissioners of Palm Beach County, Florida has made and executed this Amendment on behalf of the COUNTY; and an authorized official of the PROGRAM MANAGER has made and executed this Amendment on behalf of the PROGRAM MANAGER.

**ATTEST:**

**JOSEPH ABRUZZO, Clerk &  
Comptroller**

**PALM BEACH COUNTY, a political  
subdivision of the State of Florida,  
BOARD OF COUNTY  
COMMISSIONERS**

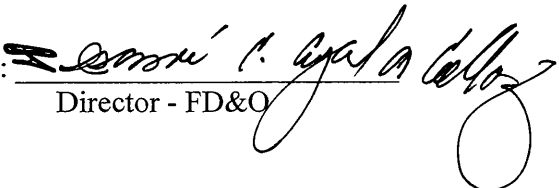
By: \_\_\_\_\_  
Deputy Clerk

By: \_\_\_\_\_  
Maria G. Marino, Mayor

**APPROVED AS TO  
LEGAL SUFFICIENCY**

By:  \_\_\_\_\_  
Assistant County Attorney

**APPROVED AS TO TERMS  
AND CONDITIONS**

By:  \_\_\_\_\_  
Director - FD&O

Project Name: Jacobs Program Management Contract for the GGCP  
Project No.: 17200

WITNESS:

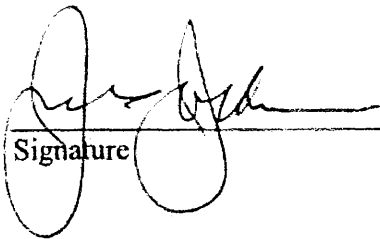
PROGRAM MANAGER:  
JACOBS PROJECT MANAGEMENT CO.



Signature

Justin Johnson, Secretary

Name (type or print)



Signature

Jonathan E. Jordan

Name (type or print)



Business Leader

Title

(Corporate Seal)



**Exhibit A - Revised June 2025**  
**Palm Beach County Program Management - Contract Rates**

3/31/2025

TITLE	MAXIMUM HOURLY RATE – raw (\$/HR)	X	MULTIPLIER	=	MAXIMUM BILLING RATE (\$/HR)
Principal/Project Exec.	\$129.50	X	2.1	=	\$271.95
Sr. Project Manager	\$96.33	X	2.1	=	\$202.28
Project Manager 2	\$84.42	X	2.1	=	\$177.28
Project Manager 1	\$76.49	X	2.1	=	\$160.62
Project Controls Mgr.	\$65.82	X	2.1	=	\$138.22
Project Controls Specialist 1	\$52.43	X	2.1	=	\$110.10
Project Controls Specialist 2	\$62.00	X	2.1	=	\$130.20
Project Controls Director	\$137.92	X	2.1	=	\$289.63
Technical Support 1	\$76.49	X	2.1	=	\$160.62
Technical Support 2	\$100.53	X	2.1	=	\$211.11
Project Scheduler 1	\$98.34	X	2.1	=	\$206.52
Project Scheduler 2	\$71.03	X	2.1	=	\$149.16
Public Outreach Mgr./Proj. Assist.	\$122.99	X	1.5	=	\$184.49
Field Inspector 1	\$41.41	X	2.1	=	\$86.95
Field Inspector 2	\$49.23	X	2.1	=	\$103.39
Estimator	\$92.89	X	2.1	=	\$195.06

**Palm Beach County General Government Capital Program  
Amendment 04 - Proposed Budget for 2025/2026  
3/31/2025**

[illegible]

**Notes: Dollar amounts shown for the renewal term are the maximum; Hours shown are estimates, actual time will be billed**

OEBO SCHEDULE 1

SOLICITATION/PROJECT/BID NAME: General Government Capital Program - Amendment 04  
SOLICITATION/PROJECT/BID NO.: 17200  
SOLICITATION OPENING/SUBMITTAL DATE: 3/28/2025  
COUNTY DEPARTMENT: Facilities Development & Operations

