

RESOLUTION NO. 24-076

A RESOLUTION OF THE CITY COMMISSION OF THE CITY OF KEY WEST, FLORIDA, APPROVING "AMENDMENT (1<sup>ST</sup> AMENDMENT) TO AGREEMENT" ID #2985 TO EXTEND THE TERMINATION DATE TO SEPTEMBER 30, 2025 FOR TOURIST DEVELOPMENT COUNCIL FUNDING OF THE SOUTHERNMOST PLAZA (PUBLIC FACILITIES) PROJECT; AUTHORIZING THE CITY MANAGER TO EXECUTE NECESSARY DOCUMENTS UPON CONSENT OF THE CITY ATTORNEY; PROVIDING FOR AN EFFECTIVE DATE

WHEREAS, in Resolution 23-238 the City of Key West accepted a Grant Award from the Tourist Development Council to assist with a tourism impact study and with improving and enhancing the area near the Southernmost Point buoy on South Street from Duval Street to the intersection at Whitehead Street (Agreement ID #2985); and

WHEREAS, City staff recommends approving the attached Amendment to Agreement ID #2985, which grants a no-cost time extension for the project; and

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

Section 1: That the attached "Amendment (1<sup>st</sup> Amendment) to Agreement" (ID #2985), to extend the termination date for the Southernmost Plaza (Public Facilities) project to September 30, 2025, is hereby approved.

Section 2: That no cost adjustments are associated with this time extension.

Section 3: That the City Manager is authorized to execute any necessary documents, upon consent of the City Attorney.

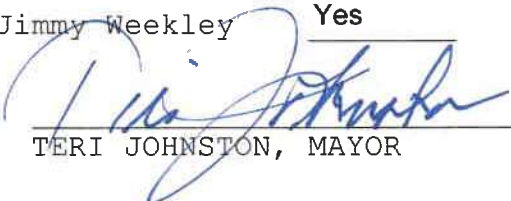
Section 4: That this Resolution shall go into effect immediately upon its passage and adoption and authentication by the signature of the Presiding Officer and the Clerk of the Commission.

Passed and adopted by the City Commission at a meeting held this 11th day of April, 2024.

Authenticated by the Presiding Officer and Clerk of the Commission on 11th day of April, 2024.

Filed with the Clerk on April 11, 2024.

|                              |               |
|------------------------------|---------------|
| Mayor Teri Johnston          | <u>Yes</u>    |
| Vice Mayor Sam Kaufman       | <u>Yes</u>    |
| Commissioner Lissette Carey  | <u>Yes</u>    |
| Commissioner Mary Lou Hoover | <u>Yes</u>    |
| Commissioner Clayton Lopez   | <u>Yes</u>    |
| Commissioner Billy Wardlow   | <u>Absent</u> |
| Commissioner Jimmy Weekley   | <u>Yes</u>    |

  
TERI JOHNSTON, MAYOR

ATTEST:

  
KERI O'BRIEN, CITY CLERK



## MEMORANDUM

Date: April 11, 2024

To: Honorable Mayor and Commissioners

Via: Albert P. Childress  
City Manager 

From: Carolyn Sheldon  
Senior Grants Administrator

Subject: 24-5704 Approving the attached 1<sup>st</sup> Amendment to Agreement ID #2985

### Introduction

Staff recommends the City Commission approve the attached "Amendment (1<sup>st</sup> Amendment) to Agreement" ID #2985 to extend the termination date to September 30, 2025 for Tourist Development Council funding of the Southernmost Plaza (Public Facilities) Project; authorizing the City Manager to execute necessary documents upon advice and consent of the City Attorney.

### Background

Grant funding in the amount of up to \$1,000,000.00 to assist with a tourism impact study and with improving and enhancing the area near the Southernmost Point buoy on South Street from Duval Street to the intersection at Whitehead Street (Phase 1) is available through an agreement with the TDC (Resolution 23-238, September 14, 2023). The current grant termination date of the agreement is September 30, 2024.

### Procurement

This is a no-cost time extension.

### Recommendation

The City Manager's Office recommends the City Commission approve the attached "Amendment (1<sup>st</sup> Amendment) to Agreement" ID #2985 to extend the termination date to September 30, 2025.

