

RESOLUTION NO. 15-208

A RESOLUTION OF THE CITY COMMISSION OF THE CITY OF KEY WEST, FLORIDA, RENEWING FOR TWO YEARS THE GENERAL ENGINEERING SERVICES CONTRACTS WITH EIGHT (8) FIRMS, ORIGINALLY AWARDED IN RESOLUTION 12-280; CONSENTING TO ASSIGN THE CONTRACT FOR GENERAL ENGINEERING SERVICES WITH AMEC ENVIRONMENT & INFRASTRUCTURE, INC. TO AMEC FORSTER WHEELER ENVIRONMENT & INFRASTRUCTURE, INC.; PROVIDING FOR AN EFFECTIVE DATE

WHEREAS, in Resolution 12-280, the City Commission approved eight (8) engineering firms to provide General Engineering Services for the City of Key West, and authorized the City Manager to negotiate three-year contracts with a two-year renewal; and

WHEREAS, in Resolution 13-111, the City Commission consented to assign the City's General Engineering Services Contract with Corzo Castella Carballo Thompson Salman to Stantec Consulting Services, Inc. for the remaining term of the contract; and

WHEREAS, AMEC Environment & Infrastructure has undergone a name change to AMEC Foster Wheeler Environment & Infrastructure, and City staff recommends that Commission consents to assign the

City's General Engineering Services Contract to the new company name, so that it will continue to provide engineering services to the City, including the same professional staff and equipment necessary to complete task orders in process and to be issued during the remaining term and renewal of the current General and Utility Engineering Services Contract.

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COMMISSION OF THE CITY OF KEY WEST, FLORIDA, AS FOLLOWS:

Section 1: That contracts for general engineering services are hereby renewed for a term of additional two years, upon mutually agreed terms for the following eight (8) firms: (1) CH2M HILL; (2) CDM SMITH, Inc. (3) Perez Engineering & Development, Inc.; (4) Chen Moore & Associates (5) Black & Veatch Corporation; (6) Calvin, Giordano & Associates, Inc. (7) AMEC Foster Wheeler Environment & Infrastructure, Inc. (8) STANTEC Consulting Services, Inc.

Section 2: That the City Commission hereby consents to assign the City's General Engineering Services Contract with AMEC Environment & Infrastructure, Inc. to AMEC Foster Wheeler Environment & Infrastructure, Inc. for the remaining term of the contract and two-year renewal.

Section 3: That the City Manager is hereby authorized to execute a two-year renewal upon agreed terms for each of the above-described contracts, upon the advice and consent of the City Attorney.

Section 4: Specific task orders issued pursuant to the contracts shall continue to comply with the City's procurement guidelines.

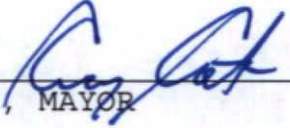
Section 5: That this Resolution shall go into effect immediately upon its passage and adoption and authentication by the signature of the Presiding Officer and the Clerk of the Commission.

Passed and adopted by the City Commission at a meeting held this 16. day of June, 2015.

Authenticated by the Presiding Officer and Clerk of the Commission on 17 day of June, 2015.


Filed with the Clerk on June 17, 2015.

Mayor Craig Cates	<u>Yes</u>
Vice Mayor Mark Rossi	<u>Yes</u>
Commissioner Teri Johnston	<u>Yes</u>
Commissioner Clayton Lopez	<u>Yes</u>
Commissioner Billy Wardlow	<u>Yes</u>
Commissioner Jimmy Weekley	<u>Yes</u>
Commissioner Tony Yaniz	<u>Yes</u>



CRAIG CATES, MAYOR

ATTEST:



CHERYL SMITH, CITY CLERK



THE CITY OF KEY WEST

Post Office Box 1409 Key West, FL 33041-1409 (305) 809-3700

EXECUTIVE SUMMARY

Date: May 22, 2015

To: Jim Scholl, City Manager

From: Jim Bouquet, P.E., Director of Engineering Services

Cc: Greg Veliz, Assistant City Manager
Sarah Spurlock, Assistant City Manager

Subject: Approve a two (2) year extension to the General Engineering Services Contracts with eight (8) firms originally approved Under Resolution 12-280.

Action Statement

This resolution extends the respective City of Key West General Engineering Services Contracts for eight (8) engineering firms originally approved under Resolution 12-280 for two (2) years. This resolution authorizes the City Manager to execute the contract extensions. This resolution authorizes the name change from AMEC Environment & Infrastructure, Inc. to AMEC Foster Wheeler Environment & Infrastructure, Inc.

Background

Eight (8) engineering firms were awarded three (3) year General Engineering Services contracts by Resolution 12-280 in October 2012. The firms consist of:

- 1) CH2M Hill
- 2) CDM Smith
- 3) Perez Engineering and Development
- 4) Chen Moore
- 5) Black & Veatch
- 6) Calvin Giordano
- 7) AMEC (now AMEC Foster Wheeler)
- 8) C3TS (now Stantec under Resolution 13-111)

Current agreements for these firms expire Fall 2015.

Executive Summary

Purpose and Justification

This resolution provides exercising a two (2) year, mutually agreed extension of the existing General Engineering Services contracts for all eight (8) engineering firms to continue providing services to the City. This extension is in accordance with Article 4 of the executed agreements.

Current fee schedules for each firm and primary sub-consultants are within allowable increases. This resolution also provides for revising project team members if so requested by the respective engineering firm.

Financial Issues

Financial implications of this resolution are limited to an adjustment of hourly fee schedule rates by the engineering teams as allowed in Article 5.1.2.1 of the respective agreements.

Recommendation

Staff recommends extending the respective City of Key West General Engineering Services Contracts for eight (8) engineering firms originally approved under Resolution 12-280 for two (2) years. This resolution authorizes the City Manager to execute the contract extensions. This resolution authorizes the name change from AMEC Environment & Infrastructure, Inc. to AMEC Foster Wheeler Environment & Infrastructure, Inc.



April 30, 2015

James Bouquet, P.E.
Director of Engineering Services
City of Key West
3140 Flagler Avenue
Key West, FL 33043

Phone (305) 809-3962
email: jbouquet@cityofkeywest-fl.gov

Subject: General Engineering Services Agreement – Resolution No. 12-280

Dear Mr. Bouquet:

Amec Foster Wheeler is respectfully requesting an extension as per Article 4 of the General Engineering Services contract with the City of Key West for two (2) years, in accordance with Resolution No. 12-280. Find attached "Exhibit A" for hourly rate in compliance with Paragraph 5.1.2.3. of the Agreement, 2015 W-9 and Certificate of Insurance, State of Florida Board of Professional Engineers license, and affidavit of Change of Name.

Sincerely,

Amec Foster Wheeler Environment & Infrastructure, Inc.

Michael Nardone,
Senior Vice President
Florida Regional Manager
Amec Foster Wheeler Environment & Infrastructure

Distribution: Addressee (Email)
Jose R. Perez
File (1)

P:\Projects\City of Key West\General Engineering Services - City of Key West 04-28-2015.dot.docx

Amec Foster Wheeler E&I, Inc.
5845 N.W. 158th Street
Miami Lakes, Florida 33014
Tel (305) 826-5588
Fax (305) 826-1799

www.amecfw.com

**Amec Foster Wheeler
Hourly Fee Schedule
EXHIBIT "A"**

A. Professional (Engineer, Geologist, Scientist and Project Management)

Staff I	\$ 81
Staff II	\$ 88
Project	\$ 97
Senior	\$ 123
Principal/Project Manager	\$ 176
Senior Principal/Senior Project Manager	\$ 192
Chief Engineer/Scientist	\$ 220
Special Rate Personnel	Separate schedule

- Special Rate Personnel identified by name (such as certain Senior Principals with specialized expertise) will be billed at a special rate identified for individual projects.

B. Technical Services (Engineering and Science)

Technician I	\$ 51
Technician II	\$ 63
Senior Technician I	\$ 68
Senior Technician II	\$ 80
Principal Technicians and Specialty Technicians (i.e., persons holding specialized certifications)	Separate schedule
Project Administrator/Project Coordinator/Subcontract Administrator/Project Accountant	\$ 85
Technical Writer/Document Processor	\$ 89
CADD/Draftsperson (includes PC/CAD) I	\$ 76
CADD/Draftsperson (includes PC/CAD) II	\$ 114
Admin I	\$ 46
Admin II	\$ 60

C. Surveying Services

Field Surveyor I	\$ 49
Field Surveyor II	\$ 54
Survey Technician I	\$ 75
Survey Technician II	\$ 82
Survey Party Chief	\$ 85

D. Information Management

Software Engineer	\$ 111
Data Technician	\$ 150
Senior Software Engineer	\$ 183
Business Analyst	\$ 150

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Amec Foster Wheeler Environment & Infrastructure, Inc

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:
 Individual/sole proprietor or single-member LLC
 C Corporation
 S Corporation
 Partnership
 Trust/estate
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
 Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any) 5
Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
1105 Lakewood Parkway, Suite 300

6 City, state, and ZIP code
Alpharetta, GA 30009

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number									
			-						
or									
Employer identification number									
9	1	-	1	6	4	1	7	7	2

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person ▶ Kiklawitter

Date ▶ 1/5/15

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (cancelled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/28/2015

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

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

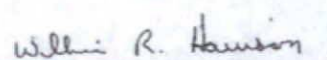
PRODUCER Construction Risk Partners, LLC Campus View Plaza 1250 Route 28, Suite 201 Branchburg, NJ 08876	1-908-566-1010 CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: FAX (A/C, No):														
INSURED Amec Foster Wheeler Environment & Infrastructure, Inc. 5845 NW 158th Street Miami Lakes, FL 33014	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: ACE AMER INS CO</td> <td>22667</td> </tr> <tr> <td>INSURER B: ZURICH AMER INS CO</td> <td>16535</td> </tr> <tr> <td>INSURER C: ACE PROP & CAS INS CO</td> <td>20699</td> </tr> <tr> <td>INSURER D: AMERICAN ZURICH INS CO</td> <td>40142</td> </tr> <tr> <td>INSURER E: AIG SPECIALTY INS CO</td> <td>26883</td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: ACE AMER INS CO	22667	INSURER B: ZURICH AMER INS CO	16535	INSURER C: ACE PROP & CAS INS CO	20699	INSURER D: AMERICAN ZURICH INS CO	40142	INSURER E: AIG SPECIALTY INS CO	26883	INSURER F:	
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COVERAGES **CERTIFICATE NUMBER:** 43683091 **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 GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:			G24556347	05/01/15	05/01/16	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> Comp \$1,000 <input checked="" type="checkbox"/> Coll \$1,000			BAP 9483148-04	05/01/15	05/01/16	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ 10,000			XOO G27240665	05/01/15	05/01/16	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
D	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	WC 3504866-14 WC 3867133-08	05/01/15 05/01/15	05/01/16 05/01/16	<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
E	<input checked="" type="checkbox"/> Pollution			CPL 12456119	05/01/15	05/01/16	Each Loss/Agg Limit 1,000,000
B	<input checked="" type="checkbox"/> Architects & Engineers Prof			IPR 1008375-00	05/01/15	05/01/16	Any One Claim/Agg 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Re: City of Key West General Engineering Services, Contract #: Resolution #12-280
 City of Key West is an additional insured on the General Liability, Automobile Liability and Umbrella Liability policies as required by written contract.

CERTIFICATE HOLDER City of Key West James W. Bouquet 3140 Flagler Avenue Key West, FL 33040 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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State of Florida
Board of Professional Engineers
2639 North Monroe Street, Suite B-112
Tallahassee, FL 32303-5268

AMEC Environment & Infrastructure, Inc.
1105 LAKEWOOD PARKWAY
SUITE 300
ALPHARETTA, GA 30009

Each licensee is solely responsible for notifying the Florida Board of Professional Engineers in writing the licensee's current address.

Name changes require legal documentation showing name change. An original, a certified copy, or a duplicate of an original or certified copy of a document which shows the legal name change will be accepted unless there is a question about the authenticity of the document raised on its face, or because the genuineness of the document is uncertain, or because of another matter related to the application.

At least 90 days prior to the expiration date shown on this license, a notice of renewal will be sent to your last known address. If you have not yet received your notice 60 days prior to the expiration date, please call (850) 521-0500, or write, Florida Board of Professional Engineers, 2639 North Monroe Street, Suite B-112, Tallahassee, FL 32303-5268 or e-mail: board@fbpe.org. Our website address is <http://www.fbpe.org>.

State of Florida

Board of Professional Engineers

Attests that

AMEC Environment & Infrastructure, Inc.



FBPE
FLORIDA BOARD OF
PROFESSIONAL ENGINEERS

is authorized under the provisions of Section 471.023, Florida Statutes, to offer engineering services to the public through a Professional Engineer, duly licensed under Chapter 471, Florida Statutes.

