



FY 2024 Capital Project (Bricks and Mortar) Funding Application
Monroe County Tourist Development Council 4/18/2023

Funding Application Cover Page

1) Applicant's Name:	City of Key West
2) Project Name:	Key West Coffee Butler Amphitheater Enhancements Phase 3
3) District:	District I – Key West
4) Amount Requested:	\$641,830

Email to:
omb-bids@monroecounty-fl.gov

Submitted By:
City of Key West
1300 White Street
Key West, Florida 33040

APPLICATION FOR CAPITAL PROJECT FUNDING

This application is to request funding from the following District:

- District I:** Key West – (shall encompass the city limits of Key West)
- District II:** Lower Keys – (from city limits of Key West to west end of Seven Mile Bridge)
- District III:** Marathon – (from west end of Seven Mile Bridge to Long Key Bridge)
- District IV:** Islamorada – (between Long Key Bridge and Mile Marker 90.939)
- District V:** Key Largo – (from Mile Marker 90.940 to the Dade/Monroe County Line and any portions of mainland Monroe County)

APPLICANT ORGANIZATION: City of Key West
(Registered business name EXACTLY as it appears on www.sunbiz.org. **Attach as Exhibit A**)

Type of Applicant: Non-Profit Governmental Entity

Project Title: Key West Coffee Butler Amphitheater Enhancements Phase 3

FEDERAL EMPLOYER’S IDENTIFICATION NUMBER OF APPLICANT’S ORGANIZATION
59-6000346

DESIGNATED PROJECT CONTACT PERSON:

Please provide a contact for general correspondence for this project. The person listed below should be able to accept responsibility for receipt of information including agreement and reimbursement information.

Name and Title: Marcus Davila, Community Services Director

Telephone/Mobile Number: (305) 809-3751

Email Address: publicworks@cityofkeywest-fl.gov

Address: 1300 White Street
 Key West, FL 33040

Website for Facility: https://www.thekeywestamp.com/

LOCATION OR ADDRESS OF PROJECT: Provide physical (postal service) address, RE# and legal description (lot, block, subdivision) and attach map.

21 Quay Road, Key West, Florida 33040
(Well known public, live music destination located at Truman Waterfront)

WHICH OF THE FOLLOWING APPLIES TO YOUR FACILITY?

Publicly owned and operated Owned and operated by a non-profit organization

Publicly owned and operated by a non-profit organization

WHICH OF THE FOLLOWING BEST DESCRIBES YOUR FACILITY?

Convention Center Sports Stadium Sports Arena Coliseum

Auditorium Aquarium Museum Zoological Park

Nature Center Fishing Pier *Beach or Beach Park Facility, channel, estuary or lagoon

Public Facilities in accordance with conditions set forth in F.S. 125.0104(5)(a)(6)

WHICH OF THE FOLLOWING APPLIES TO YOUR PROJECT?

Acquire Construct Extend Enlarge Remodel

Repair Improve

***IF YOU CHECKED THE BOX FOR BEACH OR BEACH PARK FACILITY, WHICH OF THE FOLLOWING APPLIES:**

Improve Renourishment Restoration Erosion Control

Maintenance Construct Repair

If the TDC/County requires a Conservation Easement Deed or mortgage note requiring repayment of TDC monies in the event of transfer of ownership or change in use of the premises, would you be agreeable to executing same?

Yes No

CODE ENFORCEMENT: Does your organization/property have any outstanding code violations and/or fines/costs or liens? (please note that pursuant to Section 2-25(e), Monroe County Code, organizations with outstanding code compliance fines are not eligible to receive grants or contracts from the county until such time as the fines are resolved through payment or settlement). Yes No. If you have answered yes, please explain below:

Please only complete the section of page 12 or 13 which corresponds to your type of application
Please refer to information on page 8 regarding total project cost prior to filling out these sections

Non-Profit Organizations

Payment may be up to one hundred percent (100%) reimbursement of the total cost of each segment of the project, subject to the maximum reimbursement amount of expenditures for each segment (if the project work is segmented) as set forth in the agreement. Applicant must be prepared to pay the entire cost of each segment of work in advance of seeking the up to one hundred percent (100%). For purposes of this application no more than fifty percent (50%) of out of pocket cost for non-profits shall be of in-kind services and materials, and no in-kind services shall be reimbursed. If the TDC Funds Requested are allocated at less than 100% of the total project cost, only then may the organization request to allow additional in-kind services after submission of the application, which must be entered into the final agreement. The project may be broken down into 2 or 3 segments. When one segment is completed, reimbursement of the TDC portion of that completed segment cost can be applied for through the TDC. For acquisition of property, see importation information on page 6.

Total Project Cost:	TDC Funds Requested: (up to 100% of Total Project Cost)	Organizations' Out of Pocket Cost: (Total Project Cost less TDC Funds Requested)	Confirmed In-Kind Services: (Up to 50% of Out of Pocket Cost)	Confirmed/Available Hard Dollar Funds: (Total Project Cost Less In-Kind Services)	Organizations' Financial Investment: (Out of Pocket Cost Less In-Kind Services)
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

In the space below list all in-kind services and goods and their values. These values are subject to negotiation with the TDC/County Please refer to page 5 of this application.

Governmental Entities

Payment may be up to one hundred (100%) reimbursement of the total cost of each segment of the project, subject to the cap on expenditures for that segment as set forth in the agreement. Applicant must be prepared to pay the entire cost of each segment in advance of seeking up to 100% reimbursement. The project may be broken down into 2 or 3 segments. For acquisition of property see important information on page 6.

Total Project Cost:	TDC Funds Requested: (Up to 100% of total Project Cost)	Governmental Agency's Out of Pocket Cost: (Total Project Cost less TDC Funds Requested)	I have highlighted the line item(s) in the budget for this specific project. Enclose portion of line item budget as proof of funding for Exhibit B <input checked="" type="checkbox"/>
\$ 641,830	\$ 641,830	\$ _____	

Public Facilities

Segment #1 – Study

Payment will be 100% reimbursement of the total project cost of the study segment of the project, subject to the cap on expenditures for that segment as set forth in the agreement. Applicant must be prepared to pay the entire cost of this segment in advance of seeking reimbursement. The project may be broken down into additional segments. For acquisition of property see importation information on page 6.