**Section A** PLEASE LIST THE DOLLAR AMOUNT OR PERCENTAGE OF WORK TO BE COMPLETED BY THE PRIME CONTRACTOR/CONSULTANT\* ON THE PROJECT:

NAME OF PRIME RESPONDENT/BIDDER: Jacobs Project Management Company ADDRESS: 550 W Cypress Creek Rd, Suite 400, Fort Lauderdale, FL 33309

CONTACT PERSON: Jonathan Jordan PHONE NO.: 954.668.8840 E-MAIL: jonathan.jordan@jacobs.com

PRIME'S DOLLAR AMOUNT OR PERCENTAGE OF WORK: \$1,504,216.73 (82.81%)

\*SMWBE Prime's must include their percentage or dollar amount in the Total Participation line under section B.

Non-SBE ☒ MBE ☐ WBE ☐ SBE ☐

**Section B** PLEASE LIST THE DOLLAR AMOUNT OR PERCENTAGE OF WORK TO BE COMPLETED BY ALL SUBCONTRACTORS/SUBCONSULTANTS ON THE PROJECT BELOW:

Subcontractor/Sub consultant Name	(Check all Applicable Categories)				DOLLAR AMOUNT OR PERCENTAGE OF WORK					
	Non-SBE	MBE Minority Business	WBE Women Business	SBE Small Business	Black	Hispanic	Women	Caucasian	Asian	Other
1. LB Limited & Associates, Inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$312,167.52					
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

(Please use additional sheets if necessary)

Total \$312,167.52

Total Bid/Offer Price \$ 1,816,384.25

Total Certified S/M/WBE Participation \$ 312,167.52 (17.19%)

I hereby certify that the above information is accurate to the best of my knowledge: Jonathan Jordan Florida Business Leader


Name & Authorized Signature Title

**Note:**

- The amount listed on this form for a Subcontractor/sub consultant must be supported by price or percentage listed on the properly executed Schedule 2 or attached signed proposal.
- Only those firms certified by Palm Beach County at the time of solicitation due date are eligible to meet the established OEBO Affirmative Procurement Initiative (API). Please check the applicable box and list the dollar amount or percentage under the appropriate demographic category.
- Modification of this form is not permitted and will be rejected upon submittal.
- If a Mandatory API goal applies, failure to submit a properly executed Schedule 2 will result in a determination of non-responsiveness to the solicitation.
- Subconsultant's Total Price is contingent upon PBC CID Director's authorization of all work detailed in the budget proposal and OEBO Schedule 2.

REVISED 09/29/2024

If you have experienced or witnessed a violation of the EBO Ordinance or would like to file a complaint, please scan the QR Code



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. All Subcontractors/subconsultants, including any tiered Subcontractors/subconsultants, must properly execute this document. If a Mandatory API goal applies, failure to submit a properly executed Schedule 2 will result in a determination of non-responsiveness to the solicitation. Each properly executed Schedule 2 must be submitted with the bid/proposal.

SOLICITATION/PROJECT NUMBER: 17200  
SOLICITATION/PROJECT NAME: General Government Capital Program - Amendment 04

Prime Contractor: Jacobs Project Management Company Subcontractor: LB Limited & Associates, Inc.  
(Check box(s) that apply)

☒SBE ☐WBE ☐MBE ☐M/WBE ☐Non-S/M/WBE Date of Palm Beach County Certification (if applicable):

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

Column 1 Column 2 Column 3  
☒Male ☐Female ☒African-American/Black ☐Asian American ☐Caucasian American ☐Supplier  
☐Hispanic American ☐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. Specify in detail, the scope of work to be performed or items supplied with the dollar amount and/or percentage for each work item. When applicable, identify the line item(s) associated with the service/product being supplied. S/M/WBE credit will only be given for the areas in which the S/M/WBE is certified. A detailed quote/proposal may be attached to a properly executed Schedule 2 for additional information.

