



**II. FISCAL IMPACT ANALYSIS**

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

<b>Fiscal Years</b>	<b>2026</b>	<b>2027</b>	<b>2028</b>	<b>2029</b>	<b>2030</b>
<b>Capital Expenditures</b>	<u>\$1,735,042</u>	<u>\$998,964</u>	_____	_____	_____
<b>Operating Costs</b>	_____	_____	_____	_____	_____
<b>External Revenues</b>	_____	_____	_____	_____	_____
<b>Program Income (County)</b>	_____	_____	_____	_____	_____
<b>In-Kind Match (County)</b>	_____	_____	_____	_____	_____
<b>NET FISCAL IMPACT</b>	<u>\$1,735,042</u>	<u>\$998,964</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
<b># ADDITIONAL FTE POSITIONS (Cumulative)</b>	_____	_____	_____	_____	_____

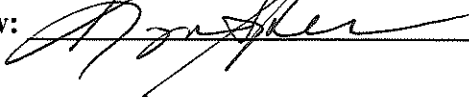
**Is Item Included in Current Budget:** Yes   X   No \_\_\_\_\_  
**Is this item using Federal Funds?** Yes \_\_\_\_\_ No   X    
**Is this item using State Funds?** Yes \_\_\_\_\_ No   X  

**Budget Account No.:**

Fund Various      Dept Various      Unit Various      Object Various

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

\* Costs will be charged to various capital project budgets for each applicable project. With approval of this item, the not to exceed amount for the remainder of FY26 is \$1,735,041.66 and the not to exceed amount for FY27 is \$998,963.38.

**C. Departmental Fiscal Review:** 

**III. REVIEW COMMENTS**

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

<u></u> OFMB 3/12/2026 [Handwritten initials and date]	<u></u> Contract Development and Control 3/16/26 26 3-13-26
--	--

**B. Legal Sufficiency:**

  
 Chief Assistant County Attorney  
 3/17/26

**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:** AECOM was selected on September 30, 2022 through a competitive proposal process, in accordance with the policies, procedures and ordinances of the County. FDO/CID continues to experience an increase in the number of projects requiring project management support. This increased workload necessitates additional experienced staff for program management services. The County is currently contracting with AECOM to supplement existing County staff to provide program management services. The retroactive period date of February 7, 2026 was required in order to properly document all contract requirements.

**ATTACHMENT #1**

Project Name: Program Management Services - GGCP  
Project No. 2022-036869

**AMENDMENT No. 2 TO THE CONTRACT FOR PROGRAM MANAGEMENT SERVICES**

This is Amendment No. 2 dated \_\_\_\_\_, 2026 to the Program Management Contract (R2023-0143) dated February 7, 2023, as amended by R2025-0159 (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 **AECOM Technical Services, Inc.**, a Foreign Profit Corporation authorized to do business in the State of Florida, whose Federal Tax ID# is 95-2661922, 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 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. Labor Rates.** In accordance with Section 6.1, the Labor Rates (raw hourly rates) set forth in Exhibit C to the Contract have been updated and are replaced by the schedule of hourly labor rates by labor category as set forth in **Exhibit A**, which is attached hereto and incorporated.

**2. Section 8.7.** Section 8.7 of the Contract is deleted in its entirety and replaced with the following:

**8.7     NON-DISCRIMINATION**

The County is committed to assuring equal opportunity in the award of contracts and complies with all laws prohibiting discrimination. Pursuant to Palm Beach County Resolution R2025-0748, as may be amended, the PROGRAM MANAGER warrants and represents that throughout the term of the Contract, including any renewals thereof, if applicable, all of its employees are treated equally during employment without regard to race, color, religion, disability, sex, age, national origin, ancestry, marital status, familial status, sexual orientation, or genetic information. Failure to meet this requirement shall be considered default of the Contract.

As a condition of entering into this Contract, the PROGRAM MANAGER represents and warrants that it will comply with the County’s Commercial Nondiscrimination Policy as described in Resolution R2025-0748, as amended. As part of such compliance, the PROGRAM MANAGER shall not discriminate on the

basis of race, color, national origin, religion, ancestry, sex, age, marital status, familial status, sexual orientation, disability, or genetic information in the solicitation, selection, hiring or commercial treatment of subcontractors, vendors, suppliers, or commercial customers, nor shall the PROGRAM MANAGER retaliate against any person for reporting instances of such discrimination. The PROGRAM MANAGER shall provide equal opportunity for subcontractors, vendors and suppliers to participate in all of its public sector and private sector subcontracting and supply opportunities, provided that nothing contained in this clause shall prohibit or limit otherwise lawful efforts to remedy the effects of discrimination. The PROGRAM MANAGER understands and agrees that a material violation of this clause shall be considered a material breach of this Contract and may result in termination of this Contract, disqualification or debarment of the company from participating in County contracts, or other sanctions. This clause is not enforceable by or for the benefit of, and creates no obligation to, any third party. PROGRAM MANAGER shall include this language in its subcontracts.