Total Study Cost:	TDC Funds Requested: (up to 100% of Total Study Cost)	Governmental Agency's Out of Pocket Cost: (Total Project Cost less TDC Funds Requested)	I have highlighted the line item(s) in the budget for this specific project. Enclose portion of line item budget as proof of funding for Exhibit B <input type="checkbox"/>
\$ _____	\$ _____	\$ _____	

Estimated Completion date for study:

Segment #2 – Project

Payment will be up to 70% reimbursement of the physical project segment, subject to the cap on expenditures for that segment as set forth in the agreement. Applicant must be prepared to pay the entire cost of each segment in advance of seeking reimbursement. The project may be broken down into additional segments. For acquisition of property see importation information on page 6.

Total Project Cost: (not including study)	TDC Funds Requested: (up to 70% of Total Project Cost)	Governmental Agency's Out of Pocket Cost: (Total Project Cost less TDC Funds Requested)	I have highlighted the line item(s) in the budget for this specific project. Enclose portion of line item budget as proof of funding for Exhibit B <input type="checkbox"/>
\$ _____	\$ _____	\$ _____	

TDC requires confirmation in writing that the project funds are in place at the time of this application for grant funds (see Performance Guarantee on page 4). **Enclose proof of funding as Exhibit B.**

In the space below list the specific items/services, and the estimated dollar amount for each of those items/services on which your requested TDC funds will be spent on (please do not include warranty fees or items relating to administrative, office or retail space as part of your budget):

Turf the berm:		
1. Submittals & Mobilization - \$21,000.00		
2. Demolition, Tilling, and Re-grading of Slopes - \$23,700.00		
3. Balancing of Earth and LaserGrade of Sub-Grade - \$5,000.00		
4. Nailerboards secured to existing Curbing and Sidewalks - \$8,300.00		
5. Drainage - \$83,000.00		
6. Shock Pad under Turf - \$66,000.00		
7. Synthetic Turf Materials and Freight - \$275,000.00		
8. Turf Infill and Turf Installation - \$98,000.00		
	Subtotal:	\$580,000.00
Install rubber surface material in grassy areas in front of stage:		
1. 2" thick rubber surface material - \$61,830.00		
	Subtotal:	\$ 61,830.00
	TOTAL COST:	\$641,830.00

1. Use:

a) Original use of structure/facility and date of construction:

Public amphitheater for community concerts & festivals. Constructed in 2014.

b) Present Use:

Public amphitheater for community concerts & festivals.

c) Proposed Use:

Public amphitheater for community concerts & festivals with turfed berm.

d) Attach photograph of existing site as **Exhibit C.**

e) Historic designation: Indicate whether the property has been listed in the National Register, is located in a National Register district, is a locally designated historic landmark or is located in a locally designated historic district. If located within a historic district, provide the official name of the district. This information is available from the planning agency having jurisdiction over the property.

The property is not listed in the National Register.

2. All Capital projects funded by the TDC shall be owned and operated by a governmental entity or non-profit organization. Applicant shall provide proof of property ownership, long term lease or service contracts for consideration of funding and should show sufficient expertise or financial capability to operate such facilities (**Enclose as Exhibit D**).

Ownership or other interest in property by applicant:

- a) Official records reference for ownership documentation
- b) If not owned by applicant, provide long term lease of property or service contract and provide notarized consent letter from owner for use of property as outlined in this application.

3. If proposed project calls for transfer of title of real property to County, at least two (2) current real estate appraisals and one (1) environmental assessment shall be provided (**Enclose as Exhibit E**). The TDC/County shall ascertain, prior to acceptance of any donation or prior to the purchase, that the property will pose no environmental hazard or liability for same, to County. The TDC/County must also ascertain permissible governmental interest in the transfer of title. Indicate any such proposed title transfers here:

The City of Key West has been deeded title to the property by the U.S. Government, the U.S. Navy.

4. This paragraph applies only to an acquisition funding request, but you will still need to complete items 5-13, whether this is a new construction or renovations, additions, or exhibits. Indicate the area of the property to be acquired in acres:

Not applicable.

In evaluating applications for acquisition funding, an important consideration is the appropriateness of the size of the site to be acquired. Determinations of the appropriateness of the site size will be made on a case-by-case basis and will depend on the characteristics for which the property is considered to be significant. Sufficient property should be acquired to assure that the historic relationship of a structure or archaeological site to its surrounding environment is preserved as applicable. However, it is important that no more property than is necessary to achieve established preservation objectives be included in the acquisition project application. As these factors are critical to favorable consideration of your grant application and will have substantial impact on the cost of the required application documentation, we encourage prospective applicants to consult with the staff of the TDC administrative office prior to initiating the required documentation.

5. Protection of Property: Indicate any type of state or federal protection currently afforded the property. It may be that more than one type may be applicable. Provide citations for applicable local protective ordinances. Include copies of property-specific restrictive legal instruments in an attachment (**Enclose as Exhibit F**). By signing and submitting this application, the proposer **warrants** that **all** restrictions are disclosed. Failure to include every restriction on the property may result in immediate termination of any agreement and demand for return of any monies paid thereunder.

None of these restrictions will have a negative impact on our ability to construct the improvements.

6. Is the property threatened by imminent destruction, deterioration or other loss which may include demolition, vacancy, severe deterioration, loss of structural integrity, encroaching

development, adverse environmental conditions, vandalism, etc.? Be specific regarding the nature of immediacy of the threat. If so, describe in detail:

The property is in City ownership and control and is therefore not threatened.

7. a) Are there any building restrictions on the site? If so, describe. Attach copies of all recorded easement and restrictive covenants. By signing and submitting this application, the proposer **warrants** that **all** restrictions are disclosed. Failure to include **every** restriction on the property may result in immediate termination of any agreement and demand for return of any monies paid thereunder (**Enclose as Exhibit G**).

None of these restrictions will impact the proposed project.

b) Is the proposed project compatible with the County's and/or the Municipality's Concurrency Requirements under the existing and proposed Land Use Comprehensive Plan?

Yes No

Describe below how you have ascertained such compatibility. Note if your description does not provide information about existing permits and/or review by the appropriate Planning Department, your application shall be rejected. Please list all permits required to complete this project.

The project area is an existing and current amphitheater owned by the City of Key West, therefore, its land use is consistent with all City plans and concurrency requirements. Only local building permits which will be requested and approved by the City following routine permitting procedures will be required for renovation and improvements described in this application.

c) Does the site contain endangered or threatened species of flora or fauna?