Line Item	Item Description	Unit Price	Quantity/ Units	Contingencies/ Allowances	Total Price/Percentage
1	Cost Estimating				\$11,704.14
2	Technical Support				\$77,616.00
3	Field Inspections/Observations				\$198,495.36
4	Outreach/Project Assistance				\$24,352.02

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: \$312,167.52

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 2<sup>nd</sup>/3<sup>rd</sup> tier Subcontractor/subconsultant

Price or Percentage:

Jacobs Project Management Company

Print Name of Prime

By: 

Authorized Signature

Jonathan Jordan

Print Name

Florida Business Leader

Title

Date: 3/31/2025

LB Limited & Associates, Inc.

Print Name of Subcontractor/subconsultant

By: 

Authorized Signature

Bruce Lewis

Print Name

President

Title

Date: 3/31/2025

Note: Subconsultant's Total Price is contingent upon PBC CID Director's authorization of all work detailed in the budget proposal and above.

If you have experienced or witnessed a violation of the EBO Ordinance or would like to file a complaint, please scan the QR Code

Revised 09/26/2024





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/03/2024

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 LIC #0437153 Marsh Risk & Insurance Services CIRTS_Support@jacobs.com 633 W. Fifth Street  Los Angeles, CA 90071 USA	1-212-948-1306	CONTACT NAME: PHONE (A/C No. Ext): E-MAIL: ADDRESS:  INSURER(S) AFFORDING COVERAGE INSURER A: ACE AMER INS CO INSURER B: INDEMNITY INS CO OF NORTH AMER INSURER C: INSURER D: INSURER E: INSURER F:	FAX (A/C No): 1-212-948-1306  NAIC # 22667 43575
INSURED Jacobs Project Management Co.  C/O Global Risk Management 555 South Flower Street, Suite 3200 Los Angeles, CA 90071 USA			

COVERAGES CERTIFICATE NUMBER: 750909942 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 <input checked="" type="checkbox"/> CONTRACTUAL LIABILITY  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			HDO G4892007A	07/01/24	07/01/25	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			ISA H10739585	07/01/24	07/01/25	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE  DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY A ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) A If yes, describe under DESCRIPTION OF OPERATIONS below A PROFESSIONAL LIABILITY	Y/N N	N/A	WLR C5072041A (AOS) WCU C57256564 (OH) * SCF C57256710 (WI) WLR C57256667 (AZ) EON G21655065 015	07/01/24 07/01/24 07/01/24 07/01/24 07/01/24	07/01/25 07/01/25 07/01/25 07/01/25 07/01/25	<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 PER CLAIM/PER AGG 3,000,000

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

PROJECT MGR: Jonathan Jordan. CONTRACT MGR: Kimberly Poole. RE: Palm Beach County, FL Program Management Services. CONTRACT NUMBER: 93115. CONTRACT END DATE: 4/4/2022. PROJECT NUMBER: 17200. SECTOR: Public. Palm Beach County Board of County Commissioners, a Political Subdivision of the State of Florida, its Officers, Employees and Agents are added as an additional insured for general liability as respects the negligence of the insured in the performance of insured's services to cert holder under contract for captioned work. Coverage is primary and certificate holder's insurance is excess and non-contributory. Waiver of subrogation is hereby granted in favor of cert holder for GL, AL and WC. \*THE TERMS, CONDITIONS, AND LIMITS PROVIDED UNDER THIS CERTIFICATE OF INSURANCE WILL NOT EXCEED OR BROADEN IN ANY WAY THE

CERTIFICATE HOLDER

Palm Beach County C/O Insurance Tracking Services, Inc. (ITS)  P.O. Box 20270  Long Beach, CA 90801  USA	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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ACORD 25 (2016/03)  
Cert Renewal  
750909942

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SUPPLEMENT TO CERTIFICATE OF INSURANCE		DATE 06/03/2024
NAME OF INSURED: Jacobs Project Management Co.		
<div>Additional Description of Operations/Remarks from Page 1</div> <div>TERMS , CONDITIONS , AND LIMITS AGREED TO UNDER THE APPLICABLE CONTRACT . *</div>		
<div>Additional Information:</div> <div>*\$2,000,000 SIR FOR STATE OF: OHIO</div>		