**3. Confirmation.** Except as specifically modified above, the terms and conditions of the Contract are hereby confirmed and remain in full force and effect.

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Project Name: Program Management Services - GGCP  
Project No. 2022-036869

**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:**

**MICHAEL A. CARUSO, Clerk of the  
Circuit Court & Comptroller**

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

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

By: \_\_\_\_\_  
Sara Baxter, Mayor

**APPROVED AS TO  
LEGAL SUFFICIENCY**

**APPROVED AS TO TERMS  
AND CONDITIONS**

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

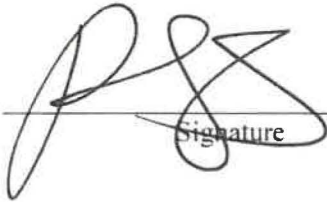
By:  \_\_\_\_\_  
Jennifer Ferriol, Director – FD&O

Project Name: Program Management Services - GGCP  
Project No. 2022-036869

**WITNESS:**

**PROGRAM MANAGER: AECOM  
Technical Services, Inc.**

*Yurima Haywood*  
Signature

  
Signature

Yurima Haywood  
Name (type or print)

Pedro L. Capestany  
Name (type or print)

Vice President /Authorized Signatory  
Title



Project Name: Program Management Services - GGCP  
 Project No. 2022-036869

**EXHIBIT A  
 LABOR RATES  
 Beginning February 7, 2026**

TITLE	MAXIMUM HOURLY RATE - Raw (\$/HR)	X	MULTIPLIER	=	MAXIMUM BILLING RATE (\$/HR)
Senior Project Manager	\$116.30	X	1.8	=	\$209.34
Project Manager 1	\$70.41	X	1.8	=	\$126.74
Project Manager 2	\$76.13	X	1.8	=	\$137.03
Field Representative 1	\$61.58	X	1.8	=	\$110.85
Fiscal Specialist	\$65.56	X	1.8	=	\$118.01
Procurement / Contract Specialist	\$36.06	X	2.0	=	\$72.12
Cost Estimator	\$78.67	X	2.0	=	\$157.34

Notes:

Rates for Senior Project Manager and Project Manager shall be “field rates”. The Program Manager’s on-site personnel will be located in County offices at no charge and will be provided with the normal office amenities including supplies, office equipment, etc. Computer, cell phone, vehicle shall be included in billing rate. Raw labor rates listed are the maximum allowed but rate billed to County will be the actual payroll rate for each employee. Principal/Project Executive time shall not exceed 10% of total billable hours per month.

Labor rates of Program Manager and any subconsultants shall not exceed the actual hourly raw labor rates for services rendered by personnel, multiplied by an overall overhead and profit factor (maximum of three). The labor rates and overhead and profit factors are subject to audit, upon request. Actual hours will be billed.

The hourly raw labor rates listed above shall remain in effect for at least one year from February 7, 2026. At the end of each one year period thereafter, if the cost of living index supports an increase, an increase of up to three percent (3%) may be allowed to the raw labor rates for each one year term thereafter. The overhead and profit factor (multiplier) will not be increased during the five-year term of the contract.



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

## Detail by Entity Name

Foreign Profit Corporation

AECOM TECHNICAL SERVICES, INC.

### Cross Reference Name

EARTH TECH, INC.