Yes No If yes, attach explanation as **Exhibit H**

d) Indicate whether or not the project will be accessible to the handicapped per Chapter 553, Part V Florida Statutes and the Americans with Disabilities Act of 1990, Public Law 101-336, as amended.

Yes No If no, attach explanation as **Exhibit I**

e) Explain how your facility will utilize recycling within the work of your proposed project:

The City has an extensive public recycling program. For specific reference, please see City Code Section 58. The recycling program is managed under contract by Waste Management, Inc.

f) Public accessibility and use: Indicate the extent to which the property is currently or will be scheduled to be open to the public each year (hours per day, days per week and weeks per year) upon project completion. Estimate the number of persons who will use or visit the completed facility annually. Explain how this estimate was derived. For archaeological projects, if the site will not be accessible to the public, estimate the number of persons annually who will be exposed to the interpretive materials and reports resulting from the project. Include details on how was your estimate was derived?

The facility is open and available to the general public year-round, 365 days a year. We estimate in excess of 50,000 residents and tourists annually attend festivals, concerts, special events, charity fun runs, and other community events. This estimate is based on the 18 - 20 functions taking place at the facility with approximately 2,500 persons in attendance.

g) Is there currently signage for this project/facility on U.S.1?

Yes No

If No, are there plans to install signage and if so, do you have FDOT approval? Explain below:

Currently, there are no plans to intall signage for this project/facility on U.S. 1.

h) If the project/facility is located in a Historic District, is there currently signage for the project/facility in the Historic District?

Yes No Not located in a Historical District

i) Does the project/facility require any parking variances? Explain how this was determined in the space below.

Yes No

When completed, the Key West Coffee Butler Amphitheater Enhancements - Phase 2 project will mitigate parking issues.

8. Describe present physical condition of site (attach legal description per property tax records). Indicate the present condition of the property by checking the appropriate term below:

Excellent: The property is habitable and occupied; no repairs are needed. All physical evidence indicates that the property is under continuous maintenance. Application is for expansion and enhancement.

Good: The property is habitable and occupied; only replacement or cosmetic repairs are needed (e.g. peeling paint, missing ornamental features, windows, doors, some deteriorated mortar, etc.) Property is maintained but in need of minor repair.

Fair: The property is habitable but may be vacant. Both the structural integrity (foundation, framing, etc.) and weather tight integrity of the property (siding, walls, roofing, etc.) are in jeopardy because of prolonged neglect.

Poor: The property is uninhabitable and vacant. Major structural repairs are needed. Weather tight integrity has been lost. The property is derelict, abandoned and not habitable without major rehabilitation work.

List any specific factors or problems which contribute to the present condition of the property:

Approximately 61,300 square feet of the amphitheater berm and approximately 9,000 square feet of area in front of the stage is grass. Pedestrian traffic and use of the berm and grassy areas in front of the stage by attendees as seating during performances causes heavy wear on the grass eventually exposing dirt. The grass is difficult to maintain.

9. Status of project planning: (Any work initiated prior to approval of an Agreement by the Monroe County Board of County Commissioners will be at applicants' own cost):

- | | |
|---|---|
| <input checked="" type="checkbox"/> Not yet initiated | <input type="checkbox"/> Initiated |
| <input type="checkbox"/> Schematics Completed | <input type="checkbox"/> Design development completed |
| <input type="checkbox"/> Construction documents completed | <input type="checkbox"/> Permits have been obtained (if required) |

10. Name and Address of Project Consultant (architect, engineer, contractor, etc)
Burke Construction Group, Inc., 10145 NW 19th Street, Doral, FL 33172

Enclose preliminary plans or architectural documents completed to date – 1 set (**Enclose as Exhibit J**)

11. Has an Agreement for architectural services or construction services been executed?

- | | |
|--|--|
| <input type="checkbox"/> Yes (cost will not be reimbursed by TDC) | <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> Project does not require architectural services | |

12. It is the County's policy **not to fund operations and maintenance cost** of facilities. Describe the means by which the structure(s) affected by this project will be maintained subsequent to restoration/rehabilitation. Include sources and estimated amounts of funding for such maintenance.

The City's Department of Community Services will be responsible for maintaining these facilities. The costs of maintenance and operations will be funded in the City's Annual Budget each year during the normal budget preparation process.

13. How will this project enhance tourism in Monroe County?

With stunning views of the Gulf of Mexico and world renowned artist performances, the Amphitheater is a prominent "destination location" for Key West's 2.9 million annual visitors. The state-of-the-art performance facility regularly hosts outdoor concerts, festivals, and other major events and activities.

The Amphitheater was built in 2014 and is in need of the proposed Phase 3 enhancements to preserve the popularity of the already established tourist attraction. Maintaining the facilities ensures a quality experience for guests and will draw them back for future events.