Expiration: 2/28/2017

Audit No: 228201701230

CA Lic. No:

5392

State of Florida

Department of State

I certify from the records of this office that AMEC FOSTER WHEELER ENVIRONMENT & INFRASTRUCTURE, INC. is a Nevada corporation authorized to transact business in the State of Florida, qualified on August 3, 2000.

The document number of this corporation is F00000004389.

I further certify that said corporation has paid all fees due this office through December 31, 2015, that its most recent annual report/uniform business report was filed on February 12, 2015, and its status is active.

I further certify that said corporation has not filed a Certificate of Withdrawal.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Twelveth day of February,
2015*



Ken Detmer
Secretary of State

Authentication ID: CC1648778160

To authenticate this certificate, visit the following site, enter this ID, and then follow the instructions displayed.

<https://efile.sunbiz.org/certauthver.html>

**AFFIDAVIT of
CHANGE OF NAME**

I, David K. Baxter, Assistant Corporate Secretary of Amec Foster Wheeler Environment & Infrastructure, Inc. certify that the name of AMEC Environment & Infrastructure, Inc. has been changed to Amec Foster Wheeler Environment & Infrastructure, Inc. in accordance with all legal requirements pertaining to such changes and request herein that all records be changed accordingly. A copy of the appropriate documentation from the Secretary of State of Florida is attached.

CONTRACTOR

Amec Foster Wheeler Environment & Infrastructure, Inc.

Federal I.D. No. 91-1641772

By 
(Signature)

David K. Baxter, Assistant Corporate Secretary
(Type Name and Title of Authorized Officer)

this 21st day of January, 20 15.

AFFIDAVIT of
CHANGE OF NAME

STATE OF GEORGIA
COUNTY OF FULTON

)
) SS.
)

The foregoing instrument was acknowledged before me this 21st day of January, 2015 By David K. Baxter who is personally known to me or who has produced _____ as identification and who did/did not take an oath.

NOTARY PUBLIC:

Signature: Shirley L. Hilliard

Print Name: Shirley L. Hilliard

State of Florida Large

My Commission Expires



COUNTY

WITNESSES:

BROWARD COUNTY through the Director of Purchasing

Approved By _____

this _____ day of _____, 20____.



BLACK & VEATCH
Building a world of difference.

BLACK & VEATCH CORPORATION
1300 CONCORD TERRACE, SUITE 120
SUNRISE, FL 33323 USA
PH: (954) 838-0686 | FX: (954) 838-0880

May 1, 2015

Mr. Jim Bouquet P.E.
Director of Engineering Services
City of Key West
3140 Flagler Avenue
Key West, FL 33040

**Subject: Agreement for General Engineering Services Energy Services with
the City of Key West, RFQ No.12-005 / Resolution No. 12-280 -
Request for Two (2) Year Contract Renewal**

Dear Mr. Bouquet,

The purpose of this letter is to request to extend the current Agreement for General Engineering Services (Agreement) between Black & Veatch and the City of Key West.

The Agreement with the City (Resolution No. 12-280) is set to expire on October 3, 2015. Per Article 4, the Agreement may be renewed for one (1) two (2) year term. Black & Veatch desires to continue to provide services to the City of Key West per the terms of the original Agreement. The list of Sub-consultants remains the same as indicated in Article 7.6 of the Agreement.

We welcome the opportunity to discuss the details of our request and invite you to contact us at (954) 465-6872. Thank you for your time and consideration; we look forward to continue to support the City on this important contract.

Very truly yours,
BLACK & VEATCH

Brent Reuss, PE
Senior Vice-President

Rafael E. Frias III, PE
Client Director



BLACK & VEATCH CORPORATION
1300 CONCORD TERRACE, SUITE 120
SUNRISE, FL 33323 USA
PH: (954) 838-0686 | FX: (954) 838-0880

May 1, 2015

Mr. Jim Bouquet P.E.
Director of Engineering Services
City of Key West
3140 Flagler Avenue
Key West, FL 33040

Subject: Agreement for General Engineering Services with the City of Key West, RFQ No.12-005 / Resolution No. 12-280 - Request for Hourly Rate Schedule Update

Dear Mr. Bouquet,

The purpose of this letter is to submit a request to update the current Hourly Rate Schedule (Exhibit A of the Agreement), which have been in effect since contract inception on November 14, 2012. Per Article 5.1.2.3, the Hourly Rate Schedule may be adjusted annually based on the Data Resource Institute (DRI) forecast of wage and price escalation (the U.S. Bureau of Labor and Statistics (BLS) employment Cost Index (ECI) for Private Industry).

The requested increase is based on the quarterly ECI compiled by the Bureau of Labor Statistics, for the periods of December 2012 to December 2013 and December 2013 to December 2014 as indicated below:

- December 2012 to December 2013: ECI factor $119.6/117.3 = 1.02$
- December 2013 to December 2014: ECI factor $122.4/119.6 = 1.02$
- The overall ECI factor is 1.04.

The proposed Hourly Rate Schedules for Black & Veatch and Sub-consultants listing the adjusted rates are attached to this letter.

We welcome the opportunity to discuss the details of our request and invite you to contact us at (954) 465-6872. Thank you for your time and consideration; we look forward to continue to support the City on this important contract.

Very truly yours,
BLACK & VEATCH

Rafael E. Frias III, PE
Client Director

ATTACHMENT A

**General Engineering Services for City of Key West
City's RFQ 12-005**

Billing Rates - Black & Veatch Corporation

TITLE	2012 BILLING RATES	PROPOSED BILLING RATES
Project Director	\$250.00	\$260.87
Senior Project Manager	\$190.00	\$198.26
Project Manager	\$170.00	\$177.39
Senior Technical Specialist	\$215.00	\$224.35
Technical Specialist	\$195.00	\$203.48
Senior Engineering Manager	\$190.00	\$198.26
Engineering Manager	\$165.00	\$172.17
Senior Engineer	\$150.00	\$156.52
Project Engineer	\$135.00	\$140.87
Staff Engineer III	\$115.00	\$120.00
Staff Engineer II	\$110.00	\$114.78
Staff Engineer	\$95.00	\$99.13
Senior Engineering Technician	\$120.00	\$125.22
Engineering Technician	\$90.00	\$93.91
Professional Architect	\$155.00	\$161.74
Professional Geologist	\$160.00	\$166.96
Senior Administrator	\$85.00	\$88.70
Administrative Assistant	\$70.00	\$73.04

Proposed Adjustment Factor (1.02 x 1.02) 1.04

ECI for December 2012	117.3
ECI for December 2013	119.6
Adjustment 2012-2013	1.02

ECI for December 2013	119.6
ECI for December 2014	122.4
Adjustment 2013-2014	1.02

Source - U.S. Bureau of Labor and Statistics Employment Cost Index (ECI) for Private Industry



CRJ & Associates, Inc.

Consulting Engineers and Planners

KEY WEST GSA CONTRACT - RATES UPDATE (RFQ No. 12-005)

12/31/2012 thru 12/31/2013

PROFESSIONAL ENGINEERING FEES (Increased by ECI Factor 1.02)

Position / Title	Original Base Hourly Rate	2012 - 2013 Rates 1.02
1 Principal	\$ 139.20	\$ 141.98
2 Senior Project Manager	\$ 130.50	\$ 133.11
3 Project Manager	\$ 130.50	\$ 133.11
4 Senior Engineer	\$ 116.00	\$ 118.32
5 Project Engineer	\$ 101.50	\$ 103.53
6 E.I.T. (Engineer in Training)	\$ 72.50	\$ 73.95
7 Construction Manager	\$ 101.50	\$ 103.53
8 Cost Estimator	\$ 87.00	\$ 88.74
9 Senior Planner	\$ 130.50	\$ 133.11
10 Planner	\$ 101.50	\$ 103.53
11 Senior CADD Technician	\$ 81.20	\$ 82.82
12 CADD Technician	\$ 69.60	\$ 70.99
13 Threshold Inspector	\$ 66.00	\$ 67.32
14 Engineering Inspection	\$ 88.00	\$ 89.76
15 Field Representative - Construction Observation	\$ 55.00	\$ 56.10
16 Administrative / Clerical	\$ 46.40	\$ 47.33

The above hourly rate increases have been computed as per BLACK & VEATCH's Letter to Mr. Jim Bouguet, P.E. - Director of Engineering Services, City of Key West, FL

Marc A. Fermanian, MSCE, P.E. - President of CRJ & Associates, Inc.

5/1/2015

Date



CRJ & Associates, Inc.

Consulting Engineers and Planners

KEY WEST GSA CONTRACT - RATES UPDATE (RFQ No. 12-005)

12/31/2013 thru 12/31/2014

PROFESSIONAL ENGINEERING FEES (Increased by ECI Factor 1.02)

Position / Title	2012-2013 Hourly Rate	2013 - 2014 Rates 1.02
1 Principal	\$ 141.98	\$ 144.82
2 Senior Project Manager	\$ 133.11	\$ 135.77
3 Project Manager	\$ 133.11	\$ 135.77
4 Senior Engineer	\$ 118.32	\$ 120.69
5 Project Engineer	\$ 103.53	\$ 105.60
6 E.I.T. (Engineer in Training)	\$ 73.95	\$ 75.43
7 Construction Manager	\$ 103.53	\$ 105.60
8 Cost Estimator	\$ 88.74	\$ 90.51
9 Senior Planner	\$ 133.11	\$ 135.77
10 Planner	\$ 103.53	\$ 105.60
11 Senior CADD Technician	\$ 82.82	\$ 84.48
12 CADD Technician	\$ 70.99	\$ 72.41
13 Threshold Inspector	\$ 67.32	\$ 68.67
14 Engineering Inspection	\$ 89.76	\$ 91.56
15 Field Representative - Construction Observation	\$ 56.10	\$ 57.22
16 Administrative / Clerical	\$ 47.33	\$ 48.27

The above hourly rate increases have been computed as per BLACK & VEATCH's Letter to Mr. Jim Bouguet, P.E. - Director of Engineering Services, City of Key West, FL

Marc A. Fermanian, MSCE, P.E. - President of CRJ & Associates, Inc.

5/1/2015

Date



AVIROM & ASSOCIATES, INC.
SURVEYING & MAPPING

Avirom & Associates, Inc. Current Hourly Rates

Principal	\$156.00/hour
Professional Land Surveyor	\$104.00/hour
Survey Crew	\$130.00/hour
Computer Computations & Drafting	\$88.40/hour

GEOSOL, INC.
 City of Key West General Engineering Contract
 Monroe County; FL

DATE PREPARED: OCT. 26, 2012

EMPLOYEE CATEGORY & CERTIFIED WAGE RATES

PROFESSIONAL CATEGORY	2012	2012	2012
	HOURLY RATE (\$) UNBURDENED	PROPOSED CONTRACT HOURLY RATE (\$) UNBURDENED	PROPOSED CONTRACT HOURLY RATE (\$) BURDENED
SENIOR ENGINEER (Oracio Riccobono, P.E.)	53.25	53.25	156.66
PROJECT ENGINEER (Reinaldo Villa, P.E.)	41.20	41.20	121.21
ENGINEERING INTERN (Adnan Ismail, E.I.)	27.06	27.06	79.61
SENIOR ENGINEERING TECHNICIAN (Jose Gonzalez)	26.77	26.77	78.75
ENGINEERING TECHNICIAN (Roberland Morales)	26.27	26.27	77.28
CADD TECHNICIAN (Santiago Bermudez)	25.00	25.00	73.55
SECRETARIAL/CLERICAL (Aurora Riccobono)	33.27	20.00	58.84

FDOT OVERHEAD RATE = 161.61 %
 OPERATING MARGIN = 30%
 FCCM = 2.579%
 DIRECT EXPENSES = 0%
 MULTIPLIER = $(161.61/100)+1+(30/100)+(2.579/100)+(0/100) = 2.9419$
 YEARLY ESCALATION RATE = 0%

I CERTIFY THAT THE ABOVE RATES ARE THOSE CHARGED TO CLIENTS IN THE PRIVATE AND PUBLIC SECTOR.

RESPECTFULLY SUBMITTED BY
 GEOSOL, INC.