### Filing Information

**Document Number** F95000004014

**FEI/EIN Number** 95-2661922

**Date Filed** 08/21/1995

**State** CA

**Status** ACTIVE

**Last Event** AMENDMENT

**Event Date Filed** 09/05/2025

**Event Effective Date** NONE

### Principal Address

300 South Grand Avenue, 9th Floor  
Los Angeles, CA 90071

Changed: 01/19/2021

### Mailing Address

300 South Grand Avenue  
9th Floor  
Los Angeles, CA 90071

Changed: 04/05/2018

### Registered Agent Name & Address

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

### Officer/Director Detail

#### **Name & Address**

Title PRESIDENT, DIRECTOR

CRANE, MATTHEW  
300 SOUTH GRAND AVENUE, 9TH FLOOR  
LOS ANGELES, CA 90071

Title Secretary, Director

Tatevossian, Armond  
300 South Grand Avenue, 9th Floor  
Los Angeles, CA 90071

Title Director, CEO

Jensen, Karl  
300 South Grand Avenue, 9th Floor  
Los Angeles, CA 90071

Title FLORIDA LICENSEE-VICE PRESIDENT

CAPESTANY, PEDRO  
300 South Grand Avenue, 9th Floor  
Los Angeles, CA 90071

Title SVP

EDELSTEIN, ROBERT  
300 SOUTH GRAND AVENUE  
9TH FLOOR  
LOS ANGELES, CA 90071

Title VICE PRESIDENT

LYONS, JENNIFER  
300 SOUTH GRAND AVENUE, 9TH FLOOR  
LOS ANGELES, CA 90071

Title FLORIDA LICENSEE-VICE PRESIDENT/ VICE-PRESIDENT RESPONSIBLE-IN-CHARGE

PANZARINO, STEPHEN  
300 SOUTH GRAND AVENUE, 9TH FLOOR  
LOS ANGELES, CA 90071

Title AUTHORIZED SIGNATORY

MEJEUR, RANDALL  
300 SOUTH GRAND AVENUE, 9TH FLOOR  
LOS ANGELES, CA 90071

Title CFO, Director

Hall, Allison  
300 South Grand Avenue, 9th Floor  
Los Angeles, CA 90071

Title FLORIDA LICENSEE-ASSOCIATE VICE PRESIDENT

POISSON, CHRISTOPHER  
300 SOUTH GRAND AVENUE, 9TH FLOOR  
LOS ANGELES, CA 90071

Title AUTHORIZED SIGNATORY

GOOTEE, JENNIFER  
300 South Grand Avenue, 9th Floor  
Los Angeles, CA 90071

Title FLORIDA LICENSEE-VICE PRESIDENT

BLAZOWSKI, JEFFREY  
300 SOUTH GRAND AVENUE, 9TH FLOOR  
LOS ANGELES, CA 90071

### **Annual Reports**

<b>Report Year</b>	<b>Filed Date</b>
2024	02/20/2024
2025	02/07/2025
2026	01/16/2026

### **Document Images**

<a href="#">01/16/2026 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">09/05/2025 -- Amendment</a>	<a href="#">View image in PDF format</a>
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<a href="#">01/31/2025 -- Amendment</a>	<a href="#">View image in PDF format</a>
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**ATTACHMENT #2**

**CONSULTANT SERVICES AUTHORIZATION # 3**

**AECOM TECHNICAL SERVICES, INC.**

**PROJECT MANAGEMENT SERVICES - GGCP**

**PROJECT NO. 2022-036869**

**COUNTYWIDE**

**THIS CONSULTANT SERVICES AUTHORIZATION (CSA) NO. 3** to the Contract dated 2/07/2023 (R2023-0143) (the “Contract”) between Palm Beach County, a political subdivision of the State of Florida, by and through its Board of County Commissioners and the Consultant identified herein is for the consultant services described in Item 4 of this CSA.

**1. CONSULTANT:** AECOM TECHNICAL SERVICES, INC., whose Federal Tax ID# is 95-2661922.

<b>2. History:</b>	<b>CSA#</b>	<b>Not to Exceed Amount</b>	<b>Approval Date</b>	<b>Approved By</b>
	1	\$3,355,539.92	2/7/2023	BCC (R2023-0144)
	2	\$1,869,347.80	2/4/2025	BCC (R2025-0460)

**3. Services completed to date:** CSA No. 1 completed project management services for the period February 8, 2023 to December 31, 2024. CSA No. 2 completed project management services for the period January 1, 2025 to February 6, 2025 and the period February 7, 2025 to February 6, 2026.

**4. Description of Services to be provided by Consultant:** Professional services shall include project management services and provision of staff necessary, retroactively, for the period February 7, 2026 to February 6, 2027 as detailed on the attached Exhibit A-1. In the event of a conflict between the terms and conditions of the Contract and the terms and conditions of Consultant’s proposal, the terms and conditions of the Contract shall control.

**5. Compensation:** The compensation to be paid to the Consultant for the requested services shall be: Not-To-Exceed amount of **\$2,734,005.04**.

**6. This CSA may be terminated, in whole or in part, by the County with or without cause in accordance with the Contract terms. In the event of termination not the fault of the Consultant, the Consultant shall be compensated for all services performed to termination date, together with reimbursable expenses (if applicable) then due in accordance with the Contract terms.**

**Consultant agrees to waive any and all claims for lost profits or anticipated future profits in the event of a termination with or without cause under this Contract.**

**7. If not previously provided or for a new project, the Consultant shall provide County with an executed Conflict of Interest Disclosure Form, attached hereto and incorporated herein.**

8. All terms, conditions, and obligations of the original Contract, as amended, shall remain in full force and effect, unless specifically noted as follows:

No changes

9. **Time of Commencement:** Consultant shall begin work immediately on the requested services upon receipt of this executed document which shall constitute official “**Notice to Proceed**”.