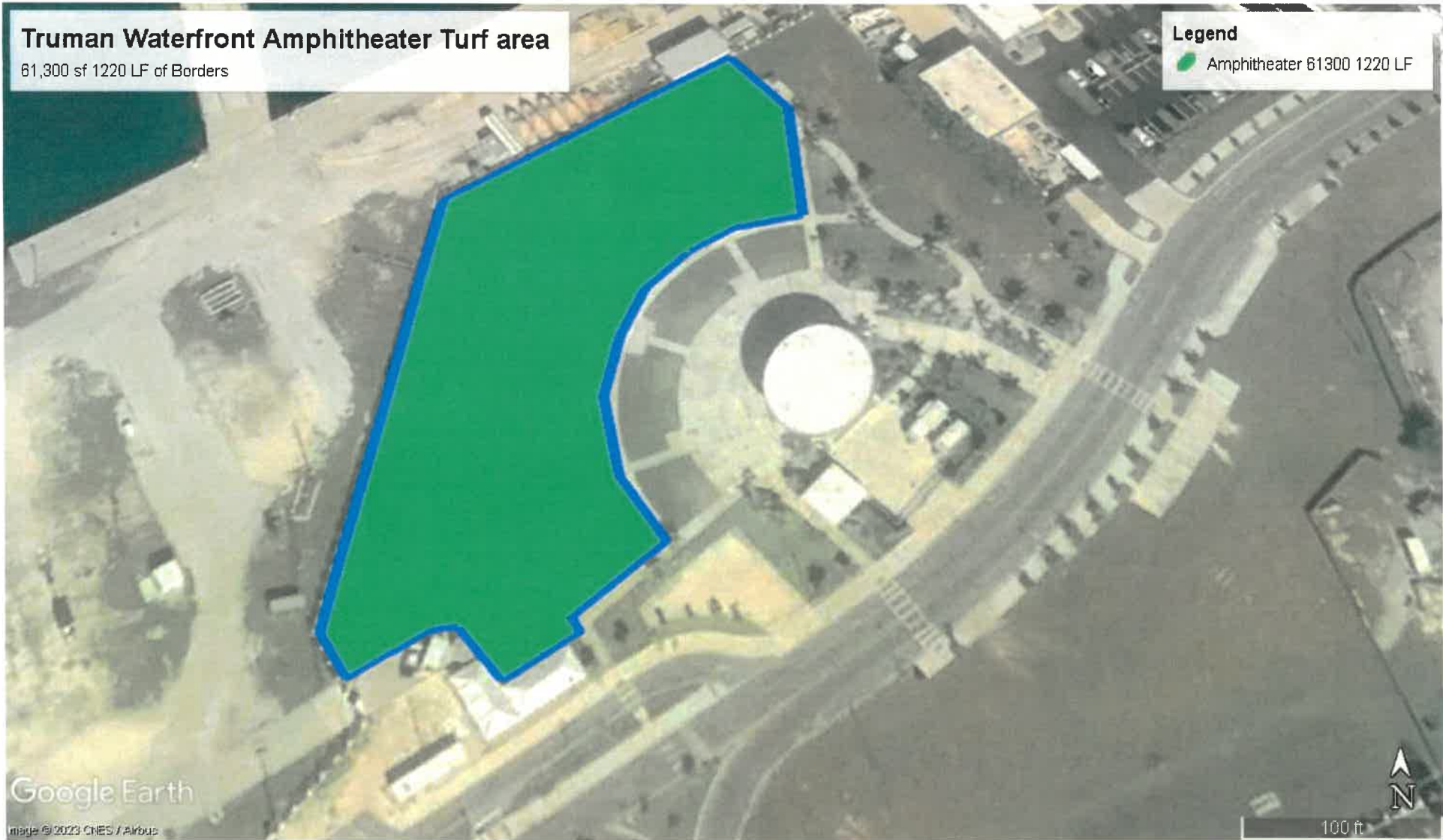
Maintaining a quality facility will not only attract attendees but will also attract fresh, well-known musical groups with large followings that will want to perform in the picturesque space.

Installation of high-traffic turf on the berm and rubber surface material in the grassy areas in front of the stage will enhance comfortability of guests, raise the quality of the guests' experience, and attract larger performers drawing further tourism to Key West.

14. Applicant must demonstrate the ability to complete the project as proposed and to maintain and operate the project as a viable and long-term tourist attraction that is open to the public. Included in this demonstration should be a proposed operational budget and marketing program to promote this facility as a tourist attraction. (**Attach as Exhibit K**).

15. Estimated Project completion date:
September 30, 2024

Location Map



Key West Coffee Butler Amphitheater

Rubber Surface Material areas

Location Map





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

Detail by Entity Name

Florida Not For Profit Corporation
THE CITY OF KEY WEST, INC.

Filing Information

Document Number	N13000007165
FEI/EIN Number	38-3916807
Date Filed	08/07/2013
Effective Date	08/07/2013
State	FL
Status	ACTIVE
Last Event	REINSTATEMENT
Event Date Filed	10/02/2014

Principal Address

1300 White Street
KEY WEST, FL 33040

Changed: 02/09/2017

Mailing Address

1300 White Street
KEY WEST, FL 33040

Changed: 02/09/2017

Registered Agent Name & Address

Ramsingh, Ronald J, ESQ
1300 White Street
KEY WEST, FL 33040

Name Changed: 03/27/2023

Address Changed: 02/09/2017

Officer/Director Detail

Name & Address

Title P

Johnston, Teri
1300 White Street
KEY WEST, FL 33040

Title B

LOPEZ, CLAYTON
 1300 White Street
 KEY WEST, FL 33040

Title B

Kaufman, Samuel
 1300 White Street
 KEY WEST, FL 33040

Title B

Carey, Lissette
 1300 White Street
 KEY WEST, FL 33040

Title B

WARDLOW, WILLIAM
 1300 White Street
 KEY WEST, FL 33040

Title B

WEEKLEY, JAMES
 1300 White Street
 KEY WEST, FL 33040

Title B

Hoover, Mary Lou
 1300 White Street
 Key West, FL 33040

Annual Reports

Report Year	Filed Date
2021	01/27/2021
2022	02/07/2022
2023	03/27/2023

Document Images

03/27/2023 -- ANNUAL REPORT	View image in PDF format
02/07/2022 -- ANNUAL REPORT	View image in PDF format
01/27/2021 -- ANNUAL REPORT	View image in PDF format
01/21/2020 -- ANNUAL REPORT	View image in PDF format
04/05/2019 -- ANNUAL REPORT	View image in PDF format
01/24/2018 -- ANNUAL REPORT	View image in PDF format

02/09/2017 -- ANNUAL REPORT	View image in PDF format
05/11/2016 -- ANNUAL REPORT	View image in PDF format
01/27/2015 -- ANNUAL REPORT	View image in PDF format
10/02/2014 -- REINSTATEMENT	View image in PDF format
08/07/2013 -- Domestic Non-Profit	View image in PDF format

Florida Department of State, Division of Corporations

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000007165

Entity Name: THE CITY OF KEY WEST, INC.

Current Principal Place of Business:

1300 WHITE STREET
KEY WEST, FL 33040

Current Mailing Address:

1300 WHITE STREET
KEY WEST, FL 33040 US

FEI Number: 38-3916807

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RAMSINGH, RONALD J ESQ
1300 WHITE STREET
KEY WEST, FL 33040 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: RONALD J. RAMSINGH

03/27/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name JOHNSTON, TERI
Address 1300 WHITE STREET
City-State-Zip: KEY WEST FL 33040

Title B
Name LOPEZ, CLAYTON
Address 1300 WHITE STREET
City-State-Zip: KEY WEST FL 33040

Title B
Name KAUFMAN, SAMUEL
Address 1300 WHITE STREET
City-State-Zip: KEY WEST FL 33040

Title B
Name CAREY, LISSETTE
Address 1300 WHITE STREET
City-State-Zip: KEY WEST FL 33040

Title B
Name WARDLOW, WILLIAM
Address 1300 WHITE STREET
City-State-Zip: KEY WEST FL 33040