ORACIO RICCOBONO, P.E.
 PRESIDENT

INSURANCE CERTIFICATES



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
 11/1/2015 4/28/2015

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

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

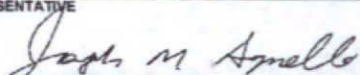
PRODUCER Lockton Companies 444 W. 47th Street, Suite 900 Kansas City MO 64112-1906 (816) 960-9000	CONTACT NAME: _____ PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____																				
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>Zurich American Insurance Company</td> <td>16535</td> </tr> <tr> <td>INSURER B:</td> <td>American Zurich Insurance Company</td> <td>40142</td> </tr> <tr> <td>INSURER C:</td> <td>Lexington Insurance Company</td> <td>19437</td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Zurich American Insurance Company	16535	INSURER B:	American Zurich Insurance Company	40142	INSURER C:	Lexington Insurance Company	19437	INSURER D:			INSURER E:			INSURER F:	
INSURER(S) AFFORDING COVERAGE		NAIC #																			
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INSURER E:																					
INSURER F:																					
INSURED 1387568 BLACK & VEATCH CORPORATION 11401 LAMAR OVERLAND PARK KS 66211 FRIAS, RAPHAEL																					

COVERAGES BLAVE01 **CERTIFICATE NUMBER:** 13161784 **REVISION NUMBER:** XXXXXXXX

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 <input checked="" type="checkbox"/> BFPD & C/O & XCU GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____	Y	Y	GLO 4641358	11/1/2014	11/1/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	BAP 4641355	11/1/2014	11/1/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED _____ RETENTION \$ _____	Y	Y	62785285	11/1/2014	11/1/2015	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$ XXXXXXXX
B 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 N	Y N/A	WC 4641353 (AOS) WC 4641354 (TD, MA, WI)	11/1/2014 11/1/2014	11/1/2015 11/1/2015	<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

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 THIS CERTIFICATE SUPERSEDES ALL PREVIOUSLY ISSUED CERTIFICATES FOR THIS HOLDER, APPLICABLE TO THE CARRIERS LISTED AND THE POLICY TERM(S) REFERENCED
 NOTE: AON RISK SERVICES, LOCATED AT 8182 MARYLAND AVE., SUITE 1500, ST LOUIS, MO 63105, IS THE BROKER OF RECORD FOR THE UMBRELLA POLICY EVIDENCED ABOVE. GSA CITY'S RFQ 12-005. KEY WEST GENERAL ENGINEERING SERVICES IS INCLUDED AS AN ADDITIONAL INSURED AS RESPECTS GENERAL, AUTO AND UMBRELLA LIABILITY. THESE COVERAGES ARE PRIMARY AND NON-CONTRIBUTORY AS REQUIRED BY WRITTEN CONTRACT. WAIVER OF SUBROGATION APPLIES TO WORKER'S COMPENSATION, GENERAL, AUTO AND UMBRELLA LIABILITY WHERE ALLOWED BY STATE LAW AND AS REQUIRED BY WRITTEN CONTRACT.

CERTIFICATE HOLDER 13161784 KEY WEST GENERAL ENGINEERING SERVICES CITY OF KEY WEST 3140 FLAGLER AVENUE KEY WEST FL 33040	CANCELLATION See Attachments 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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Additional Insured- Automatic- Owners, Lessees or Contractors

Policy No.	Exp. Date of Policy	Eff. Date of Policy	Agency NO.	Addl. Prem.	Return Prem.
GLO 4641358	11/1/2015	11/1/2014			

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Named Insured:

Address (including ZIP Code):

This endorsement modifies insurance provided under the:
Commercial General Liability Coverage Part

- A. **Section II- Who Is an Insured** is amended to include as an insured any person or organization who you are required to add as an additional insured on this policy under a written contract or written agreement.
- B. The insurance provided to the additional insured person or organization applies only to "bodily injury", "property damage" or "personal and advertising injury" covered under **SECTION 1- Coverage A- Bodily Injury And Property Damage Liability and Section 1- Coverage B- Personal And Advertising Injury Liability**, but only with respect to liability for the "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; and resulting directly from:
 - a. Your ongoing operations preformed for the additional insured, which is the subject of the written contract or written agreement; or
 - b. "Your work" completed as included in the "products-completed operations hazard", preformed for the additional insured, which is the subject of the written contract or written agreement.
- C. However, regardless of the provisions of paragraphs **A.** and **B.** above:
 1. We will not extend any insurance coverage to any additional insured person or organization
 - a. That is not provided to you in this policy; or
 - b. That is any broader coverage than you are required to provide to the additional insured person or organization in the written contract or written agreement; and
 2. We will not provide Limits of Insurance to any additional insured person or organization that exceed the lower of:
 - a. The Limits of Insurance provided to you in this policy; or

- b. The Limits of Insurance you are required to provide in the written contract or written agreement.
- D. The insurance provided to the additional insured person or organization does not apply to:
 - "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering or failure to render any professional architectural, engineering or surveying services including:
 - 1. The preparing, approving or failing to prepare or approve maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; and
 - 2. Supervisory, inspection, architectural or engineering activities.
- E. The additional insured must see to it that:
 - 1. We are notified as soon as practicable of an "occurrence" or offense that may result in a claim;
 - 2. We receive written notice of a claim or "suit" as soon as practicable; and
 - 3. A request for defense and indemnity of the claim or "suit" will promptly be brought against any policy issued by another insurer under which the additional insured may be an insured in any capacity. This provision does not apply to insurance on which the additional insured is a Named insured, if the written contract or written agreement requires that this coverage be primary and non-contributory.
- F. For this coverage provided by this endorsement:
 - 1. The following paragraph is added to Paragraph **4a.** Of the Other Insurance Condition of **Section IV-Commercial General Liability Conditions.**

This insurance is primary insurance as respects our coverage to the additional insured person or organization, where the written contract or written agreement requires that this insurance be primary and non-contributory. In that event, we will not seek contribution from any other insurance policy available to the additional insured on which the additional insured person or organization is a named insured.

- 2. The following paragraph is added to Paragraph **4.b** of the Other Insurance Condition of **Section IV- Commercial General Liability Conditions:**

This insurance is excess over:

Any of the other insurance, whether primary, excess, contingent or any other basis, available to an additional insured, in which the additional insured on our policy is also covered as an additional insured by attachment or endorsement to another policy providing coverage for the same "occurrence", claim, or "suit". This provision does not apply to any policy in which the additional insured is a named insured on such other policy and where our policy is required by written contract or written agreement to provide coverage to the additional insured on a primary and non-contributory basis.

G. This endorsement does not apply to an additional insured which has been added to this policy by an endorsement showing the additional insured in a Schedule of additional insured's, and which endorsement applies specifically to that identified additional insured.

Any provisions in this Coverage Part not changed by the terms and conditions of this endorsement continue to apply as written.

COMMERCIAL AUTO

CA 20 48 02 99
POLICY NUMBER: BAP 4641355 (AOS)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED INSURED

This endorsement modifies insurance provided under the following:

- Business Auto Coverage Form
- Garage Coverage Form
- Motor Carrier Coverage Form
- Truckers Coverage Form
- Business Auto Physical Damage Coverage Form

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

This endorsement identifies person(s) or organization(s) who are "insureds" under the Who Is An Insured Provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

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

SCHEDULE

Name of Person(s) or Organization(s):

Any person or organization with whom you have agreed, through written contract, agreement or permit, executed prior to the loss, to provide primary additional insured coverage.

Policy Number: WC 4641353
WC 4641354

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY
(Ed. 4-84)

WC 00 03 13

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 anyone not named in the Schedule.

SCHEDULE

BLANKET - WHERE REQUIRED BY CONTRACT OR AGREEMENT

WC 00 03 13 (Ed. 4-84)

Waiver Of Subrogation (Blanket) Endorsement

Policy No.	Eff.Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Producer	Add'l. Prem	Return Prem
GLO 4641358	11/1/2014	11/1/2015	11/1/2014			

This endorsement modifies the insurance provided under the following:

Commercial General Liability Coverage Part

The following is added to the **Transfer Of Rights Of Recovery Against Others To Us Condition:**

If you are required by a written contract or agreement, which is executed before a loss, to waive your rights of recovery from others, we agree to waive our rights of recovery. This waiver of rights shall not be construed to be a waiver with respect to any other operations in which the insured has no contractual interest.

Policy Number: BAP 4641355

**ZURICH AMERICAN INSURANCE COMPANY
Waiver Of Subrogation (AUTO) Endorsement**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the:

**Business Auto Coverage Form
Truckers Coverage Form
Garage Coverage Form
Motor Carrier Coverage Form**

Name of Person or Organization:

ALL PERSONS AND/OR ORGANIZATIONS THAT REQUIRE A WRITTEN CONTRACT OR AGREEMENT WITH THE INSURED, EXECUTED PRIOR TO THE ACCIDENT OR LOSS, THAT WAIVER OF SUBROGATION BE PROVIDED UNDER THIS POLICY FOR WORK PERFORMED BY YOU FOR THAT PERSON AND/OR ORGANIZATION.

The following is added to the **Transfer of Rights of Recovery Against Others To Us Condition:**

We waive any right of recovery we may have against the designated person or organization shown in the schedule because of payments we make for injury or damage caused by an "accident" or "loss" resulting from the ownership, maintenance, or use of a covered "auto" for which a Waiver of Subrogation is required in conjunction with work performed by you for the designated person or organization. The waiver applies only to the designated person or organization shown in the schedule.

U-CA-320-B CW (4/94)

Notification to Others of Cancellation, Nonrenewal or Reduction of Insurance

Policy No.	Eff. Date of Policy	Exp. Date of Policy	Eff. Date of End.	Producer No.	Add'l Prem	Return Prem.
GLO 4641358	11/1/2014	11/1/2015	11/1/2014			

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the:

Commercial General Liability Part
Liquor Liability Coverage Part
Products/Completed Operation Liability Coverage Part

A. If we cancel or non-renew this Coverage Part(s) by written notice to the first Named Insured for any reason other than nonpayment of premium, we will mail or deliver a copy of such written notice of cancellation or non-renewal:

1. To the name and address corresponding to each person or organization shown in the Schedule below; and
2. At least 10 days prior to the effective date of the cancellation or non-renewal, as advised in our notice to the first

Named Insured, or the longer number of days notice if indicated in the Schedule below.

B. If we cancel this Coverage Part(s) by written notice to the first Named Insured for nonpayment of premium, we will mail or deliver a copy of such written notice of cancellation to the name and address corresponding to each person or organization shown in the Schedule below at least 10 days prior to the effective date of such cancellation.

C. If coverage afforded by this Coverage Part(s) is reduced or restricted, except for any reduction of Limits of Insurance due to payment of claims, we will mail or deliver notice of such reduction or restriction:

1. To the name and address corresponding to each person or organization shown in the Schedule below; and
2. At least 10 days prior to the effective date of the reduction or restriction, or the longer number of days notice if indicated in the Schedule below.

D. If notice as described in Paragraphs **A.**, **B.** or **C.** of this endorsement is mailed, proof of mailing will be sufficient proof of such notice.

SCHEDULE

Name and Address of Other Person(s)/ Organization(s)	Number of days Notice:
KEY WEST GENERAL ENGINEERING SERVICES CITY OF KEY WEST 3140 FLAGLER AVENUE KEY WEST FL 33040	30

All other terms and conditions of this policy remain unchanged.

Notification to Others of Cancellation, Nonrenewal or Reduction of Insurance

Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Producer No.	Add'l. Prem	Return Prem.
BAP 4641355	11/1/2014	11/1/2015				

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the:
Commercial Automobile Coverage Part

- A. If we cancel or non-renew this Coverage Part by written notice to the first Named Insured for any reason other than nonpayment of premium, we will mail or deliver a copy of such written notice of cancellation or non-renewal:
 - a. To the name and address corresponding to each person or organization shown in the Schedule below.
 - b. At least 10 days prior to the effective date of the cancellation or non-renewal, as advised in our notice to the first Named Insured, or the longer number of days notice if indicated in the Schedule below.
- B. If we cancel this Coverage Part by written notice to the first Named Insured for nonpayment of premium, we will mail or deliver a copy of such written notice of cancellation to the name and address corresponding to each person or organization shown in the Schedule below at least 10 days prior to the effective date of such cancellation.
- C. If coverage afforded by this Coverage Part is reduced or restricted, except for any reduction of Limits of Insurance due to payment of claims, we will mail or deliver notice of such reduction or restriction:
 - a. To the name and address corresponding to each person or organization shown in the Schedule below; and
 - b. At least 10 days prior to the effective date of the reduction or restriction, or the longer number of days notice if indicated in the Schedule below.
- D. If notice as described in Paragraphs A, B, or C, of this endorsement is mailed, proof of mailing will be sufficient proof of such notice.

SCHEDULE	
Name and Address of Other Person(s) / Organization(s):	Number of Days Notice:
KEY WEST GENERAL ENGINEERING SERVICES CITY OF KEY WEST	30
3140 FLAGLER AVENUE KEY WEST FL 33040	

All other terms and conditions of this policy remain unchanged.

**NOTIFICATION TO OTHERS OF CANCELLATION, NONRENEWAL OR REDUCTION OF
INSURANCE ENDORSEMENT**

This endorsement is used to add the following to Part Six of the policy.