**10. EBO Program:**

*The API established for this contract is a mandatory minimum of 20% SBE participation. The Consultant in its contract committed to SBE participation of 35%. SBE participation for this CSA is 37.71%. When added to the Consultant's participation to date, the resulting SBE participation is 33.72%.*

11. **Emergency Ordinance.** *The Contract and this CSA is subject to the County Emergency Ordinance 2025-014, approved by the Board of County Commissioners on June 3, 2025.*

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*Project No.: 2022-036869*

**Project Name: PROJECT MANAGEMENT SERVICES - GGCP**

**IN WITNESS WHEREOF**, this CSA is accepted, subject to the terms and conditions of the aforementioned Contract.

ATTEST:  
MICHAEL A. CARUSO, CLERK &  
COMPTROLLER

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

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

By: \_\_\_\_\_  
Sara Baxter, Mayor

Date: \_\_\_\_\_

APPROVED AS TO  
LEGAL SUFFICIENCY

APPROVED AS TO TERMS  
AND CONDITIONS

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

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

WITNESS:

CONSULTANT: **AECOM TECHNICAL  
SERVICES, INC.**

Yurima Haywood  
Signature

By: \_\_\_\_\_  
Signature

Yurima Haywood  
Name (type or print)

Pedro L. Capestany  
Name (type or print)

Vice President /Authorized Signatory  
Title



**Exhibit A-1 - Estimated Maximum Charges from February 7, 2026 to February 6, 2027**

<b>Multiplier</b>	<b>Title</b>	<b>Maximum Billing Rate</b>	<b>Hours from Feb. 7th, 2025 - Feb. 6th, 2026</b>	<b>Total</b>
1.8	Senior Project Manager	\$ 209.34	520	\$ 108,856.80
1.8	Senior Project Manager	\$ 209.34	2080	\$ 435,427.20
1.8	Project Manager 1	\$ 126.74	2080	\$ 263,619.20
1.8	Project Manager 1	\$ 126.74	2080	\$ 263,619.20
1.8	Project Manager 2	\$ 137.03	2080	\$ 285,022.40
1.8	Project Manager 2	\$ 137.03	2080	\$ 285,022.40
1.8	Project Manager 2	\$ 137.03	2080	\$ 285,022.40
1.8	Fiscal Specialist	\$ 118.01	520	\$ 61,365.20
2	Procurement / Contract Specialist	\$ 72.12	2080	\$ 150,009.60
2	Procurement / Contract Specialist	\$ 72.12	2080	\$ 150,009.60
2	Procurement / Contract Specialist	\$ 72.12	2080	\$ 150,009.60
2	Cost Estimator	\$ 157.34	416	\$ 65,453.44
1.8	Field Representative 1	\$ 110.85	2080	\$ 230,568.00
<b>Total Estimated Maximum from Feb. 7th, 2026 - Feb. 6th, 2027</b>				<b>\$ 2,734,005.04</b>

Notes:

Rates of Senior Project Manager and Project Manager shall be "field rates". The Program Manager's on-site personnel will be located in County offices at no charge and will be provided with the normal office amenities including supplies, office equipment, etc. Computer, cell phone, vehicle shall be included in billing rate. Raw labor rates listed are the maximum allowed but rate billed to County will be actual payroll rate for each employee. Principal/ Project Executive time shall not exceed 10% of total billable hours per month. Labor rates of Program Manager and any subconsultants shall not exceed the actual hourly raw labor rates for services rendered by personnel, multiplied by an overall overhead and profit factor (maximum of three). The labor rates and overhead and profit factors are subject to audit, upon request. Actual hours will be billed. The hourly raw labor rates listed above shall remain in effect for at least one year from February 7, 2026. At the end of each one year period thereafter, if the cost of living index supports and increase, an increase of up to three percent (3%) may be allowed to the raw labor rates for each one year term thereafter. The overhead and profit factor (multiplier) will not be increased during the five-year term contract.



**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: 2022-036869

SOLICITATION/PROJECT NAME: Program Management Services Contract

Prime Contractor: AECOM Technical Services Subcontractor: MCO Construction and Services, Inc.

**(Check box(s) that apply)**

SBE    Non-SBE    Supplier

Date of Palm Beach County Certification (if applicable): 4/17/24

**SBE PARTICIPATION** – SBE 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. SBE credit will only be given for the areas in which the SBE 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
	Construction management services; Field inspections; document construction progress				\$515,590.40
	Facilitating construction costs for construction projects and other construction management services as needed				
	Duration of services in this CSA #3, regarding 2nd year contract extension from 2/7/2026 -2/6/2027				

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: \$515,590.40

**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: \_\_\_\_\_

AECOM Technical Services, Inc.

Print Name of Prime

By: \_\_\_\_\_

Authorized Signature

Pedro L. Capestany, PE, SQS

Print Name

Vice President

Title

Date: 2/19/2026

MCO Construction and Services, Inc.