Title B
Name WEEKLEY, JAMES
Address 1300 WHITE STREET
City-State-Zip: KEY WEST FL 33040

Title B
Name HOOVER, MARY LOU
Address 1300 WHITE STREET
City-State-Zip: KEY WEST FL 33040

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TERI JOHNSTON

PRESIDENT

03/27/2023

Electronic Signature of Signing Officer/Director Detail

Date

**CITY OF KEY WEST
FY 23/24 CIP PROJECT DETAIL**

Project No: TBA
Project Name: TURF & RUBBER SURFACE @ AMP
Location: TWF AMPHITHEATER
Department: COMMUNITY SERVICES
Account No: 105-7507-575-4600

Date: 04/18/23
Contact: M. DAVILA
Project Start: 10/01/23
Project Complete: 04/01/24
Project Estimate: \$641,830.00
Project Funding to Date: \$ -

Project Description/Justification:

INSTALLING ARTIFICIAL TURF ON BERM & RUBBER SURFACE MATERIAL ON 4 GRASS AREAS IN FRONT OF THE STAGE AT THE TRUMAN WATERFRONT AMPHITHEATER

Reasons for Funding Modification (if applicable):

Operating Impact:

Related Projects:

Project Phase Summary

Phase	Committed	FY23/24	FY 24/25	FY 25/26	FY 26/27	FY 28/29	
CONSTRUCTION		\$ 641,830					
Total	\$ -	\$ 641,830	\$ -	\$ -	\$ -	\$ -	\$ 641,830

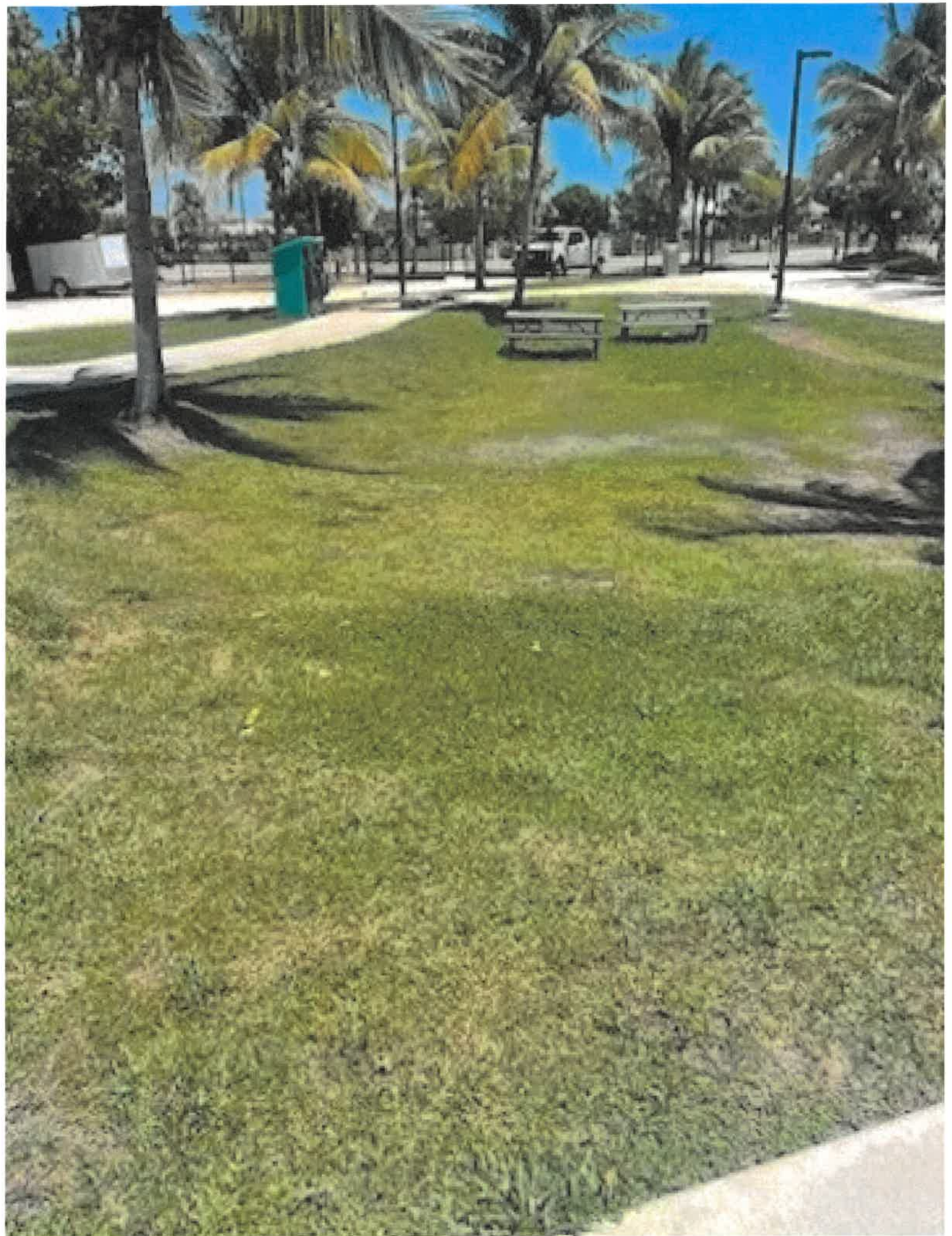
Funding Source Summary

Phase	Committed	FY23/24	FY 24/25	FY 25/26	FY 26/27	FY 28/29	
		\$ 641,830					
Total	\$ -	\$ 641,830	\$ -	\$ -	\$ -	\$ -	\$ 641,830