ADDITIONAL INSURED - AUTOMATIC STATUS

Named Insured Jacobs Solutions Inc.			Endorsement Number 17
Policy Symbol HDO	Policy Number G4892007A	Policy Period 07/01/2024 TO 07/01/2025	Effective Date of Endorsement
Issued By (Name of Insurance Company) ACE American Insurance Company			

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

THIS ENDORSEMENT MODIFIES INSURANCE PROVIDED UNDER THE FOLLOWING:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

SCHEDULE

**Name of Person or Organization:** Any person or organization for whom any Named Insured is required by written contract or agreement to provide insurance, entered into prior to the loss, where such written contract or agreement does not expressly identify a particular Insurance Service Organization Form to be applied to their additional insured status.

Who Is An Insured (Section II) includes as an additional insured the person or organization shown in the Schedule, but the insurance shall not exceed the scope of coverage and/or limits of this policy. Notwithstanding the foregoing sentence, in no event shall the insurance provided such additional insured exceed the scope of the coverage and/or limits required by said contract or agreement; and, if such additional insured's scope of coverage is not expressly stated in such contract or agreement, then such coverage is limited to the additional insured's vicarious liability to the extent directly caused by the Named Insured's negligence during the Named Insured's ongoing operations. This insurance shall be primary insurance to the extent required by said contract or agreement, and any other insurance or self-insurance maintained by such person or organization shall be noncontributory with the insurance provided hereunder to the extent specified in said contract agreement.

Where the contract or agreement provides that the additional insured's scope of coverage is for the Named Insured's indemnity obligations under such contract or agreement, then such coverage shall be limited to the extent such indemnity obligations are enforceable under applicable law.

Notwithstanding the foregoing sentence, in no event shall the insurance provided such additional insured exceed the scope of coverage required by said contract or agreement

Notwithstanding anything to the contrary, the coverage provided an additional insured under this endorsement shall be limited to the minimum coverage limits required to be provided by the Named Insured under the written contract or agreement.

**Palm Beach County General Government Capital Program  
Amendment 04 - Proposed Budget for 2025/2026  
3/31/2025**

[illegible]

**Notes: Dollar amounts shown for the renewal term are the maximum; Hours shown are estimates, actual time will be billed**



NONGOVERNMENTAL ENTITY HUMAN TRAFFICKING AFFIDAVIT  
Section 787.06(13), Florida Statutes

THIS AFFIDAVIT MUST BE SIGNED AND NOTARIZED

I, the undersigned, am an officer or representative of Jacobs Project Management Company  
(ENTITY) and attest that the ENTITY does not use coercion for labor or services as defined in  
section 787.06, Florida Statutes.

Under penalty of perjury, I hereby declare and affirm that the above stated facts are true  
and correct.

Jonathan Emanuel Jordan  
(signature of officer or representative)

Jonathan E. Jordan, Business Leader  
(printed name and title of officer or representative)

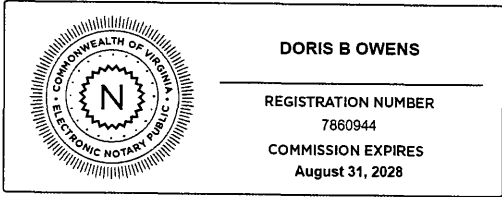
Virginia                      Richmond  
D.B. State of ~~Florida~~, County of ~~Palm Beach~~

Sworn to and subscribed before me by means of ☐ physical presence or ☒ online notarization  
this, 28th day of April, 2025, by Jonathan Emanuel Jordan.

Personally known ☐ OR produced identification ☒.

Type of identification produced Driver's License.

Doris B. Owens  
NOTARY PUBLIC DORIS B OWENS  
My Commission Expires: 08/31/2028  
D.B. State of ~~Florida~~ at large  
Virginia



(Notary Seal)

Notarized remotely online using communication technology via Proof.