**PART SIX
CONDITIONS**

- A.** If we cancel or non-renew this policy by written notice to you for any reason other than nonpayment of premium, we will mail or deliver a copy of such written notice of cancellation or non-renewal to the name and address corresponding to each person or organization shown in the Schedule below. Notification to such person or organization will be provided at least 10 days prior to the effective date of the cancellation or non-renewal, as advised in our notice to you, or the longer number of days notice if indicated in the Schedule below.
- B.** If we cancel this policy by written notice to you for nonpayment of premium, we will mail or deliver a copy of such written notice of cancellation to the name and address corresponding to each person or organization shown in the Schedule below at least 10 days prior to the effective date of such cancellation.
- C.** If coverage afforded by this policy is reduced or restricted, except for any reduction of Limits of Liability due to payment of claims, we will mail or deliver notice of such reduction or restriction to the name and address corresponding to each person or organization shown in the Schedule below. Notification to such person or organization will be provided at least 10 days prior to the effective date of the reduction or restriction, or the longer number of days notice if indicated in the Schedule below.
- D.** If notice as described in Paragraphs **A.**, **B.** or **C.** of this endorsement is mailed, proof of mailing will be sufficient proof of such notice.

SCHEDULE	
Name and Address of Other Person(s) / Organization(s)	Number of Days Notice:
KEY WEST GENERAL ENGINEERING SERVICES CITY OF KEY WEST 3140 FLAGLER AVENUE KEY WEST FL 33040	30

All other terms and conditions of this policy remain unchanged.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.
(The information below is required only when this endorsement is issued subsequent to preparation of this policy)

Endorsement Effective Date
Insurance Company

Policy Number

Endorsement No. Prem.



CERTIFICATE OF LIABILITY INSURANCE

11/1/2015

DATE (MM/DD/YYYY)

10/28/2014

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

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

PRODUCER Lockton Companies 444 W. 47th Street, Suite 900 Kansas City MO 64112-1906 (816) 960-9000	CONTACT NAME: _____	
	PHONE (A/C, No, Ext): _____	FAX (A/C, No): _____
E-MAIL ADDRESS: _____		INSURER(S) AFFORDING COVERAGE
INSURER A: Lexington Insurance Company		NAIC # 19437
INSURER B: _____		INSURER C: _____
INSURER D: _____		INSURER E: _____
INSURER F: _____		

COVERAGES BLAVE01 **CERTIFICATE NUMBER:** 12051962 **REVISION NUMBER:** XXXXXXXX

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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <hr/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____			NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX DAMAGE TO RENTED PREMISES (Ea occurrence) \$ XXXXXXXX MED EXP (Any one person) \$ XXXXXXXX PERSONAL & ADV INJURY \$ XXXXXXXX GENERAL AGGREGATE \$ XXXXXXXX PRODUCTS - COMP/OP AGG \$ XXXXXXXX \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			NOT APPLICABLE			COMBINED SINGLE LIMIT (Ea accident) \$ XXXXXXXX BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTIONS			NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX AGGREGATE \$ XXXXXXXX \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	NOT APPLICABLE			PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ XXXXXXXX E.L. DISEASE - EA EMPLOYEE \$ XXXXXXXX E.L. DISEASE - POLICY LIMIT \$ XXXXXXXX
A	PROFESSIONAL LIABILITY	N	N	026030198	11/1/2014	11/1/2015	\$1,000,000 EACH CLAIM AND IN THE ANNUAL AGGREGATE FOR ALL PROJECTS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 GSA. CITY'S RFQ 12-005.

CERTIFICATE HOLDER

12051962
 KEY WEST GENERAL ENGINEERING SERVICES
 CITY OF KEY WEST
 3140 FLAGLER AVENUE
 KEY WEST FL 33040

CANCELLATION See Attachment

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

© 1988-2014 ACORD CORPORATION. All rights reserved.

This endorsement, effective: 11/1/2014
Forms a part of policy no.: 026030198
Issued to: BLACK & VEATCH CORP
By:

ADVICE OF CANCELLATION

This endorsement modifies insurance provided by the policy:

SCHEDULE

Name of Certificate Holder (s) and Address

KEY WEST GENERAL ENGINEERING SERVICES
CITY OF KEY WEST

3140 FLAGLER AVENUE

KEY WEST FL 33040

If the **Insurer** cancels this policy for any reason other than cancellation for non-payment of premium, a thirty (30) day notice of cancellation shall be given in accordance with the terms and conditions of the policy to the Certificate Holder(s) shown in the above Schedule.

Other than the right to receive notice of cancellation as set forth herein, this endorsement confers no rights under this policy to the Certificate Holder(s) including, but not limited to, additional insured status or additional Named Insured status.

As used herein, **Insurer** means the insurance company shown in the header of the Declarations Page of this policy.

Other than the right to receive notice of cancellation or a notice of a **Material Change** as set forth herein, this endorsement confers no rights under this policy to the Certificate Holder(s) including, but not limited to, additional **Insured** status or additional **Named Insured Status**.

The following definition applies to this endorsement:

Material Change means the addition of an endorsement(s) to the policy after the policy inception date which:

- a. Reduces the Limits of Insurance/Liability; or
- b. Adds and Exclusion(s) to the policy.

All other terms and conditions of the policy remain the same



Calvin, Giordano & Associates, Inc.
EXCEPTIONAL SOLUTIONS

May 5, 2015

James Bouquet
City Engineer
City of Key West
3132 Flagler Avenue
Key West, FL 33040

Dear Mr. Bouquet:

Please be advised that pursuant to Article 4 of the General Engineering Services contract between Calvin, Giordano & Associates, Inc. and the City of Key West, we would like to extend the contract for an additional two years in accordance with Resolution No. 12-280.

An updated Exhibit "A" for our current hourly rates associated with the agreement is attached. These slightly higher rates are in accordance with the annual wage adjustment provision in Paragraph 5.1.2.3. of the Agreement. Also attached is an update Certificate of Insurance. Finally, there were no subconsultants included in our original agreement.

We look forward to continuing to provide exceptional solutions to the City of Key West.

Sincerely,

CALVIN, GIORDANO & ASSOCIATES, INC.

Shelley Eichner, AICP
Senior Vice President

Building Code Services
Coastal Engineering
Code Enforcement
Construction Engineering & Inspection
Construction Services
Contract Government
Data Technologies & Development
Emergency Management Services
Engineering
Governmental Services
Indoor Air Quality
Landscape Architecture & Environmental Services
Municipal Engineering Planning
Public Administration
Redevelopment & Urban Design
Renewable Energy
Resort Development
Surveying & Mapping
Transportation Planning & Traffic Engineering
Utility & Community Maintenance Services
Water Resources Management

560 Village Blvd., Suite 340
West Palm Beach, FL 33409
Phone: 561.684.6161
Fax: 561.684.6360

Headquarters:
1800 Eller Drive, Suite 600
Fort Lauderdale, FL 33316
Phone: 954.921.7781
Fax: 954.921.8807

www.cgasolutions.com



Calvin, Giordano & Associates, Inc.
EXCEPTIONAL SOLUTIONS

PROFESSIONAL FEE SCHEDULE

Building Code Services
Coastal Engineering
Code Enforcement
Construction Engineering & Inspection
Construction Services
Contract Government
Data Technologies & Development
Emergency Management Services
Engineering
Governmental Services
Indoor Air Quality
Landscape Architecture & Environmental Services
Municipal Engineering
Planning
Public Administration
Redevelopment & Urban Design
Renewable Energy
Resort Development
Surveying & Mapping
Transportation Planning & Traffic Engineering
Utility & Community Maintenance Services
Water Resources Management

1800 Eller Drive, Suite 600
Fort Lauderdale, FL 33316
Phone: 954.921.7781
Fax: 954.921.8807

Principal	215.00	LANDSCAPE ARCHITECT	
Contract Administrator	190.00	Associate, Landscape Architect	165.00
Project Administrator	165.00	Senior Landscape Architect	135.00
Executive Assistant / Clerical	75.00	Environmental Administrator	125.00
		Landscape Architect	120.00
ENGINEERING		Environmental Specialist	105.00
Associate, Engineering (VI)	190.00	Landscape CADD Technician	95.00
Director, Engineering (V)	175.00	Environmental Assistant	90.00
Project Manager (IV)	150.00	Landscape Inspector/Arborist	105.00
Project Engineer (III)	130.00	Landscape Designer	120.00
Engineer (II)	110.00	Landscape Site Plan Reviewer	135.00
Jr. Engineer (I)	100.00		
Senior CADD Tech Manager	115.00	INDOOR AIR QUALITY SERVICES	
CADD Technician	95.00	Sr. Environmental Scientist	125.00
Permit Administrator	90.00	Environmental Scientist	100.00
DATA TECH DEVELOPMENT		CONSTRUCTION	
Associate, Data Tech Dev.	165.00	Associate, Construction	165.00
GIS Coordinator	145.00	Construction Management Director	135.00
GIS Specialist	125.00	Construction Manager	125.00
Multi-Media 3D Developer	115.00	Senior Inspector	100.00
GIS Technician	100.00	Inspector	90.00
Sr. Applications Developer	165.00	Construction Coordinator	90.00
Applications Developer	135.00		
Network Administrator	155.00	EMERGENCY MANAGEMENT	
System Support Specialist	115.00	Director	145.00
IT Support Specialist	85.00	Planner	105.00
		Assistant Planner	90.00
GOVERNMENTAL SERVICES			
Associate, VP	190.00	PLANNING	
Director of Code Enforcement	145.00	Associate, Planning	175.00
Director of Building Code	145.00	Director of Planning	150.00
Project Manager	145.00	Planning Administrator	150.00
Grants Administrator	125.00	Planning Manager	145.00
Code Enforcement Field Supervisor	110.00	Senior Planner	125.00
Code Enforcement Field Inspector	90.00	Assistant Planner	90.00
Building Official	115.00		
Building Plans Reviewer	90.00	EXPERT WITNESS	
Building Inspector	90.00	Principal/Associate	330.00
Permit Processor	75.00	Registered Engineer/Surveyor	280.00
		Project Engineer	230.00
SURVEYING			
Associate, Surveying	165.00		
Senior Registered Surveyor	145.00		
Survey Crew	135.00		
Registered Surveyor	130.00		
Survey Coordinator	105.00		
CADD Technician	95.00		
3D Laser Scanner	355.00		
Hydrographic Survey Crew	330.00		
G.P.S. Survey Crew	155.00		
Sub-meter G.P.S	75.00		
Soft Dig (per hole)	480.00		
Utility Locates (per hour)	205.00		

In addition to the hourly rates listed above, charges will include direct out-of-pocket expenses such as reproduction, overnight mail, and other reimbursables billed at a multiplier of 1.25.

Effective October 1, 2014

www.cgasolutions.com



CERTIFICATE OF LIABILITY INSURANCE

CALVI-2

OP ID: LS

DATE (MM/DD/YYYY)

05/04/2015

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

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

PRODUCER Brown & Brown of Florida, Inc. 1201 W Cypress Creek Rd # 130 P.O. Box 5727 Ft. Lauderdale, FL 33310-5727 Eric Martin Woodling	CONTACT NAME: _____	
	PHONE (A/C, No, Ext): 954-776-2222	FAX (A/C, No): 954-776-4446
E-MAIL ADDRESS: _____		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Hartford Casualty Ins. Co		29424
INSURER B: American Guar & Llab Ins Co		26247
INSURER C: Twin City Fire Ins. Co.		29459
INSURER D: Hartford Fire Insurance Co.		19682
INSURER E: Landmark American Ins. Co.		33138
INSURER F:		

INSURED
 Calvin, Giordano & Associates, Inc.
 Attn: Dennis Giordano
 1800 Eller Drive #600
 Ft. Lauderdale, FL 33316

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


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

INSR LTR	TYPE OF INSURANCE	ADDE INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY	X	X	21UUNLK3645	01/01/2015	01/01/2018	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMPROP AGG \$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						\$
D	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY	X	X	21UENZE9789	01/01/2015	01/01/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (PER ACCIDENT) \$
	<input type="checkbox"/> SCHEDULED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS						\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB	X	X	AUC594612806	01/01/2015	01/01/2018	EACH OCCURRENCE \$ 10,000,000
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$ 10,000,000
	<input type="checkbox"/> CLAIMS-MADE						\$
	DED <input checked="" type="checkbox"/> RETENTION \$ 0						\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	N/A	21WBNO3209	01/01/2015	01/01/2018	<input checked="" type="checkbox"/> WC STATL-TORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
E	Professional Liab			LHR746782	08/27/2014	08/27/2015	Per Claim 2,000,000
	Retention:\$200,000			RETRO DATE 8/27/1959			Aggregate 2,000,000

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

City of Key West, its agent, representative, employees, and affiliates are additional insured as respects the General Liability and Automobile Liability if required by written contract. Coverage is primary & non-contributory as respects any other insurance. Waiver of subrogation is provided under the General Liability (SEE NOTES ATTACHED...)

CERTIFICATE HOLDER**CANCELLATION**

KEYWES1 City of Key West PO Box 1409 Key West, FL 33041	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 

NOTEPAD:

HOLDER CODE KEYWES1
INSURED'S NAME Calvin, Giordano &

CALVI-2
OP ID: LS

PAGE 2
Date 05/04/2015

Worker's Compensation in favor of the additional insured if required by written contract. 30 days notice of cancellation applies except 10 days for non-payment of premium.