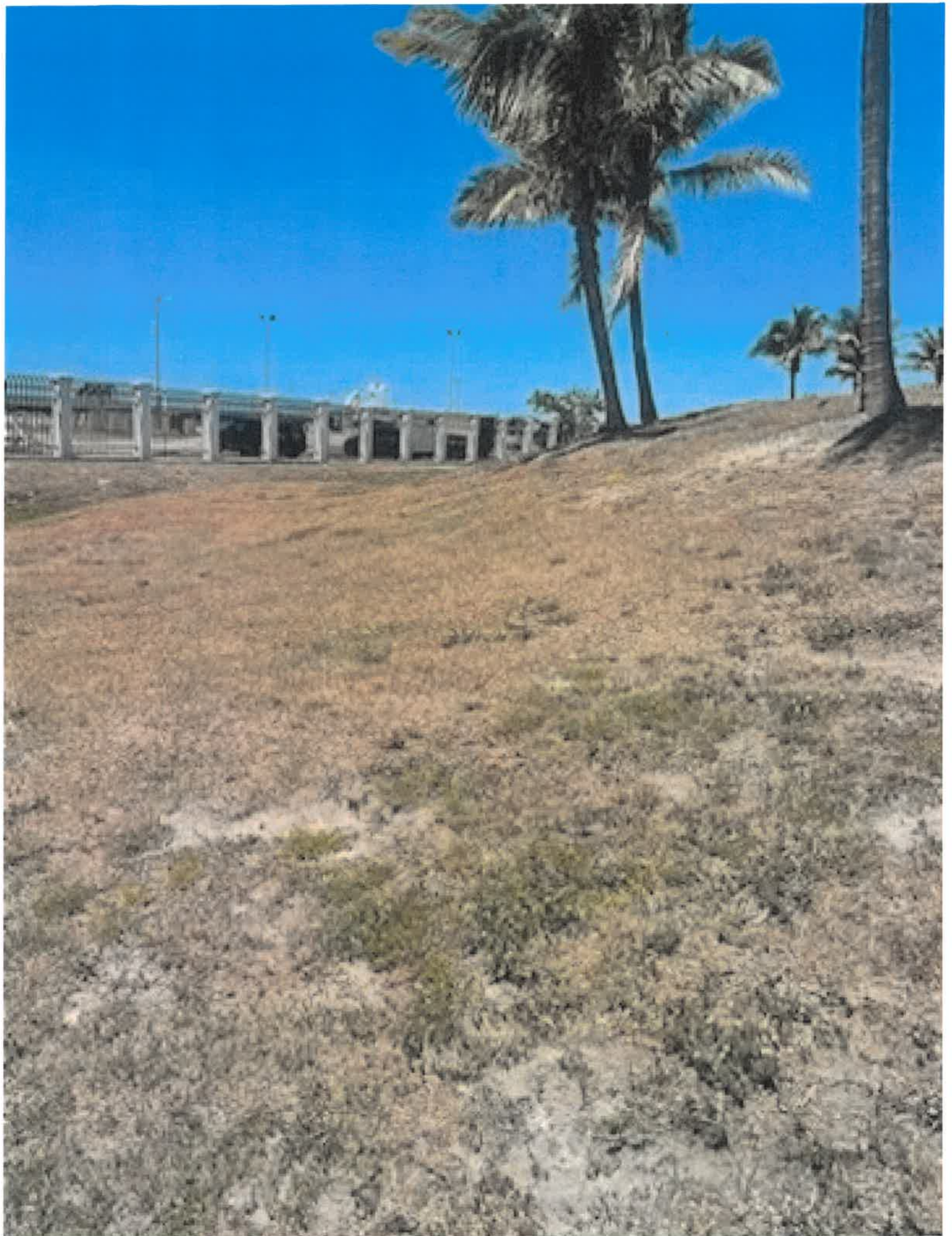
















Disclaimer

The Monroe County Property Appraiser's office maintains data on property within the County solely for the purpose of fulfilling its responsibility to secure a just valuation for ad valorem tax purposes of all property within the County. The Monroe County Property Appraiser's office cannot guarantee its accuracy for any other purpose. Likewise, data provided regarding one tax year may not be applicable in prior or subsequent years. By requesting such data, you hereby understand and agree that the data is intended for ad valorem tax purposes only and should not be relied on for any other purpose.

By continuing into this site you assert that you have read and agree to the above statement.

Summary

Parcel ID 00001630-001000
 Account# 9038855
 Property ID 9038855
 Millage Group 10KW
 Location Address 21 QUAY Rd, KEY WEST
 Legal Description KW PARCEL OF LAND LYING W'LY OF TRUMAN ANNEX (24.95 AC) U161-329 OR1839-410/79
 (Note: Not to be used on legal documents.)
 Neighborhood 32140
 Property Class MUNICIPAL (8900)
 Subdivision
 Sec/Twp/Rng 06/68/25
 Affordable No
 Housing



9038855A BLDG.1,2,&3 MOLE 06/18/03

Owner

[CITY OF KEY WEST](#)
 PO Box 1409
 Key West FL 33041

Valuation

	2022 Certified Values	2021 Certified Values	2020 Certified Values	2019 Certified Values
+ Market Improvement Value	\$1,766,009	\$1,766,009	\$1,766,009	\$1,766,009
+ Market Misc Value	\$2,084,275	\$2,084,275	\$2,084,275	\$2,084,275
+ Market Land Value	\$39,920,000	\$39,920,000	\$39,920,000	\$39,920,000
= Just Market Value	\$43,770,284	\$43,770,284	\$43,770,284	\$43,770,284
= Total Assessed Value	\$43,770,284	\$43,770,284	\$43,770,284	\$43,770,284
- School Exempt Value	(\$43,770,284)	(\$43,770,284)	(\$43,770,284)	(\$43,770,284)
= School Taxable Value	\$0	\$0	\$0	\$0

Historical Assessments

Year	Land Value	Building Value	Yard Item Value	Just (Market) Value	Assessed Value	Exempt Value	Taxable Value	Maximum Portability
2021	\$39,920,000	\$1,766,009	\$2,084,275	\$43,770,284	\$43,770,284	\$43,770,284	\$0	\$0
2020	\$39,920,000	\$1,766,009	\$2,084,275	\$43,770,284	\$43,770,284	\$43,770,284	\$0	\$0
2019	\$39,920,000	\$1,766,009	\$2,084,275	\$43,770,284	\$43,770,284	\$43,770,284	\$0	\$0
2018	\$39,920,000	\$1,766,009	\$2,084,275	\$43,770,284	\$43,770,284	\$43,770,284	\$0	\$0

The Maximum Portability is an estimate only and should not be relied upon as the actual portability amount. Contact our office to verify the actual portability amount.