Print Name of Subcontractor/subconsultant

By: \_\_\_\_\_

Authorized Signature

Ann McNeill

Print Name

President

Title

Date: 02/20/26

**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: 2022-036869

SOLICITATION/PROJECT NAME: Program Management Services Contract

Prime Contractor: AECOM Technical Services Subcontractor: Greywood Consulting Corp  
**(Check box(s) that apply)**

SBE    Non-SBE    Supplier      Date of Palm Beach County Certification (if applicable): 11/6/23

**SBE PARTICIPATION** – SBE 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. SBE credit will only be given for the areas in which the SBE 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
	Project management services including contract review, procurement support and project management support				\$450,028.80
	Duration of services in this CSA #3, regarding 2nd year contract extension from 2/7/2026 -2/6/2027				

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: \$450,028.80

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

AECOM Technical Services, Inc.  
 Print Name of Prime  
 By:   
 Authorized Signature

Greywood Consulting Corp  
 Print Name of Subcontractor/subconsultant  
 By:   
 Authorized Signature

Pedro L. Capestany, PE, SQS  
 Print Name  
Vice President  
 Title  
 Date: 2/19/2026

Lorna Anderson  
 Print Name  
President  
 Title  
 Date: February 20, 2026

\*Revised 6.5.2025 pursuant to Emergency Ordinance 2025-014, approved on June 3, 2025

**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: 2022-036869

SOLICITATION/PROJECT NAME: Program Management Services Contract

Prime Contractor: AECOM Technical Services Subcontractor: "2" SBW & Associates, Inc.

**(Check box(s) that apply)**

SBE  Non-SBE  Supplier

Date of Palm Beach County Certification (if applicable): 8/17/23

**SBE PARTICIPATION** – SBE 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. SBE credit will only be given for the areas in which the SBE 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
	Administration of contracts; payment request processes				\$65,454.60
	Other contract administration support tasks such as quality control				
	Duration of services in this CSA #3, regarding 2nd year contract extension from 2/7/2026 -2/6/2027				

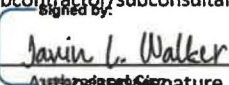
The undersigned Subcontractor/subconsultant is prepared to self-perform the above-described work in conjunction with the aforementioned project at the following total price or percentage: \$65,454.60

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

AECOM Technical Services, Inc.  
 Print Name of Prime  
 By:   
 Authorized Signature  
Pedro L. Capestany, PE, SQS  
 Print Name  
Vice President  
 Title  
 Date: 2/5/2026

"2"SBW & Associates, Inc.  
 Print Name of Subcontractor/subconsultant  
 Signed by:   
 Authorized Signature  
Javin L. Walker  
 Print Name  
President  
 Title  
 Date: February 6, 2026



**ATTACHMENT #4**

**CONFLICT OF INTEREST DISCLOSURE FORM**  
**(Must be completed by Proposer and any subconsultants and returned with proposal)**

**PALM BEACH COUNTY CONFLICT OF INTEREST DISCLOSURE FORM**

CONSULTANT/SUBCONSULTANT represents that it presently has no interest, either direct or indirect, which would or could conflict in any manner with the performance of services for the County, except as follows:

N/A

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(Attach additional sheets as needed.)

CONSULTANT/SUBCONSULTANT further represents that no person having any interest shall be employed for said performance. By signing below, CONSULTANT/SUBCONSULTANT certifies that the information contained herein is true and correct and constitutes all current potential conflicts of interest which may influence or appear to influence CONSULTANT/SUBCONSULTANT'S judgment or quality of services being provided to the County.

CONSULTANT/SUBCONSULTANT shall promptly notify the COUNTY in writing by certified mail of all potential conflicts of interest that may arise in the future through any prospective business association, interest or other circumstance which may influence or appear to influence CONSULTANT/SUBCONSULTANT'S judgment or quality of services being provided to the County. Such written notification shall identify the prospective business association, interest or circumstance, the nature of work that CONSULTANT/SUBCONSULTANT may undertake and request an opinion of the COUNTY as to whether the association, interest or circumstance would, in the opinion of the COUNTY, constitute an unacceptable conflict of interest if entered into by the CONSULTANT/SUBCONSULTANT.

If, in the sole opinion of the COUNTY, the prospective business association, interest or circumstance of CONSULTANT/SUBCONSULTANT would constitute an unacceptable conflict of interest to the COUNTY, the COUNTY shall so state in the notification and the CONSULTANT/SUBCONSULTANT shall not enter into said association, interest or circumstance.

This DISCLOSURE is submitted by (Name of Individual:) Pedro L. Capestany, PE, SQS, as (Title/Position:) Vice President of (Name of Firm:) AECOM Technical Services, Inc. who hereby certifies that any misrepresentation by the CONSULTANT/SUBCONSULTANT on this Disclosure is considered an unethical business practice and is grounds for sanctions against future County business with the CONSULTANT/SUBCONSULTANT.

  
\_\_\_\_\_  
Signature

02/05/2026  
\_\_\_\_\_  
Date

**CONFLICT OF INTEREST DISCLOSURE FORM**  
**(Must be completed by Proposer and any subconsultants and returned with proposal)**

**PALM BEACH COUNTY CONFLICT OF INTEREST DISCLOSURE FORM**

CONSULTANT/SUBCONSULTANT represents that it presently has no interest, either direct or indirect, which would or could conflict in any manner with the performance of services for the County, except as follows:

N/A  
\_\_\_\_\_  
\_\_\_\_\_

(Attach additional sheets as needed.)