1715 North Westshore Blvd., Suite 875
Tampa, Florida 33607
tel: 813 281-2900
fax: 813 288-8787

June 9, 2015

Mr. James Bouquet
Director of Engineering Services
City of Key West
3132 Flagler Ave.
Key West, FL 33041

Subject: Request for General Engineering Services Contract Extension
(Resolution No. 12-280)

Dear Mr. Bouquet:

CDM Smith respectfully requests that the City of Key West grant us the two-year contract renewal pursuant to Article 4 of our Agreement with the City dated November 13, 2012 and adopted under Resolution No.12-280.

With this request, I have attached a current "Exhibit A", updated per the provisions of Paragraph 5.1.2.3 of the Agreement and a current Certificate of Insurance. Our research of the BLS shows the employment cost index for Management, Professional and related as of December 2012 at 118.0 and the same index at December 2014 at 123.2 which results in an increase of $123.2/118.0 = 1.044$ or 4.4 percent.

If there is anything else you require, please do not hesitate to contact me at 813-281-2900 or at strobridgede@cdmsmith.com. We look forward to continue working with the City of Key West.

Very truly yours,

Daniel E. Strobridge, QEP
Vice President
CDM Smith Inc.





EXHIBIT A
HOURLY FEE SCHEDULE
JUNE 2015
CDM SMITH INC.

<u>Position Title</u>	<u>Hourly Rate</u>
Officer	\$255.00
Principal/Associate	\$230.00
Senior Professional	\$177.00
Professional II	\$139.00
Professional I	\$120.00
Senior Staff Support	\$117.00
Staff Support	\$87.00
Project Administration	\$81.00
Outside Professional	Cost x 1.1
Other Direct Cost	Cost x 1.1

Perez Engineering & Development Inc.

Principal	\$179.00
Senior Engineer	\$141.00
Project Engineer	\$122.00
Design Engineer	\$94.00
Resident Inspector	\$88.00
CAD Designer	\$84.00
Clerical	\$53.00

Sandra Walters Consultants Inc.

Principal	\$136.00
Lead Scientist	\$145.00
Senior Scientist	\$119.00
Scientist II	\$92.00
Scientist I	\$83.00
Senior Engineer	\$135.00
Engineer I	\$115.00
Technician III	\$81.00
Technician II	\$73.00
Technician I	\$65.00
Communications Specialist	\$96.00
Asst. Comms. Specialist	\$73.00
Graphic Artist	\$92.00
Administrative	\$65.00



Senior Engineer	\$144.00
Engineer I	\$122.00
Technician III	\$86.00
Technician II	\$78.00
Technician I	\$69.00
Communications Specialist	\$102.00
Asst. Comms. Specialist	\$78.00
Graphic Artist	\$98.00
Administrative	\$69.00



CERTIFICATE OF LIABILITY INSURANCE

DATE(MMDDYYYY)
12/23/2014

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

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

PRODUCER Aon Risk Services Northeast, Inc. Boston MA Office One Federal Street Boston MA 02110 USA	CONTACT NAME: PHONE (A.C. No. Ext): (866) 283-7122 FAX (A.C. No.): 800-363-0105		
	E-MAIL ADDRESS:		
INSURED CDM Smith Inc. ONE CAMBRIDGE PLACE 50 HAMPSHIRE STREET CAMBRIDGE MA 021390000 USA	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Zurich American Ins Co		27855
	INSURER B: Lloyd's Syndicate No. 2623		AA1128623
	INSURER C: ACE Property & Casualty Insurance Co.		20699
	INSURER D:		
	INSURER E:		

COVERAGES **CERTIFICATE NUMBER:** 570056318561 **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. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MMDDYYYY)	POLICY EXP (MMDDYYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			GL0837663219	01/01/2015	01/01/2016	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			BAP 8376631-19	01/01/2015	01/01/2016	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$25,000			X00G27637449	01/01/2015	01/01/2016	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000
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 N / A	WCB37663320	01/01/2015	01/01/2016	<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
B	Archit&Eng Prof			qc1501367	01/01/2015	01/01/2016	per claim \$3,000,000 aggregate \$3,000,000 SIR/deductible \$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 General Engineering Services. City of Key West is included as Additional Insured in accordance with the policy provisions of the General Liability, Auto Liability, Umbrella Liability policies. General Liability, Auto Liability, Umbrella Liability evidenced herein is Primary and Non-Contributory to other insurance available to an Additional Insured, but only in accordance with the policy's provisions. A waiver of Subrogation is granted in favor of Certificate Holder in accordance with the policy provisions of the General Liability, Auto Liability, Umbrella Liability, and Workers Compensation policies.

CERTIFICATE HOLDER**CANCELLATION**

City of Key West
 3140 Flagler Avenue
 Key West FL 33040 USA

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

Aon Risk Services Northeast Inc.

Holder Identifier :

Certificate No : 570056318561



CH2M HILL
6410 5th Street
Suite 2-A
Key West, FL
33040-5835
TEL 305.294.1645
FAX 305.294.4913

May 4, 2015

James Bouquet, P.E.
City of Key West
3140 Flagler Ave.
Key West, FL 33040

Subject: 2 year Extension Option to the November 19, 2012 Master Agreement to Furnish
General Engineering Services to the City of Key West

Dear Mr. Bouquet:

Our November 19, 2012 General Engineering Services agreement with the City, provides for an initial three-year term with an option to extend for two additional years. These terms can be found in Article 4 of the agreement. The original three-year term is set to expire on November 29, 2015.


Our proposed per diem rates for work performed under the November 19, 2012 agreement extension for fiscal year 2016, through September 30, 2015 are attached in Exhibit A, along with a description of employer categories.

It has been our pleasure working with the City of Key West over these past three years and many years previously and greatly look forward to assisting the City with your engineering needs. We are hereby requesting that the City exercise the contract option to grant CH2M HILL a two extension to the above-mentioned contract.

If you have any questions or need additional information, please contact me.

Sincerely,

CH2M HILL


Andrew Smyth, P.E.
Key West Office Manager



William D. Beddow, P.E.
Vice President

c: John Paul Castro/City Key West
Joanna Phillips/CH2M HILL

EXHIBIT "A"
 Per Diem Rates for Master Agreement to Furnish Engineering Services to
 The City of Key West

Employer Category	Per Diem Rate (\$ per Hour)
<u>Professionals</u> -- Engineers, Architects, Planners, Economists, Scientists, Hydrologists, Hydrogeologists, Geologists	
Regional Group Manager	196
Principal Project Manager, Principal Technologist	186
Senior Project Manager, Senior Technologist	170
Project Manager, Engineering Specialist, Scientific Specialist, Planning Specialist	157
Associate Project Manager, Project Engineer, Project Scientist, Project Planner	135
Associate Engineer, Associate Scientist, Associate Planner	120
Staff Engineer II	106
Staff Engineer I, Staff Scientist II, Staff Planner II	94
Staff Scientist I, Staff Planner I	73
<u>Technicians</u> -- Drafters, Graphic Artists, Computer, Surveyors, Cartographics, Construction Inspectors	
Technician 6	118
Technician 5	113
Technician 4	101
Technician 3	82
Technician 2	73
Technician 1	65
Technical Aide	56
<u>Office Support</u>	
Specification Processor	89
Senior Project Assistant	67
Clerical/Office Support	63

Note: Rates applicable October 1, 2014 through September 30, 2015.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/17/2015

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

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

PRODUCER MARSH USA INC. 1225 17TH STREET, SUITE 1300 DENVER, CO 80202-5534 15114 -MOI1-15/16	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
INSURED CH2M HILL GLOBAL, INC. CH2M HILL ENGINEERS, INC. CH2M HILL E&C, INC. LOCKWOOD GREENE, INC. ET.AL.	INSURER A: Greenwich Insurance Company NAIC # 22322	
	INSURER B: National Union Fire Ins Co Pittsburgh PA 19445	
	INSURER C: XL Insurance America, Inc. 24554	
	INSURER D: Zurich American Insurance Co 16535	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** SEA-002401642-16 **REVISION NUMBER:** 8

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> \$500,000 SIR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	X	X	RGE500025504	05/01/2015	05/01/2016	EACH OCCURRENCE \$ 1,500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,500,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,500,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 5,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	X	X	RAD500025404	05/01/2015	05/01/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			BE 31131560	05/01/2015	05/01/2016	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	RWD500025204 (AOS) RWR500025304 (WI)	05/01/2015 05/01/2015	05/01/2016 05/01/2016	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <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
D	PROFESSIONAL LIABILITY*			EOC3829621-13	05/01/2015	05/01/2016	Each Claim & Aggregate Each \$2,000,000 Policy Period

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
THE CERTIFICATE HOLDER IS INCLUDED AS AN ADDITIONAL INSURED ON THE GENERAL LIABILITY AND AUTOMOBILE LIABILITY POLICIES AS REQUIRED BY WRITTEN CONTRACT OR AGREEMENT. COVERAGE PROVIDED BY THE ABOVE GENERAL LIABILITY AND AUTO POLICIES SHALL BE PRIMARY AND NON-CONTRIBUTORY AND IS LIMITED TO THE LIABILITY RESULTING FROM THE NAMED INSURED'S OWNERSHIP AND/OR OPERATIONS. GENERAL LIABILITY AND AUTO LIABILITY INCLUDE SEPARATION OF INSUREDS AND NO CROSS SUITS EXCLUSION. GENERAL LIABILITY, AUTO LIABILITY AND WORKERS' COMPENSATION POLICIES INCLUDE A WAIVER OF SUBROGATION.

CERTIFICATE HOLDER CH2M HILL GLOBAL, INC. CH2M HILL ENGINEERS, INC. CH2M HILL E&C, INC. LOCKWOOD GREENE, INC. ET.AL.	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. Sharon A. Hammer <i>Sharon A. Hammer</i>
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AGENCY CUSTOMER ID: 15114

LOC #: Denver



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY MARSH USA INC.		NAMED INSURED CH2M HILL GLOBAL, INC. CH2M HILL ENGINEERS, INC. CH2M HILL E&C, INC. LOCKWOOD GREENE, INC. ET.AL.	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

CONTRACTOR'S POLLUTION LIABILITY
INSURER E: INDIAN HARBOR INSURANCE CO.
POLICY NO. PEC003468104
POLICY TERM: 05/01/2015 - 05/01/2016
EACH POLLUTION CONDITION AND AGGREGATE LIMIT OF LIABILITY: \$2,000,000

*FOR PROFESSIONAL LIABILITY COVERAGE, THE AGGREGATE LIMIT IS THE TOTAL INSURANCE AVAILABLE FOR CLAIMS PRESENTED WITHIN THE POLICY PERIOD FOR ALL OPERATIONS OF THE INSURED. THE LIMIT WILL BE REDUCED BY PAYMENTS OF INDEMNITY AND EXPENSE.



500 W. Cypress Creek Rd., # 630
Ft. Lauderdale, FL 33309
Phone: (954) 730-0707
Fax: (954) 730-2300
www.chenmoore.com

May 13, 2015

City of Key West
Mr. Jim Bouquet, P.E.
Director of Engineering Services
3140 Flagler Ave
Key West FL 33040

Re: Contract Extension for the General Engineering Services Contract - Resolution No. 12-280

Dear Mr. Bouquet,

This letter is to formally request a two-year extension of our current contract to provide general engineering services in accordance with our current agreement – Resolution No 12-280. Once authorized, we understand that our contract will be valid until October 3, 2017.

As requested, attached is our current 'Exhibit A' with our updated hourly rates, as well as our current certificate of insurance.

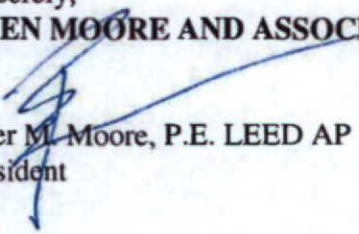
The subconsultants that will potentially work under this contract, included, but not limited to:

Avirom and Associates Inc, BCC Engineering Inc., Coastal Tech, Longitude Surveyors LLC, Nutting Engineers of Florida Inc., Perez Engineering & Development Inc., SWC Inc., Trepanier and Associates Inc. and United Engineering Inc.

We thank you for this opportunity to continue to provide professional services to the City throughout the extension of this contract and look forward to our continued relationship.

If you have any questions or need any further information or documentation, please contact me at 954-730-0707 ext. 1002 or by email: pmoore@chenmoore.com.