Land

Land Use	Number of Units	Unit Type	Frontage	Depth
COMMERCIAL EXEMPT (100E)	24.95	Acreage	0	0

Buildings

Building ID	44432	Exterior Walls	REIN CONCRETE
Style		Year Built	1987
Building Type	ELEC/TELEPHONE ETC C / 91C	EffectiveYearBuilt	2000
Gross Sq Ft	352	Foundation	
Finished Sq Ft	352	Roof Type	
Stories	1 Floor	Roof Coverage	
Condition	AVERAGE	Flooring Type	
Perimeter	76	Heating Type	
Functional Obs	0	Bedrooms	0
Economic Obs	0	Full Bathrooms	0

Depreciation % 30
 Interior Walls
 Half Bathrooms 0
 Grade 300
 Number of Fire Pl 0

Code	Description	Sketch Area	Finished Area	Perimeter
FLA	FLOOR LIV AREA	352	352	0
TOTAL		352	352	0

Building ID 44433
 Style
 Building Type ELEC/TELEPHONE ETC C / 91C
 Gross Sq Ft 352
 Finished Sq Ft 352
 Stories 1 Floor
 Condition AVERAGE
 Perimeter 76
 Functional Obs 0
 Economic Obs 0
 Depreciation % 30
 Interior Walls
 Exterior Walls REIN CONCRETE
 Year Built 1987
 EffectiveYearBuilt 2000
 Foundation
 Roof Type
 Roof Coverage
 Flooring Type
 Heating Type
 Bedrooms 0
 Full Bathrooms 0
 Half Bathrooms 0
 Grade 300
 Number of Fire Pl 0

Code	Description	Sketch Area	Finished Area	Perimeter
FLA	FLOOR LIV AREA	352	352	0
TOTAL		352	352	0

Building ID 44434
 Style
 Building Type ELEC/TELEPHONE ETC C / 91C
 Gross Sq Ft 352
 Finished Sq Ft 352
 Stories 1 Floor
 Condition AVERAGE
 Perimeter 76
 Functional Obs 0
 Economic Obs 0
 Depreciation % 30
 Interior Walls
 Exterior Walls REIN CONCRETE
 Year Built 1987
 EffectiveYearBuilt 2000
 Foundation
 Roof Type
 Roof Coverage
 Flooring Type
 Heating Type
 Bedrooms 0
 Full Bathrooms 0
 Half Bathrooms 0
 Grade 300
 Number of Fire Pl 0

Code	Description	Sketch Area	Finished Area	Perimeter
FLA	FLOOR LIV AREA	352	352	0
TOTAL		352	352	0

Building ID 44435
 Style
 Building Type VACANT COMM / 10B
 Gross Sq Ft 1638
 Finished Sq Ft 1638
 Stories 2 Floor
 Condition POOR
 Perimeter 246
 Functional Obs 0
 Economic Obs 0
 Depreciation % 60
 Interior Walls
 Exterior Walls C.B.S.
 Year Built 1947
 EffectiveYearBuilt 1957
 Foundation
 Roof Type
 Roof Coverage
 Flooring Type
 Heating Type
 Bedrooms 0
 Full Bathrooms 0
 Half Bathrooms 0
 Grade 200
 Number of Fire Pl 0

Code	Description	Sketch Area	Finished Area	Perimeter
FLA	FLOOR LIV AREA	1,638	1,638	0
TOTAL		1,638	1,638	0

Building ID 44436
 Style
 Building Type VACANT COMM / 10B
 Gross Sq Ft 11897
 Finished Sq Ft 10165
 Stories 2 Floor
 Condition POOR
 Perimeter 576
 Functional Obs 0
 Economic Obs 0
 Depreciation % 60
 Interior Walls
 Exterior Walls C.B.S.
 Year Built 1947
 EffectiveYearBuilt 1957
 Foundation
 Roof Type
 Roof Coverage
 Flooring Type
 Heating Type
 Bedrooms 0
 Full Bathrooms 0
 Half Bathrooms 0
 Grade 250
 Number of Fire Pl 0

Code	Description	Sketch Area	Finished Area	Perimeter
FLA	FLOOR LIV AREA	10,165	10,165	0
OPU	OP PR UNFIN LL	1,732	0	0

Code	Description	Sketch Area	Finished Area	Perimeter
TOTAL		11,897	10,165	0

Building ID	44437	Exterior Walls	C.B.S.
Style		Year Built	1947
Building Type	VACANT COMM / 10B	EffectiveYearBuilt	1957
Gross Sq Ft	15868	Foundation	
Finished Sq Ft	13578	Roof Type	
Stories	1 Floor	Roof Coverage	
Condition	POOR	Flooring Type	
Perimeter	582	Heating Type	
Functional Obs	0	Bedrooms	0
Economic Obs	0	Full Bathrooms	0
Depreciation %	60	Half Bathrooms	0
Interior Walls		Grade	250
		Number of Fire Pl	0

Code	Description	Sketch Area	Finished Area	Perimeter
DUF	FIN DET UTILIT	81	0	0
FLA	FLOOR LIV AREA	13,578	13,578	0
OPU	OP PR UNFIN LL	2,110	0	0
SBF	UTIL FIN BLK	99	0	0
TOTAL		15,868	13,578	0

Building ID	44438	Exterior Walls	C.B.S.
Style		Year Built	1947
Building Type	VACANT COMM / 10B	EffectiveYearBuilt	1957
Gross Sq Ft	6865	Foundation	
Finished Sq Ft	6769	Roof Type	
Stories	2 Floor	Roof Coverage	
Condition	POOR	Flooring Type	
Perimeter	394	Heating Type	
Functional Obs	0	Bedrooms	0
Economic Obs	0	Full Bathrooms	0
Depreciation %	60	Half Bathrooms	0
Interior Walls		Grade	250
		Number of Fire Pl	0

Code	Description	Sketch Area	Finished Area	Perimeter
FLA	FLOOR LIV AREA	6,769	6,769	0
OPU	OP PR UNFIN LL	96	0	0
TOTAL		6,865	6,769	0

Building ID	44439	Exterior Walls	REIN CONCRETE
Style		Year Built	1987
Building Type	ELEC/TELEPHONE ETC A / 91A	EffectiveYearBuilt	2000
Gross Sq Ft	342	Foundation	
Finished Sq Ft	342	Roof Type	
Stories	1 Floor	Roof Coverage	
Condition	AVERAGE	Flooring Type	
Perimeter	94	Heating Type	
Functional Obs	0	Bedrooms	0
Economic Obs	0	Full Bathrooms	0
Depreciation %	30	Half Bathrooms	0
Interior Walls		Grade	300
		Number of Fire Pl	0

Code	Description	Sketch Area	Finished Area	Perimeter
FLA	FLOOR LIV AREA	342	342	0
TOTAL		342	342	0