CONSULTANT/SUBCONSULTANT further represents that no person having any interest shall be employed for said performance. By signing below, CONSULTANT/SUBCONSULTANT certifies that the information contained herein is true and correct and constitutes all current potential conflicts of interest which may influence or appear to influence CONSULTANT/SUBCONSULTANT'S judgment or quality of services being provided to the County.

CONSULTANT/SUBCONSULTANT shall promptly notify the COUNTY in writing by certified mail of all potential conflicts of interest that may arise in the future through any prospective business association, interest or other circumstance which may influence or appear to influence CONSULTANT/SUBCONSULTANT'S judgment or quality of services being provided to the County. Such written notification shall identify the prospective business association, interest or circumstance, the nature of work that CONSULTANT/SUBCONSULTANT may undertake and request an opinion of the COUNTY as to whether the association, interest or circumstance would, in the opinion of the COUNTY, constitute an unacceptable conflict of interest if entered into by the CONSULTANT/SUBCONSULTANT.

If, in the sole opinion of the COUNTY, the prospective business association, interest or circumstance of CONSULTANT/SUBCONSULTANT would constitute an unacceptable conflict of interest to the COUNTY, the COUNTY shall so state in the notification and the CONSULTANT/SUBCONSULTANT shall not enter into said association, interest or circumstance.

This DISCLOSURE is submitted by (Name of Individual:) Ann McNeill, as (Title/Position:) President of (Name of Firm:) MCO Construction & Services Inc. who hereby certifies that any misrepresentation by the CONSULTANT/SUBCONSULTANT on this Disclosure is considered an unethical business practice and is grounds for sanctions against future County business with the CONSULTANT/SUBCONSULTANT.

  
\_\_\_\_\_  
Signature

2/5/26  
\_\_\_\_\_  
Date

**CONFLICT OF INTEREST DISCLOSURE FORM**  
**(Must be completed by Proposer and any subconsultants and returned with proposal)**

**PALM BEACH COUNTY CONFLICT OF INTEREST DISCLOSURE FORM**

CONSULTANT/SUBCONSULTANT represents that it presently has no interest, either direct or indirect, which would or could conflict in any manner with the performance of services for the County, except as follows:

None

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(Attach additional sheets as needed.)

CONSULTANT/SUBCONSULTANT further represents that no person having any interest shall be employed for said performance. By signing below, CONSULTANT/SUBCONSULTANT certifies that the information contained herein is true and correct and constitutes all current potential conflicts of interest which may influence or appear to influence CONSULTANT/SUBCONSULTANT'S judgment or quality of services being provided to the County.

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If, in the sole opinion of the COUNTY, the prospective business association, interest or circumstance of CONSULTANT/SUBCONSULTANT would constitute an unacceptable conflict of interest to the COUNTY, the COUNTY shall so state in the notification and the CONSULTANT/SUBCONSULTANT shall not enter into said association, interest or circumstance.

This DISCLOSURE is submitted by (Name of Individual:) Lorna Anderson, as (Title/Position:) President of (Name of Firm:) Greywood Consulting Corp. who hereby certifies that any misrepresentation by the CONSULTANT/SUBCONSULTANT on this Disclosure is considered an unethical business practice and is grounds for sanctions against future County business with the CONSULTANT/SUBCONSULTANT.

  
Signature

February 5, 2026  
Date

**CONFLICT OF INTEREST DISCLOSURE FORM**  
(Must be completed by Proposer and any subconsultants and returned with proposal)

**PALM BEACH COUNTY CONFLICT OF INTEREST DISCLOSURE FORM**

CONSULTANT/SUBCONSULTANT represents that it presently has no interest, either direct or indirect, which would or could conflict in any manner with the performance of services for the County, except as follows:

None.

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(Attach additional sheets as needed.)

CONSULTANT/SUBCONSULTANT further represents that no person having any interest shall be employed for said performance. By signing below, CONSULTANT/SUBCONSULTANT certifies that the information contained herein is true and correct and constitutes all current potential conflicts of interest which may influence or appear to influence CONSULTANT/SUBCONSULTANT'S judgment or quality of services being provided to the County.

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If, in the sole opinion of the COUNTY, the prospective business association, interest or circumstance of CONSULTANT/SUBCONSULTANT would constitute an unacceptable conflict of interest to the COUNTY, the COUNTY shall so state in the notification and the CONSULTANT/SUBCONSULTANT shall not enter into said association, interest or circumstance.

This DISCLOSURE is submitted by (Name of Individual:) Javin L. Walker, as (Title/Position:) President of (Name of Firm:) "2" SBW & Associates, Inc. who hereby certifies that any misrepresentation by the CONSULTANT/SUBCONSULTANT on this Disclosure is considered an unethical business practice and is grounds for sanctions against future County business with the CONSULTANT/SUBCONSULTANT.