## **AMENDMENT (1st AMENDMENT) TO AGREEMENT**

**THIS AMENDMENT** to Agreement dated this 15th day of May 2024, is entered into by and between the Board of County Commissioners for Monroe County, on behalf of the Tourist Development Council, and **The City of Key West** a Government agency organized and operating under the laws of the state of Florida (Grantee).

**WHEREAS**, there was an Agreement entered into on October 18, 2023 between the parties, awarding \$1,000,000 to Grantee for the **City of Key West Southernmost Plaza (Public Facilities) Project ("Agreement")**; and

**WHEREAS**, it has become necessary to revise the termination date of the project to September 30, 2025 to allow for completion of the construction of the project, and

**NOW, THEREFORE**, in consideration of the mutual covenants contained herein the parties agree to the amend Agreement as follows:

1. Paragraph 1 of the agreement shall be revised to read as follows: This Agreement is for the period of **October 18, 2023 to September 30, 2025**. This Agreement shall remain in effect for the stated period unless one party gives to the other written notification of termination pursuant to and in compliance with paragraphs 7, 12 or 13 of the original Agreement dated October 18, 2023.

2. Any references to termination date and submission of invoices shall be revised to read September 30, 2025

3. Reimbursement for segment 1 of this project in an amount not to exceed \$6,000 shall be submitted by September 30, 2024.

4. Reimbursement for segment 2 of this project in an amount not to exceed \$994,000 may not be submitted until after October 1, 2024.

4. The remaining provisions of the Agreement dated October 18, 2023 shall remain in full force and effect.

**REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK**

IN WITNESS WHEREOF, the parties have set their hands and seal on the day and year first above written.

(SEAL)  
Attest: Kevin Madok, Clerk

Board of County Commissioners  
of Monroe County

\_\_\_\_\_  
As Deputy Clerk

\_\_\_\_\_  
Mayor/Chairman

The City of Key West

Attest:



By \_\_\_\_\_  
City Clerk

Keri O'Brien  
\_\_\_\_\_  
Print Name

Date: 4/11/2024

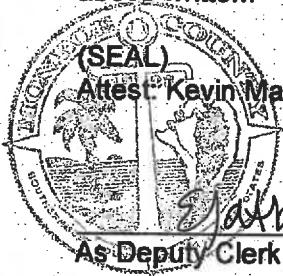
By \_\_\_\_\_  
Mayor

Teri Johnston  
\_\_\_\_\_  
Print Name

Date: 4/11/24

RR

IN WITNESS WHEREOF, the parties have set their hands and seal on the day and year first above written.



Attest: Kevin Madok, Clerk

As Deputy Clerk

Board of County Commissioners  
of Monroe County

*Holly Noz*  
Mayor/Chairman

MONROE COUNTY ATTORNEY  
APPROVED AS TO FORM:  
*Christine Limbert-Barrows*  
CHRISTINE LIMBERT-BARROWS  
ASSISTANT COUNTY ATTORNEY  
DATE: 4/26/24

The City of Key West

Attest:



City Clerk

*Kert O'Brien*  
KERT O'BRIEN

Print Name

Date: 4/11/2024

By *Paul Johnston*  
Mayor

*Paul Johnston*  
Print Name

Date: 4/11/24

RR

FILED FOR RECORD  
2024 MAY 22 PM 4:09  
CLK. CIR. CL.  
MONROE COUNTY, FLA.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/6/2023