Sincerely,
CHEN MOORE AND ASSOCIATES INC


Peter M. Moore, P.E. LEED AP
President

"Your Trusted Advisor for Infrastructure and Planning Needs"



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/31/2014

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

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

PRODUCER Lassiter-Ware Insurance of Tampa Bay 4401 West Kennedy Blvd Suite 200 Tampa FL 33609	CONTACT NAME: Joan Randolph PHONE (A/C, No, Ext): (800)845-8437 FAX (A/C, No): (888)883-8680 E-MAIL ADDRESS: JoanR@lassiter-ware.com													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Crum & Forster Specialty</td> <td>44520</td> </tr> <tr> <td>INSURER B: Phoenix Insurance Company</td> <td>25623</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: Crum & Forster Specialty	44520	INSURER B: Phoenix Insurance Company	25623	INSURER C:		INSURER D:		INSURER E:		INSURER F:
INSURER(S) AFFORDING COVERAGE	NAIC #													
INSURER A: Crum & Forster Specialty	44520													
INSURER B: Phoenix Insurance Company	25623													
INSURER C:														
INSURER D:														
INSURER E:														
INSURER F:														
INSURED Chen Moore and Associates 500 West Cypress Creek Road Suite 630 Fort Lauderdale FL 33309														

COVERAGES CERTIFICATE NUMBER: 15-16 Cert REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL/SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <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"/> PRO-JECT <input type="checkbox"/> LOC		EPK106673	1/1/2015	1/1/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/POP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		BA4C59355815GRP	1/1/2015	1/1/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP-Basic \$ 10,000
	UMBRELLA LIAB EXCESS LIAB OCCUR CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
B	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 type="checkbox"/> N/A	N/A	KDTANUB3984T71015	1/1/2015	1/1/2016	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E L EACH ACCIDENT \$ 1,000,000 E L DISEASE - EA EMPLOYEE \$ 1,000,000 E L DISEASE - POLICY LIMIT \$ 1,000,000
A	PROFESSIONAL LIAB LIMITS INCL WITH GENERAL LIAB		EPK106673 CLAIMS MADE FORM	1/1/2015	1/1/2016	EACH CLAIM \$1,000,000 AGGREGATE \$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 The Certificate Holder is an additional insured under the terms and conditions of the General Liability & Auto Liability policies with respect to work performed by the named insured as required by written contract. The General Liability, Auto Liability & Workers Compensation policies contain a Waiver of Subrogation in favor of the certificate holder providing the contract is executed prior to any loss as required by written contract. The General Liability is primary and non-contributory when required by written contract. Automobile is a statutory coverage mandated by State Law and as such, coverage is primary and non-contributory.

CERTIFICATE HOLDER City of Key West Office of City Clerk 3126 Flagler Avenue Key West, FL 33040	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 P Schmaltz/JOANR <i>Blanca Maria Schmaltz</i>
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Exhibit A
CHEN MOORE AND ASSOCIATES
2014/2015 Labor Rate Schedule

Contract Categories	2014/2015 Rates
Principal	\$ 215.04
Director of Coastal Management-Flood Plain Manager	\$ 180.22
Sr Coastal Engineer	\$ 180.22
Sr Project Manager	\$ 158.72
Sr Planner	\$ 153.60
Project Manager	\$ 148.48
Lead Scientist	\$ 142.34
Sr Structural Engineer	\$ 133.12
Sr Inspector	\$ 128.00
Sr Landscape Architect	\$ 117.76
Sr Engineer/Scientist	\$ 117.76
Structural Engineer	\$ 112.64
Sr Coastal Ecologist	\$ 110.59
Planner	\$ 107.52
Project Engineer	\$ 102.40
Coastal Management Specialist	\$ 101.38
Coastal Geologist	\$ 101.38
Engineer	\$ 87.04
Scientist II	\$ 90.11
Scientist I	\$ 81.92
Inspector	\$ 90.11
Designer/Sr Cadd Technician	\$ 92.16
Technician/Cadd Designer	\$ 76.80
Coastal Sediments Lab Technician	\$ 61.44
Clerical	\$ 61.44



PEREZ ENGINEERING
& DEVELOPMENT, INC

May 11, 2015

Mr. James Bouquet, P.E.
City of Key West
City Engineer
3140 Flagler Avenue
Key West, Fl 33040

**RE: General Engineering Services
Request for Contract Extension**

Dear Jim:

We understand the General Engineering Services contract with the City of Key West (Resolution No. 12-280) is set to expire on October 3, 2015. This resolution approved a 3-year engineering services agreement between the City and Perez Engineering & Development, Inc.

At this time, we are asking the City to utilize their option of extending the contract for an additional two (2) years per Article 4 of the agreement. We believe our work performance over the past three (3) years as well as our current involvement in ongoing projects warrant this request.

If you have any questions or need additional information, please feel free to contact us.

Sincerely,

Allen E. Perez, P.E.
President

Perez Engineering & Development, Inc.

ATTACHMENT A

Fee Schedule - 2015

Discipline/Position	Registration	Rate
Principal	P.E.	\$180/hr
Senior Engineer	P.E.	\$145/hr
Project Engineer	P.E.	\$120/hr
Design Engineer	E.I.	\$95/hr
Resident Inspector		\$90/hr
CAD Designer	None	\$85/hr
Clerical	None	\$55/hr

The depicted rate ranges for each classification include all salaries, overheads, and profit, but do not include allowances for Reimbursable Expenses. These rates are subject to fiscal year adjustments.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/26/2015

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

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

PRODUCER The Porter Allen Company, Inc. 513 Southard Street Key West FL 33040	CONTACT NAME: Maria Gonzalez PHONE (A/C No. Ext.): (305) 294-2542 E-MAIL ADDRESS: maria@porterallencompany.com	FAX (A/C No.): (305) 296-7985
	INSURER(S) AFFORDING COVERAGE	
INSURED Perez Engineering & Development, Inc. Attn. Allen Perez 1010 Kennedy Drive #200 Key West FL 33040	INSURER A: Scottsdale Insurance Company	
	INSURER B: Progressive Companies	
	INSURER C:	
	INSURER D:	
	INSURER E:	
INSURER F:		NAIC #


COVERAGES CERTIFICATE NUMBER: CL1552605521 REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
A	GENERAL LIABILITY		CPS2133489	11/25/2014	11/25/2015	EACH OCCURRENCE \$ 1,000,000			
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000			
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 5,000			
						PERSONAL & ADV INJURY \$ 1,000,000			
	GENL AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ 2,000,000			
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC					PRODUCTS - COM/OP AGG \$ excluded			
B	AUTOMOBILE LIABILITY		06650482-9	5/3/2015	11/3/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000			
	<input type="checkbox"/> ANY AUTO	<input checked="" type="checkbox"/> SCHEDULED AUTOS							RODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS							RODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS								PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				Uninsured motorist combined \$ 1,000,000			
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				EACH OCCURRENCE \$			
	DED	RETENTION \$				AGGREGATE \$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATUTORY LIMITS			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A			OTH-ER			
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. EACH ACCIDENT \$			
						E.L. DISEASE - EA EMPLOYEE \$			
						E.L. DISEASE - POLICY LIMIT \$			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 CERTIFICATE OF AUTHORIZATION LICENSE # 8579 FOR PEREZ ENGINEERING & DEVELOPMENT, INC

ENGINEERS OR ARCHITECTS - CONSULTING - NOT ENGAGED IN ACTUAL CONSTRUCTION

CERTIFICATE HOLDER CITY OF KEY WEST 3140 FLAGLER AVENUE KEY WEST, FL 33040	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 



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/13/2015

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.

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PRODUCER Collinsworth, Alter, Fowler & French, LLC 8000 Governors Square Blvd Suite 301 Miami Lakes, FL 33016	CONTACT NAME: Zoraida Gonzalez	
	PHONE (A/C, No, Ext): (305) 822-7800	FAX (A/C, No): (305) 362-2443
	E-MAIL ADDRESS: zgonzalez@caffilc.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Travelers Indemnity Co. of America	25666
	INSURER B : Wesco Insurance Company	25011
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

INSURED
Perez Engineering & Development, Inc.
1010 Kennedy Drive
Suite 400
Key West, FL 33040

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
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 N	UB4336T937	09/25/2014	09/25/2015	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
B	Professional Liab.		ARA111964601	02/16/2015	02/16/2016	Each Claim 1,000,000
B	Claims-Made Basis		ARA111964601	02/16/2015	02/16/2016	Annual Aggregate 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Professional Liability Retroactive Date 03/21/1999; Professional Liability Deductible \$10,000 Each Claim

CERTIFICATE HOLDER

CANCELLATION

City Of Key West
3140 Flagler Avenue
Key West, FL 33040

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



Stantec Consulting Services Inc.
901 Ponce de Leon Boulevard, Suite 900, Coral Gables FL 33134-3070

April 24, 2015

City of Key West
Engineering Services
3140 Flagler Avenue
Key West, Florida 33040

Attention: James Bouquet, PE
Director of Engineering Services

Reference: General Engineering Services Contract (Resolution Nos. 12-280 and 13-111)

Dear Mr. Bouquet:

In accordance with Article 4 of the referenced General Engineering Services Contract, we hereby request a two-year contract extension. Attached please find a current Exhibit "A" for hourly rates, and a Certificate of Insurance.

Regarding our sub-consultants for surveying and geotechnical, we hereby request to substitute our current sub-consultants performing those services with: Florida Keys Land Surveying and Nutting Engineers, respectively.

We look forward to our continued working relationship, and we thank you for this opportunity.

Sincerely,

STANTEC CONSULTING SERVICES INC.

A handwritten signature in blue ink, appearing to read "Ramon Castella".

Ramon Castella
Vice President
Phone: 305-445-2290 Ext. 2235
Fax: 305-445-3366
ramon.castella@stantec.com

Design with community in mind



Stantec Consulting Services Inc.

901 Ponce de Leon Boulevard, Suite 900, Coral Gables FL 33134-3070

STAFF TYPE	HOURLY RATE
Principal	\$193.50
Engineer (PE) or Architect (RA)	\$141.00
Engineer (ER) or Architect (AI)	\$102.50
Technician	\$81.00
Data Processor	\$60.50
Construction Inspector (CEI)	\$73.00
Division Director	\$162.00
Grants Coordinator	\$112.50
Senior Technician	\$88.50
Project Manager	\$146.50
Senior Inspector (CEI)	\$83.50
Public Involvement Coordinator	\$104.50

TERRAMAR ENVIRONMENTAL SERVICES, INC.
1241 CRANE BOULEVARD
SUGARLOAF KEY, FLORIDA 33042
(305) 393-4200 FAX (305) 745-1192 TERRAMAR@BELLSOUTH.NET

Identification of Loaded Rates Proposed

Project Name: City of Key West - Engineering General Services

LOADED BILLING RATES BY NAME AND JOB CLASS

CLASSIFICATION	LOADED RATE*
Senior Environmental Scientist	\$125.00
Senior Environmental Scientist	\$125.00
Environmental Scientist	\$87.50
Environmental Scientist	\$87.50
Environmental Technician	\$52.00

I do hereby certify that the above fees are the current Terramar Environmental Services, inc. fees for Environmental Consulting services, whether performed for private or governmental clients.

(Your signature & position)

Philip A. Frank, Vice President



FLORIDA KEYS LAND SURVEYING

19960 OVERSEAS HIGHWAY, SUGARLOAF KEY, FL 33042

PHONE: (305) 394-3690

EMAIL : FKLSemail@gmail.com

www.floridakeyslandsurveying.net

- SURVEY SERVICES RATES -

SERVICE	HOURLY RATE	DAILY RATE
1-3 MAN TOTAL STATION CONVENTIONAL FIELD CREW		\$1,680
AUTOCAD DRAFTING	\$150.00	
RECORDS RESEARCH	\$35.00	
FLORIDA LICENSED PROFESSIONAL SURVEYOR AND MAPPER	\$175.00	

****ALL HOURLY RATES ARE CHARGED AT A MINIMUM OF 1 HOUR & DAILY RATES SHOWN HEREON ARE FOR A TYPICAL 8 HOUR WORK DAY.**

WE LOOK FORWARD TO WORKING WITH YOU!