Signature

Date

  
2/5/26

**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 AECOM Technical Services, Inc.  
(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.**

*PS*

\_\_\_\_\_  
(signature of officer or representative)

Pedro L. Capestany, Vice President  
(printed name and title of officer or representative)

**State of Florida, County of Palm Beach**

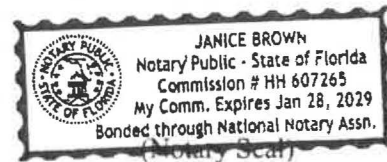
Sworn to and subscribed before me by means of  physical presence or  online notarization  
this, 5 day of FEBRUARY 2026, by Pedro CAPESTANY.

Personally known  OR produced identification .

Type of identification produced \_\_\_\_\_.

Janice Brown

NOTARY PUBLIC  
My Commission Expires:  
State of Florida at large



**ATTACHMENT #6**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/05/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Marsh Risk & Insurance Services CA License #0437153 633 W. Fifth Street, Suite 1200 Los Angeles, CA 90071 Attn: LosAngeles.CertRequest@Marsh.Com CN101348564-STND-GAUE-25-26                      10                      2022	<b>CONTACT NAME:</b> Marsh   U.S. Operations <b>PHONE (A/C, No, Ext):</b> 866-966-4664 <b>FAX (A/C, No):</b> 212-948-0533 <b>E-MAIL ADDRESS:</b> LosAngeles.CertRequest@marsh.com													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : ACE American Insurance Company</td> <td>22667</td> </tr> <tr> <td>INSURER B : N/A</td> <td>N/A</td> </tr> <tr> <td>INSURER C : Illinois Union Insurance Co</td> <td>27960</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 : ACE American Insurance Company	22667	INSURER B : N/A	N/A	INSURER C : Illinois Union Insurance Co	27960	INSURER D :		INSURER E :		INSURER F :
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INSURER D :														
INSURER E :														
INSURER F :														

**COVERAGES**                      **CERTIFICATE NUMBER:** LOS-002644371-13                      **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	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			HDO G48971714	04/01/2025	04/01/2026	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
A	<b>AUTOMOBILE LIABILITY</b> <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 H11370494	04/01/2025	04/01/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> N                      N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WLR C72792300 (AOS) SCF C72792312 (Wl Retro)	04/01/2025 04/01/2025	04/01/2026 04/01/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000
C	<b>ARCHITECTS &amp; ENG. PROFESSIONAL LIAB.</b>			EON G21654693 005 "CLAIMS MADE"	04/01/2025	04/01/2026	Per Claim/Agg 1,000,000 Defense Included

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
RE: Program Management Services - GGCP Project No.: 2022-036869.

Palm Beach County Board of County Commissioners, a Political Subdivision of the State of Florida, its Officers, Employees and Agents are named as additional insured for GL coverage, but only as respects work performed by or on behalf of the named insured and where required by written contract. Contractual Liability is included in the General Liability coverage. Waiver of Subrogation is applicable where required by written contract with respect to GL, AL and WC.

<b>CERTIFICATE HOLDER</b>  Palm Beach County Board of County Commissioners c/o Capital Improvements Division 2623 Vista Parkway West Palm Beach, FL 33411	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  <i>Marsh Risk &amp; Insurance Services</i>
---	--

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**WAIVER OF TRANSFER OF RIGHTS OF RECOVERY  
AGAINST OTHERS TO US (WAIVER OF SUBROGATION)**

This endorsement modifies insurance provided under the following:

- AUTO DEALERS COVERAGE FORM
- BUSINESS AUTO COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

<p><b>Named Insured:</b> AECOM</p> <p><b>Endorsement Effective Date:</b></p>
---

**SCHEDULE**

<p><b>Name(s) Of Person(s) Or Organization(s):</b> Any Person or organization against whom you have agreed to waive your right of recovery in a written contract, provided such contract was executed prior to the date of loss.</p>   
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>

The **Transfer Of Rights Of Recovery Against Others To Us** condition does not apply to the person(s) or organization(s) shown in the Schedule, but only to the extent that subrogation is waived prior to the "accident" or the "loss" under a contract with that person or organization.

**COMMERCIAL GENERAL LIABILITY  
CG 20 10 12 19**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED – OWNERS, LESSEES OR  
CONTRACTORS – SCHEDULED PERSON OR  
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
Any Owner, Lessee or Contractor whom you have agreed to include as an additional insured under a written contract, provided such contract was executed prior to the date of loss.	All locations where you are performing ongoing operations for such additional insured pursuant to any such written contract.
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B.** With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

**C.** With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we

will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

**SCHEDULE**

Name Of Additional Insured Person(s) Or Organization(s)	Location And Description Of Completed Operations
Any Owner, Lessee or Contractor whom you have agreed to include as an additional insured under a written contract, provided such contract was executed prior to the date of loss.	All locations where you are performing ongoing operations for such additional insured pursuant to any such written contract.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B.** With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**WAIVER OF TRANSFER OF RIGHTS OF RECOVERY  
AGAINST OTHERS TO US (WAIVER OF SUBROGATION)**

This endorsement modifies insurance provided under the following:

- COMMERCIAL GENERAL LIABILITY COVERAGE PART
- ELECTRONIC DATA LIABILITY COVERAGE PART
- LIQUOR LIABILITY COVERAGE PART
- POLLUTION LIABILITY COVERAGE PART DESIGNATED SITES
- POLLUTION LIABILITY LIMITED COVERAGE PART DESIGNATED SITES
- PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART
- RAILROAD PROTECTIVE LIABILITY COVERAGE PART
- UNDERGROUND STORAGE TANK POLICY DESIGNATED TANKS

**SCHEDULE**

<p><b>Name Of Person(s) Or Organization(s):</b> Any person or organization against whom you have agreed to waive your right of recovery in a written contract, provided such contract was executed prior to the date of loss.</p> 
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>

The following is added to Paragraph 8. **Transfer Of Rights Of Recovery Against Others To Us of Section IV – Conditions:**

We waive any right of recovery against the person(s) or organization(s) shown in the Schedule above because of payments we make under this Coverage Part. Such waiver by us applies only to the extent that the insured has waived its right of recovery against such person(s) or organization(s) prior to loss. This endorsement applies only to the person(s) or organization(s) shown in the Schedule above.

**Workers' Compensation and Employers' Liability Policy**

Named Insured AECOM 999 W. TOWN & COUNTRY ROAD THIRD FL ORANGE CA 92868	Endorsement Number
	Policy Number Symbol: WLR Number: C72792300
Policy Period 04-01-2025 TO 04-01-2026	Effective Date of Endorsement 04-01-2025
Issued By (Name of Insurance Company) ACE AMERICAN INSURANCE COMPANY	
Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy. This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.	

**WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT**

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.

This agreement shall not operate directly or indirectly to benefit any one not named in the Schedule.

**Schedule**

ANY PERSON OR ORGANIZATION AGAINST WHOM YOU HAVE AGREED TO WAIVE YOUR RIGHT OF RECOVERY IN A WRITTEN CONTRACT, PROVIDED SUCH CONTRACT WAS EXECUTED PRIOR TO THE DATE OF LOSS.

For the states of CA, UT, TX, refer to state specific endorsements.

This endorsement is not applicable in KY, NH, and NJ.

The endorsement does not apply to policies in Missouri where the employer is in the construction group of code classifications. According to Section 287.150(6) of the Missouri statutes, a contractual provision purporting to waive subrogation rights against public policy and void where one party to the contract is an employer in the construction group of code classifications.

For Kansas, use of this endorsement is limited by the Kansas Fairness in Private Construction Contract Act(K.S.A. 16-1801 through 16-1807 and any amendments thereto) and the Kansas Fairness in Public Construction Contract Act(K.S.A 16-1901 through 16-1908 and any amendments thereto). According to the Acts a provision in a contract for private or public construction purporting to waive subrogation rights for losses or claims covered or paid by liability or workers compensation insurance shall be against public policy and shall be void and unenforceable except that, subject to the Acts, a contract may require waiver of subrogation for losses or claims paid by a consolidated or wrap-up insurance program.



Authorized Agent



February 19, 2026

**Facilities Development &  
Operations Department**

**Capital Improvements Division**

2633 Vista Parkway  
West Palm Beach, FL 33411  
Telephone - (561) 233-0261  
[www.pbc.gov/ido](http://www.pbc.gov/ido)



**Palm Beach County  
Board of County Commissioners**

Sara Baxter, Mayor

Marci Woodward, Vice Mayor

Maria G. Marino

Gregg K. Weiss

Joel G. Flores

Maria Sachs

Bobby Powell Jr.

**County Administrator**

Joseph Abruzzo

*"An Equal Opportunity Employer"*

AECOM Technical Services, Inc.  
300 South Grand Avenue, 9<sup>th</sup> Floor  
Los Angeles, CA 90071

Re: Contract # R2023-0143  
Program Management Services  
Notification of Contract Clauses No Longer Being Enforced  
Pursuant to Emergency Ordinance 2025-014

Dear Pedro Capestany,

On June 3, 2025, the Board of County Commissioners (BCC) approved an emergency ordinance to suspend the race and gender conscious provisions of the County's EBO ordinance. The suspension will remain in effect for two years or until further direction by the BCC, whichever comes first. As a result, the provisions relating to minority/women-owned business enterprise (M/WBEs) participation contained on section 8.6 of contract number R2023-0143 **will not be enforced** as of June 3, 2025, only the small business enterprise (SBE) provisions will apply.

Please sign below to acknowledge receipt of this notification. This acknowledgement will be included, and made part of, the contract file.

Should you require any additional information please contact Capital Improvements Division at 561-233-0261.

Cordially,

Fernando DelDago  
Director, Capital Improvements Division

Receipt Acknowledged and In Agreement:

AECOM Technical Services, Inc.  
  
2/25/2026  
Date

EC: Luisa Ditosti, CID Contract Analyst  
Vanessa Porras, CID Contract Analyst