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

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

|                                                                                                 |                                            |                                                 |               |
|-------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------|---------------|
| <b>PRODUCER</b><br>World Risk Management<br>20 N. Orange Ave.,<br>Suite 500<br>Orlando FL 32801 | <b>CONTACT NAME:</b> Jenna Jennings        | <b>FAX (A/C, No):</b> 407-445-2868              |               |
|                                                                                                 | <b>PHONE (A/C, No, Ext):</b> 4074452414    | <b>E-MAIL ADDRESS:</b> jenna.jennings@wrmlc.com |               |
| <b>INSURED</b><br>City of Key West<br>1300 White Street<br>Key West FL 33040                    | <b>INSURER(S) AFFORDING COVERAGE</b>       |                                                 | <b>NAIC #</b> |
|                                                                                                 | INSURER A : Public Risk Management of FL ( |                                                 | 11111         |
|                                                                                                 | INSURER B :                                |                                                 |               |
|                                                                                                 | INSURER C :                                |                                                 |               |
|                                                                                                 | INSURER D :                                |                                                 |               |
|                                                                                                 | INSURER E :                                |                                                 |               |
| INSURER F :                                                                                     |                                            |                                                 |               |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------|
| <b>COVERAGES</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>CERTIFICATE NUMBER:</b> 181868932 | <b>REVISION NUMBER:</b> |
| 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                                                                                                                                                                                                                                                      |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|----------------|-------------------------|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br><input type="checkbox"/> OTHER:                          |                                                                        | PRM023-010-073 | 10/1/2023               | 10/1/2024               | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000<br>MED EXP (Any one person) \$ EXCLUDED<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$<br>PRODUCTS - COMP/OP AGG \$<br>SELF INS. RETENTION \$ 100,000 |
| A        | <input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY<br><input checked="" type="checkbox"/> APD |                                                                        | PRM023-010-073 | 10/1/2023               | 10/1/2024               | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>SELF INS. RETENTION \$ 25,000                                                                  |
|          | <input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$                                                                                                                            |                                                                        |                |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$                                                                                                                                                                                                                    |
| A        | <input checked="" type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                                                                 | <input type="checkbox"/> Y / <input checked="" type="checkbox"/> N / A | PRM023-010-073 | 10/1/2023               | 10/1/2024               | <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER SIR \$325,000<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000                                                |

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

RE: Southernmost Plaza #2985  
Construct improvements on South Street up to the intersection of South Street and Whitehead Street near the Southernmost Point - With respects to the listed coverage held by the named insured, as evidence of insurance.

APPROVED BY RISK MANAGEMENT  
BY J. Heald  
DATE 4.4.24

|                                                                                                                                                            |                                                                                                                                                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CERTIFICATE HOLDER</b><br><br>Monroe County Board of County Commissioners c/o Risk Management & Monroe County TDC<br>P.O. Box 1026<br>Key West FL 33041 | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br><u>A. Coor</u> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|



## THE CITY OF KEY WEST

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

February 14, 2024

Monroe County Tourist Development Council  
District I Advisory Committee  
1201 White Street, Suite 102  
Key West, FL 33040

RE: Key West Southernmost Plaza (Public Facility)  
Contract ID# 2985; \$1,000,000 in capital funding  
**Request for 12-month time extension to grant award agreement**

Dear District I Advisory Committee:

The City of Key West respectfully requests a 12-month time extension to September 30, 2025 to the Grant Agreement Period for the Key West Southernmost Plaza (Public Facilities) Project. Segment 1 of the project in the amount of \$6,000.00 will be completed and submitted for reimbursement by 9/30/24. The City is requesting to roll the balance of \$994,000.00 into FY 2025.

The Southernmost Point Plaza project was initially submitted to the District I Advisory Committee in April of 2023. During the grant application presentation, DAC I requested that the City consider a phased funding request. The City agreed to this approach and broke out the South Street portion of the project as Phase 1. Since that time, we have retained consultants to take the project all the way through to construction drawing preparation, including the plaza at the iconic Buoy and north on Whitehead Street. The current design contract with BCC Engineering LLC, which was approved at the December 14th City Commission Meeting, includes roadway analysis, pavement/sidewalk materials selection, drainage design, utilities coordination, landscape and hardscape design, plant uplighting, and signage.

It is anticipated that the City will be submitting for the Phase 2 funding request in the current grant cycle for FY 2025 capital funding. At that time design development drawings further detailing the proposed improvements will be presented to DAC I for consideration of additional funding to help bring this highly visible project to completion.

Your continued support and patience are much appreciated. Thank you for considering this request for a time extension. If you have any questions, please contact me at (305) 809-3741 or via email [csheeldon@cityofkeywest-fl.gov](mailto:csheeldon@cityofkeywest-fl.gov).

Sincerely,

A handwritten signature in blue ink that reads "Carolyn D. Sheldon".

Carolyn D. Sheldon  
Senior Grants Administrator