**NUTTING ENGINEERS OF FLORIDA, INC.
PROFESSIONAL SERVICE FEE SCHEDULE**

	DESCRIPTION	RATE	
1	Chief Engineer	\$175.00	Hour
2	Senior Engineer	\$150.00	Hour
3	Project Engineer	\$104.00	Hour
4	Geotechnical Engineer	\$85.00	Hour
5	Senior Engineering Technician	\$65.00	Hour
6	CADD/Computer Technician	\$65.00	Hour
7	Secretary/Clerical	\$50.00	Hour
8	Mobilization of Truck Mounted Equipment	\$700.00	Each
9	Mobilization of Barge Within Project with Crane & Truck	\$5,500.00	Each
10	Safety Boat	\$400.00	Day
11	Barge with Drill Rig (5 Days & 8 Hours/day)	\$13,000.00	Week
12	Barge with Drill Rig (Standby - Weekend)	\$650.00	Day
13	Mobilization (ATV/Mudbug)	\$1,000.00	Each
14	Mobilization (Track Mounted Rig)	\$1,500.00	Each
15	Auger Borings	\$8.90	Foot
16	SPT - Truck 0-50 Ft	\$11.50	Foot
17	SPT - Truck 50-100 Ft	\$13.60	Foot
18	SPT - Truck 100-150 Ft	\$20.90	Foot
19	SPT - ATV/Mudbug 0-50 Ft	\$11.00	Feet
20	SPT - ATV/Mudbug 50-100 Ft	\$13.00	Feet
21	SPT - ATV/Mudbug 100-150 Ft	\$20.00	Feet
22	SPT - ATV/Mudbug 150-200 Ft	\$20.00	Feet
23	SPT - Barge/Track 0-50 Ft	\$16.10	Foot
24	SPT - Barge/Track 50-100 Ft	\$19.85	Foot
25	SPT - Barge/Track 100-150 Ft	\$31.25	Foot
26	SPT - Barge/Track 150-200 Ft	\$31.35	Foot
27	Field Vane Shear Tests	\$120.00	Each
28	Cone Penetrometer 0-100 Ft	\$9.40	Foot
29	Dilatometer Tests (Minimum 10 per order)	\$100.00	Each
30	Shelby Tube Sample - Land 0-30 Ft	\$88.00	Each
31	Shelby Tube Sample - Barge 0-30 Ft	\$125.00	Each
32	Rock Cores (4-inch) - Land 0-50 Ft	\$42.00	Foot
33	Rock Cores (4-inch) - Land 50-100 Ft	\$51.00	Foot
34	Rock Cores (4-inch) - Land 100-150 Ft	\$60.00	Foot
35	Rock Cores (4-inch) - Land 150-200 Ft	\$75.00	Foot
36	Rock Cores (4-inch) - Barge 0-50 Ft	\$55.00	Foot
37	Rock Cores (4-inch) - Barge 50-100 Ft	\$70.00	Foot
38	Rock Cores (4-inch) - Barge 100-150 Ft	\$105.00	Foot
39	Grout - Truck 0-50 Ft	\$4.40	Foot
40	Grout - Truck 50-100 Ft	\$5.20	Foot
41	Grout - Truck 100-150 Ft	\$5.75	Foot

42	Grout - ATV/Mudbug 0-50 Ft	\$4.25	Foot
43	Grout - ATV/Mudbug 50-100 Ft	\$5.00	Foot
44	Grout - ATV/Mudbug 100-150 Ft	\$5.50	Foot
45	Grout - ATV/Mudbug 150-200 Ft	\$6.00	Foot
46	Grout - Barge 0-50 Ft	\$5.50	Foot
47	Grout - Barge 50-100 Ft	\$7.50	Foot
48	Grout - Barge 100-150 Ft	\$9.50	Foot
49	Casing Allowance - 3 inch - Land	\$6.50	Foot
50	Casing Allowance - 3 inch - Water	\$8.00	Foot
51	Casing Allowance - 6 inch - Land	\$11.00	Foot
52	Casing Allowance - 6 inch - Water	\$12.00	Foot
53	Extra Split Spoon Sample - Land 0-50 Ft	\$32.00	Foot
54	Extra Split Spoon Sample - Land 50-100 Ft	\$37.00	Foot
55	Extra Split Spoon Sample - Land 100-150 Ft	\$42.00	Foot
56	Extra Split Spoon Sample - Barge 0-50 Ft	\$35.00	Foot
57	Extra Split Spoon Sample - Barge 50-100 Ft	\$41.50	Foot
58	Extra Split Spoon Sample - Barge 100-150 Ft	\$46.00	Foot
59	Infiltration Test (Double Ring - Max 12 inches deep)	\$450.00	Each
60	Percolation Test	\$350.00	Each
61	Pavement Cores, Asphalt (Not Including MOT)	\$87.00	Each
62	Pavement Cores, Concrete (Not Including MOT)	\$95.00	Each
63	Clearing, Chainsaw and Operator	\$500.00	Day
64	Clearing, Dozer and Operator	\$608.00	Day
65	Clearing, Backhoe and Operator	\$541.50	Day
66	Stand-by Drill Rig and Crew (Land)	\$125.00	Hour
67	Cones, Signs, Flags, Arrow Board (Barrieades)	\$210.00	Day
68	Attenuator Truck	\$900.00	Day
69	Mobile Variable Message Sign	\$150.00	Day
70	Grain Size Analysis (Hydrometer)	\$82.00	Each
71	Atterberg Limits	\$55.00	Each
72	Moisture Content Tests	\$9.00	Each
73	Loss on Ignition Organic Content Tests	\$32.00	Each
74	Specific Gravity Tests	\$35.00	Each
75	LBR Tests	\$280.00	Each
76	Consolidation Tests	\$395.00	Each
77	Traxial Compression Tests (UU, CC or CD)	\$160.00	Each
78	Unconfined Compression Tests (Soil)	\$68.00	Each
79	Unconfined Compression Tests (Rock)	\$75.00	Each
80	Corrosion Series	\$125.00	Each
81	Full Gradation (With Wash)	\$55.00	Each
82	200 Wash	\$26.00	Each
83	Splitting Tension Tests	\$75.00	Each
84	Laboratory Permeability Test on Granular Soil	\$275.00	Each
85	Vibration Monitoring	\$150.00	Day
86	Saximeter	\$60.00	Week
87	Per Diem Per Crew	\$200.00	Night
88	Law Officer	\$42.50	Hour



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/01/2014

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

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

PRODUCER	AON REED STENHOUSE INC. AON RISK SERVICES CENTRAL, INC. 900 - 10025 - 102A AVENUE EDMONTON, AB T5J 0Y2	CONTACT NAME	ANDREA OTTO	
		PHONE (A/C No, Ext)	1-952-807-0679	FAX (A/C, No)
		E-MAIL ADDRESS	ANDREA.OTTO@AON.COM	
		INSURER(S) AFFORDING COVERAGE	NAIC #	
INSURED	STANTEC CONSULTING SERVICES INC. 901 PONCE DE LEON BOULEVARD, SUITE 900 CORAL GABLES, FL 33134-3070	INSURER A:	ZURICH AMERICAN INSURANCE COMPANY	16535
		INSURER B:	SENTRY INSURANCE A MUTUAL COMPANY	24988
		INSURER C:	ZURICH INSURANCE COMPANY	
		INSURER D:	SENTRY INSURANCE A MUTUAL COMPANY	24988
		INSURER E:		
		INSURER F:		

COVERAGES CERTIFICATE NUMBER: 78 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	ADOL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CONTRACTUAL/CROSS LIABILITY <input checked="" type="checkbox"/> OWNERS & CONTRACTORS GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC	X	X	GLO5415704 XCU COVER INCLUDED	05/01/14	05/01/15	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMPROP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS HIRED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS	X	X	90-17043-03	11/01/14	11/01/15	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$10,000 OCCUR CLAIMS-MADE	X	X	8831307 EXCESS GENERAL, AUTO AND EMPLOYERS LIABILITY (FOLLOW FORM)	05/01/14	05/01/15	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? (Mandatory in NY) If yes, describe under DESCRIPTION OF OPERATIONS below		X	90-17043-01	11/01/14	11/01/15	<input checked="" type="checkbox"/> WC STATUTORY LIMITS 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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CORAL GABLES, FL. STANTEC PROJECT # PC #2167. RE: PROFESSIONAL SERVICES AGREEMENT. THE CITY OF KEY WEST IS INCLUDED AS AN ADDITIONAL INSURED BUT ONLY ARISING OUT OF THE OPERATIONS OF THE NAMED INSURED. THIS COVER IS PRIMARY AND OTHER INSURANCE IS EXCESS AND NON-CONTRIBUTORY. WAIVER OF SUBROGATION ID INCLUDED. THE COVERAGE SHALL NOT BE CANCELLED OR NON RENEWED EXCEPT AFTER THIRTY (30) DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER. ENDORSEMENTS # CG 20 10 07 04 AND #CA 20 48 07 97 ARE ATTACHED.

CERTIFICATE HOLDER

CITY OF KEY WEST
P.O. BOX 1409
KEY WEST, FL 33041

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

Andrea P. Otto

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RESOLUTION NO. 12-280

A RESOLUTION OF THE CITY COMMISSION OF THE CITY OF KEY WEST, FLORIDA, APPROVING STAFF RANKING AND AWARDED CONTRACTS ON A TASK ORDER BASIS TO EIGHT BIDDERS IN RESPONSE TO REQUEST FOR QUALIFICATIONS NO. 12-005 FOR GENERAL ENGINEERING SERVICES; PROVIDING FOR AN EFFECTIVE DATE

WHEREAS, the City issued a Request for Qualifications for engineering firms capable of providing general engineering services; and

WHEREAS, twenty one firms responded, and at a public meeting on September 12, 2012, a committee comprised of City staff members reviewed the responses, and determined eight firms to be particularly qualified, and recommended that the City engage each one on a Task Order basis;

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COMMISSION OF THE CITY OF KEY WEST, FLORIDA, AS FOLLOWS:

Section 1: That the responses for general and utility engineering consulting services are hereby ranked by staff, and approved by the City Commission as follows:

- (1) CH2M Hill
- (2) CDM Smith
- (3) Perez Engineering & Development
- (4) Chen Moore
- (5) Black & Veatch
- (6) Calvin Giordano
- (7) AMEC
- (8) C3TS

Section 2: That the City Manager is hereby authorized to negotiate and execute contracts with each of the companies in order of ranking, upon advice and consent of the City Attorney, for a term not to exceed three (3) years, with an option for one-two-year extension.

Section 3: Specific task orders issued pursuant to the contracts shall comply with the City's procurement guidelines.

Section 4: That this Resolution shall go into effect immediately upon its passage and adoption and authentication by the signature of the presiding officer and the Clerk of the Commission.

Passed and adopted by the City Commission at a meeting held this 2 day of October, 2012.


Authenticated by the presiding officer and Clerk of the Commission on October 3, 2012.

Filed with the Clerk October 3, 2012.



CRAIG CATES, MAYOR

ATTEST:



CHERYL SMITH, CITY CLERK



THE CITY OF KEY WEST
3140 Flagler Ave Key West, FL 33040 (305) 809-3700

EXECUTIVE SUMMARY

TO: Bob Vitas, City Manager

FROM: Doug Bradshaw, Senior Project Manager
Jay Gewin, Utilities Manager
Birch Ohlinger, Engineer
Elizabeth Ignaffo, Permit Engineer

DATE: September 17, 2012

RE: Approving Ranking of Firms Submitting Responses to Request for Qualifications (RFQ) No. 12-005: General Engineering Services

ACTION STATEMENT:

Approving staff ranking of firms submitting responses to RFQ No. 12-005: General Engineering Services and authorizing City Manager to negotiate and pursuant to legal review enter into a contract.

BACKGROUND:

The City issued RFQ No. 12-005: General Engineering Services on July 1, 2012 and qualification packages were received on August 1, 2012. The City received the following twenty-one (21) responses to the RFQ:

- CH2M Hill
- CDM Smith
- Perez Engineering & Development
- Chen Moore
- Black & Veatch
- Calvin Giordano
- AMEC
- C3TS
- Weiler Engineering
- Corradino Group
- Bermello-Ajamil & Partners
- Shaw Engineering
- SRS Engineering
- Kissinger, Campo, & Assoc (KCA)
- Meridian Engineering
- Metric Engineering
- URS
- Langan
- Preble-Rish
- Hanis Wilson & Assoc
- Building Technology Associates (BTA)

Engineering staff reviewed each proposal to ensure the proposal contained the required submittals. Results are attached. One firm, Building Technology Associates

Key to the Caribbean – Average yearly temperature 77° F.

MEMORANDUM

(BTA), submitted a proposal that only related to roofing construction. Staff considered this proposal non-responsive to the requirements of the RFQ.

At an advertised public meeting held on September 12, 2012, a committee of City Staff reviewed the 21 firms that responded. Using the Selection Criteria Matrix in the RFQ, the selection committee developed a shortlist consisting of the following firms in highest to lowest ranking order:

1. CH2M Hill
2. CDM Smith
3. Perez Engineering & Development
4. Chen Moore
5. Black & Veatch
6. Calvin Giordano
7. AMEC
8. C3TS

Staff contacted clients of each shortlisted firm to check past work performances. All firms were highly recommended by past clients. Additionally, all shortlisted firms submitted proposals that were considered responsive to the RFQ. Perez Engineering & Development did fail to submit a signed addendum as required by the RFQ. However, the information in the addendum would not have altered their bid as the information was only in response to other firms' questions. Staff considers this a minor issue and not a reason to reject the proposal. Additionally, Perez has submitted a signed addendum after-the-fact.

As the City has multiple departments that manage projects of all sizes and disciplines simultaneously, the City typically prefers to contract with multiple firms to handle the workload and types of work. The term of contracts shall be for a period of three (3) years with the option of one (1) two (2) year renewal.

OPTIONS:

There are two (2) options:

1. Accept the rankings of staff and authorize City Manager to negotiate and pursuant to legal review enter into a contract with each of the short-listed firms,
2. Modify the staff's ranking and authorize City Manager to negotiate and pursuant to legal review enter into a contract with one or all of the firms of the modified ranking,

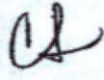
FINANCIAL ISSUES

There are no financial obligations with ranking and entering into contracts with each of the short-listed firms. The contracts will be task order based with which a dollar amount will have to be approved along with the task order per City Ordinance. All task orders over \$20,000 will be approved by the City Commission, and those below will be approved by the City Manager.

RECOMMENDATION

It is recommended that the City Commission accept the rankings of staff and authorize City Manager to negotiate and pursuant to legal review enter into a contract with each of the short-listed firms.

INTEROFFICE MEMORANDUM

To: Doug Bradshaw, Engineering Senior Project Manager
CC: Jay Gewin, Utilities Manager
Sue Snider, Purchasing
From: Cheri Smith, City Clerk 
Date: August 1, 2012
Subject: **GENERAL ENGINEERING SERVICES; RFQ 12-005**

The following bids were opened Wednesday, August 1, 2012 at 3:00 p.m. in response to the above referenced project.

- | | | | |
|---|-------------------------------------------------------------------------------------------------|----|-----------------------------------------------------------------------------------------------------------------------------------|
| 1 | AMEC Environmental & Infrastructure
3142 Boog Powell Court
Key West, FL 33040 | 8 | CH2M Hill Engineers, Inc.
6410 5 th Street, Suite 2-A
Key West, FL 33040 |
| 2 | Bermello Ajamil & Partners, Inc.
2601 S. Bayshore Drive, Suite 1000
Miami, FL 33133 | 9 | The Corradino Group, Inc.
4055 NW 97 th Avenue
Miami, FL 33178 |
| 3 | Black & Veatch Corporation
1300 Concord Terrace, Suite 120
Sunrise, FL 33323 | 10 | Corzo, Castella, Carballo, Thompson,
Salman, P.A. (C3TS)
901 Ponce de Leon Boulevard
Suite 900
Coral Gables, FL 33134 |
| 4 | Building Technology Associates, Inc.
3001 N. Rocky Point Dr. E, Suite 200
Tampa, FL 33607 | | |
| 5 | Calvin, Giordano & Associates, Inc.
1800 Eller Drive, Suite 600
Fort Lauderdale, FL 33316 | 11 | Hans Wilson & Associates, Inc.
1938 Hill Avenue
Fort Myers, FL 33901 |
| 6 | CDM Smith, Inc.
1715 Westshore Blvd., Suite 875
Tampa, FL 33607 | 12 | Kissinger Campo & Associates
201 N. Franklin Street, Suite 400
Tampa, FL 33602 |
| 7 | Chen, Moore and Associates
1444 Biscayne Boulevard, Suite 204
Miami, FL 33132 | 13 | Langan Engineering & Environmental
15150 N.W. 79 th Court, Suite 200
Miami Lakes, FL 33016 |

GENERAL ENGINEERING SERVICES

RFQ 12-005

August 1, 2012

Page 2

- | | | | |
|----|----------------------------------------------------------------------------------------|----|----------------------------------------------------------------------------------------------------|
| 14 | Meridian Engineering, LLC
201 Front Street, Suite 210
Key West, FL 33010 | 18 | Shaw Environmental & Infrastructure
1228 Winter Garden Vineland Road
Winter Garden, FL 34787 |
| 15 | Metric Engineering, Inc.
13940 S.W. 136 Street, Suite 200
Miami, FL 33186 | 19 | SRS Engineering, Inc.
5001 S.W. 74 th Court, Suite 201
Miami, FL 33155 |
| 16 | Perez Engineering & Development
1010 Kennedy Drive, Suite 400
Key West, FL 33040 | 20 | URS Corporation Southern
7650 Corporate Center Dr. Suite 400
Miami, FL 33126 |
| 17 | Preble-Rish, Inc.
324 Marina Drive
Port St. Joe, FL 32456 | 21 | Weiler Engineering Corporation
6805 Overseas Highway
Marathon, FL 33050 |

CS/sph

RFQ 12-005 General Engineering Services

OVERALL SCORES

	FIRM	Doug	Birch	Elizabeth	Jay	TOTAL	Utility	Environ	Coastal	Civil	Solid Waste
1	CH2M Hill	94	95	80	90	89.75	x	x	x	x	x
2	CDM Smith	89	88	56	80	78.25	x	x	x	x	x
3	Perez Engineering & Development	92	68	65	82	76.75	x			x	
4	Chen Moore	89	85	56	76	76.5	x	x	x	x	x
5	Black & Veatch	90	80	44	81	73.75	x	x		x	
6	Calvin Giordano	86	70	65	74	73.75	x	x	x	x	
7	AMEC	81	72	64	77	73.5	x	x		x	
8	C3TS	84	65	70	72	72.75	x	x	x	x	
9	Weller Engineering	80	55	74	78	71.75					
10	Corradino Group	81	68	63	75	71.75					
11	Bermello-Ajamil & Partners	82	60	65	73	70					
12	Shaw Engineering	92	48	61	76	69.25					
13	SRS Engineering	81	70	55	68	68.5					
14	Kissinger, Campo, & Assoc (KCA)	89	50	59	74	68					
15	Meridian Engineering	74	60	64	74	68					
16	Metric Engineering	83	55	41	74	63.25					
17	URS	77.5	50	39	74	60.125					
18	Langan	86.5	55	27	69	59.375					
19	Preble-Rish	71	35	65	62	58.25					
20	Hans Wilson & Assoc	82	55	26	66	57.25					
21	Building Technology Associates (BTA)	0	0	0	0	0					

	Firm	Sub Firms	Submissions Requirement							Disciplines				
			Company Profile	Key Personnel Exp.	5 yr Prev. Projects	Key Personnel Exp. Assigned to project	Manag. Approach	Anti-Kickback, Public Crimes Form	Equal Benefits Form	Civil Eng Services	Utility Eng Services	Solid Waste Eng Services	Coastal Eng Services	Environ Eng Services
1	AMEC **	NONE	X	X	X	X	X	X	X	X			X	
2	Bermello-Ajamil & Partners **	Island Survey, Inc., and E-Sciences, Inc.	X	X	X	X	X	X	X	X		X	X	
3	Black & Veatch **	NONE	X	X	X	X	X	X	X	X			X	
4	Building Technology Associates (BTA)	ROOFING ONLY												
5	C3TS **	TerraMar Environmental Services, Inc., Reece & White Land Surveying, Inc., Professional Service Industries, Inc.	X	X	X	X	X	X	X	X		X	X	
6	Calvin Giordano **	NONE	X	X	X	X	X	X	X	X		X	X	
7	CDM Smith **	Perez Engineering & Sandra Walters Consultants	X	X	X	X	X	X	X	X	X	X	X	
8	CH2M Hill **	Nutting Engineers	X	X	X	X	X	X	X	X	X	X	X	
9	Chen Moore **	Coastal Technology Corp., BCC Engineering, Trepanier & Associates, Inc., United Engineering	X	X	X	X	X	X	X	X	X	X	X	
10	Corradino Group **	BCC Engineering, Inc., Perez Engineering, Sandra Walters, Inc. and Hadonne Corp.	X	X	X	X	X	X	X	X			X	
11	Hans Wilson & Associates	SWC Consulting Services, HSA Engineers and Scientists, Reuben Clarson Consulting, Inc., Island Surveying, Inc.	X	X	X	X	X	X	X	X		X	X	
12	Kissinger, Campo, & Assoc (KCA) **	Keith Associates, Inc., Taylor Engineering, Inc., Island Surveying, Inc., Professional Service Industries, Inc., and KCCS	X	X	X	X	X	X	X	X		X	X	
13	Langan **B15	NONE	X	X	X	X	X	X	X	X			X	
14	Meridian Engineering **	Hole Montes	X	X	X	X	X	X	X	X				
15	Metric Engineering **	NONE	X	X	X	X	X	X	X	X		?	X	
16	Perez Engineering & Development	NONE (Amendment #1 not in RFQ)	X	X	X	X	X	X	X	X				
17	Preble-Rish	NONE (Amendment #1 not in RFQ)	X	X	X	X	X	X	X	X				
18	Shaw Engineering **	NONE	X	X	X	X	X	X	X		X	X	X	

19	SRS Engineering **	SRS Engineering, Inc., G.M. Selby, Inc., J Bonfill & Associates, Inc. and Professional Service Industries, Inc.	X	X	X	X	X	X	X	X	X	X	X	X
20	URS **	CALTRAN Engineering Group, Island Surveying, Inc., and Bell David Planning Group, Inc.	X	X	X	X	X	X	X	X				X
21	Weiler Engineering **	NONE	X	X	X	X	X	X	X	X	X		X	

****ADDENDUM #1 RECEIVED & SIGNED**

RESOLUTION NO. 13-111

A RESOLUTION OF THE CITY COMMISSION OF THE CITY OF KEY WEST, FLORIDA, AMENDING THE CONTRACT FOR GENERAL ENGINEERING SERVICES WITH CORZO CASTELLA CARBALLO THOMPSON SALMAN ("C3TS") BY CONSENTING TO ASSIGN THE CONTRACT TO STANTEC CONSULTING SERVICES, INC. PROVIDING FOR AN EFFECTIVE DATE

WHEREAS, in Resolution No.12-280, the City Commission approved a three-year contract with C3TS; and

WHEREAS, STANTEC CONSULTING SERVICES, Inc. acquired C3TS on November 30, 2012 and will continue to provide engineering services to the City, including the same professional staff and equipment necessary to complete task orders in process and to be issued during the remaining term of the current General and Utility Engineering Services Contract.

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COMMISSION OF THE CITY OF KEY WEST, FLORIDA, AS FOLLOWS:

Section 1: That the City Commission hereby consents to assign the City's General Engineering Services Contract with Corzo Castella Carballo Thompson Salman to Stantec Consulting Services, Inc. for the remaining term of the contract.

Section 2: That the City Manager is hereby authorized to execute a Consent to assign from Corzo Castella Carballo Thompson Salman to Stantec Consulting Services, Inc., upon advice and consent of the City Attorney.

Section 3: That this Resolution shall go into effect immediately upon its passage and adoption and authentication by the signature of the presiding officer and the Clerk of the Commission.

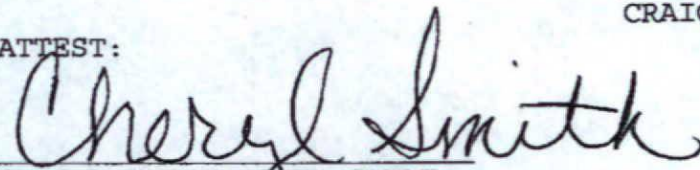
Passed and adopted by the City Commission at a meeting held this 7 day of May, 2013.

Authenticated by the presiding officer and Clerk of the Commission on May 8, 2013.

Filed with the Clerk May 8, 2013.

CRAIG CATES, MAYOR

ATTEST:



CHERYL SMITH, CITY CLERK



THE CITY OF KEY WEST

Post Office Box 1409 Key West, FL 33041-1409 (305) 809-3700

TO: Bob Vitas, City Manager

CC: David Fernandez, Asst. City Manager
Mark Finigan, Asst. City Manager

FROM: Doug Bradshaw, Senior Project Manager Engineering

DATE: April 23, 2013

RE: Amending the City's General Engineering Services Contract to reflect the name change from Corzo Castella Carballo Thompson Salman ("C3TS") to Stantec Consulting Services, Inc. ("Stantec")

ACTION STATEMENT:

This resolution will assign the City's General Engineering Services Contract to reflect the name change from Corzo Castella Carballo Thompson Salman ("C3TS") to Stantec Consulting Services, Inc. ("Stantec")

BACKGROUND:

The City maintains a General Engineering Services Contract with C3TS that was approved for a 3-year term on October 2, 2012 (Resolution #12-280). Stantec has acquired C3TS and is requesting a name change on their existing contract with the City.

PURPOSE AND JUSTIFICATION

C3TS was acquired by Stantec on November 30, 2012.

OPTIONS / ADVANTAGES / DISADVANTAGES:

1. The City Commission can consent to assign the contract to reflect the name change from C3TS to Stantec. Doing so will allow the current level of service and contractual terms to remain.
2. The City Commission can decline to amend the contract. This option is not recommended by Staff, as the City may not be able to utilize the General Engineering Services that are essential in completing numerous current projects.

Key to the Caribbean – Average yearly temperature 77° F.

KEY WEST SUMMARY

FINANCIAL IMPACT:

There is no financial impact to amending this contract to reflect the name change. The hourly rates will remain the same.

RECOMMENDATION:

Staff recommends that the City Commission select option 1, approving to consent to assign the City's General Engineering Services Contract to reflect the name change from C3TS to Stantec.