Building ID	44440	Exterior Walls	C.B.S.
Style		Year Built	1985
Building Type	VACANT COMM / 10B	EffectiveYearBuilt	1986
Gross Sq Ft	56	Foundation	
Finished Sq Ft	56	Roof Type	
Stories	1 Floor	Roof Coverage	
Condition	AVERAGE	Flooring Type	
Perimeter	30	Heating Type	
Functional Obs	0	Bedrooms	0
Economic Obs	0	Full Bathrooms	0
Depreciation %	45	Half Bathrooms	0
Interior Walls		Grade	250
		Number of Fire Pl	0

Code	Description	Sketch Area	Finished Area	Perimeter
FLA	FLOOR LIV AREA	56	56	0

Code	Description	Sketch Area	Finished Area	Perimeter
TOTAL		56	56	0

Building ID	44441	Exterior Walls	AVE WOOD SIDING
Style		Year Built	1969
Building Type	VACANT COMM / 10B	EffectiveYearBuilt	1974
Gross Sq Ft	19445	Foundation	
Finished Sq Ft	15901	Roof Type	
Stories	2 Floor	Roof Coverage	
Condition	FAIR	Flooring Type	
Perimeter	726	Heating Type	
Functional Obs	0	Bedrooms	0
Economic Obs	0	Full Bathrooms	2
Depreciation %	60	Half Bathrooms	2
Interior Walls		Grade	300
		Number of Fire Pl	0

Code	Description	Sketch Area	Finished Area	Perimeter
FLA	FLOOR LIV AREA	15,901	15,901	0
GBF	GAR FIN BLOCK	580	0	0
CLP	LOAD PLATFM	825	0	0
OPU	OP PR UNFIN LL	84	0	0
OPF	OP PRCH FIN LL	1,419	0	0
SBF	UTIL FIN BLK	636	0	0
TOTAL		19,445	15,901	0

Building ID	44442	Exterior Walls	AVE WOOD SIDING
Style		Year Built	1942
Building Type	VACANT COMM / 10B	EffectiveYearBuilt	1957
Gross Sq Ft	1964	Foundation	
Finished Sq Ft	1868	Roof Type	
Stories	1 Floor	Roof Coverage	
Condition	POOR	Flooring Type	
Perimeter	234	Heating Type	
Functional Obs	0	Bedrooms	0
Economic Obs	0	Full Bathrooms	0
Depreciation %	60	Half Bathrooms	2
Interior Walls		Grade	200
		Number of Fire Pl	0

Code	Description	Sketch Area	Finished Area	Perimeter
FLA	FLOOR LIV AREA	1,868	1,868	0
OPF	OP PRCH FIN LL	96	0	0
TOTAL		1,964	1,868	0

Yard Items

Description	Roll Year	Size	Quantity	Value	Grade
ASPHALT PAVING	1943	60 x 185	1	\$59,163	2
CONC PATIO	1943	20 x 56	1	\$11,334	2
CONC PATIO	1943	6 x 21	1	\$1,275	2
CONC PATIO	1943	6 x 21	1	\$1,275	2
ASPHALT PAVING	1943	36 x 40	1	\$7,675	2
CONC PATIO	1943	34 x 43	1	\$14,795	2
ASPHALT PAVING	1943	24 x 610	1	\$78,031	2
CONC PATIO	1943	10 x 147	1	\$14,876	2
CONC PATIO	1943	35 x 45	1	\$15,939	2
ASPHALT PAVING	1943	80 x 200	1	\$85,280	2
ASPHALT PAVING	1943	90 x 200	1	\$95,940	2
CONC PATIO	1943	10 x 19	1	\$1,923	2
CONC PATIO	1943	12 x 20	1	\$2,429	2
CONC PATIO	1943	11 x 22	1	\$2,449	2
ASPHALT PAVING	1943	70 x 390	1	\$145,509	2
CONC PATIO	1943	12 x 23	1	\$2,793	2
CONC PATIO	1943	4 x 700	1	\$28,336	2
ASPHALT PAVING	1943	44 x 65	1	\$15,244	2
CONC PATIO	1943	4 x 760	1	\$30,765	2
CONC PATIO	1943	17 x 20	1	\$3,441	2
ASPHALT PAVING	1943	24 x 190	1	\$24,305	2
CONC PATIO	1943	20 x 24	1	\$4,858	2
CONCRETE DOCK	1943	2 x 25	1	\$3,566	4
CONC PATIO	1943	8 x 66	1	\$5,343	2
ASPHALT PAVING	1943	64 x 92	1	\$31,383	2
CONC PATIO	1943	4 x 180	1	\$7,286	2

Description	Roll Year	Size	Quantity	Value	Grade
ASPHALT PAVING	1943	52 x 145	1	\$40,188	2
RW2	1943	4 x 225	1	\$10,251	3
ASPHALT PAVING	1943	61 x 150	1	\$48,770	2
CH LINK FENCE	1974	6 x 20	1	\$266	1
FENCES	1974	8 x 20	1	\$1,517	3
ASPHALT PAVING	1974	90 x 250	1	\$119,925	2
CH LINK FENCE	1974	6 x 14	1	\$186	1
CONC PATIO	1979	8 x 58	1	\$4,696	2
CONC PATIO	1979	5 x 100	1	\$5,060	2
CONC PATIO	1979	4 x 138	1	\$5,586	2
CONC PATIO	1979	3 x 185	1	\$5,617	2
RW2	1979	3 x 318	1	\$10,866	3
CONC PATIO	1984	22 x 47	1	\$10,464	2
CONCRETE DOCK	1984	7 x 1508	1	\$752,854	4
ASPHALT PAVING	1984	50 x 232	1	\$61,828	2
SEAWALL	1984	12 x 1508	1	\$2,117,232	4
ASPHALT PAVING	1984	61 x 306	1	\$99,490	2
BOAT RAMP	1984	60 x 387	1	\$1,174,932	3
CH LINK FENCE	1984	8 x 4169	1	\$84,381	2
ASPHALT PAVING	1984	25 x 167	1	\$22,253	2
ASPHALT PAVING	1984	22 x 222	1	\$26,032	2
CONC PATIO	1984	60 x 121	1	\$73,471	2
CONC PATIO	1984	61 x 1202	1	\$742,019	2
UTILITY BLDG	1999	6 x 6	1	\$2,323	5
CH LINK FENCE	2001	8 x 2245	1	\$39,871	1
FENCES	2001	10 x 40	1	\$5,060	5
FENCES	2001	7 x 66	1	\$5,844	5

Permits

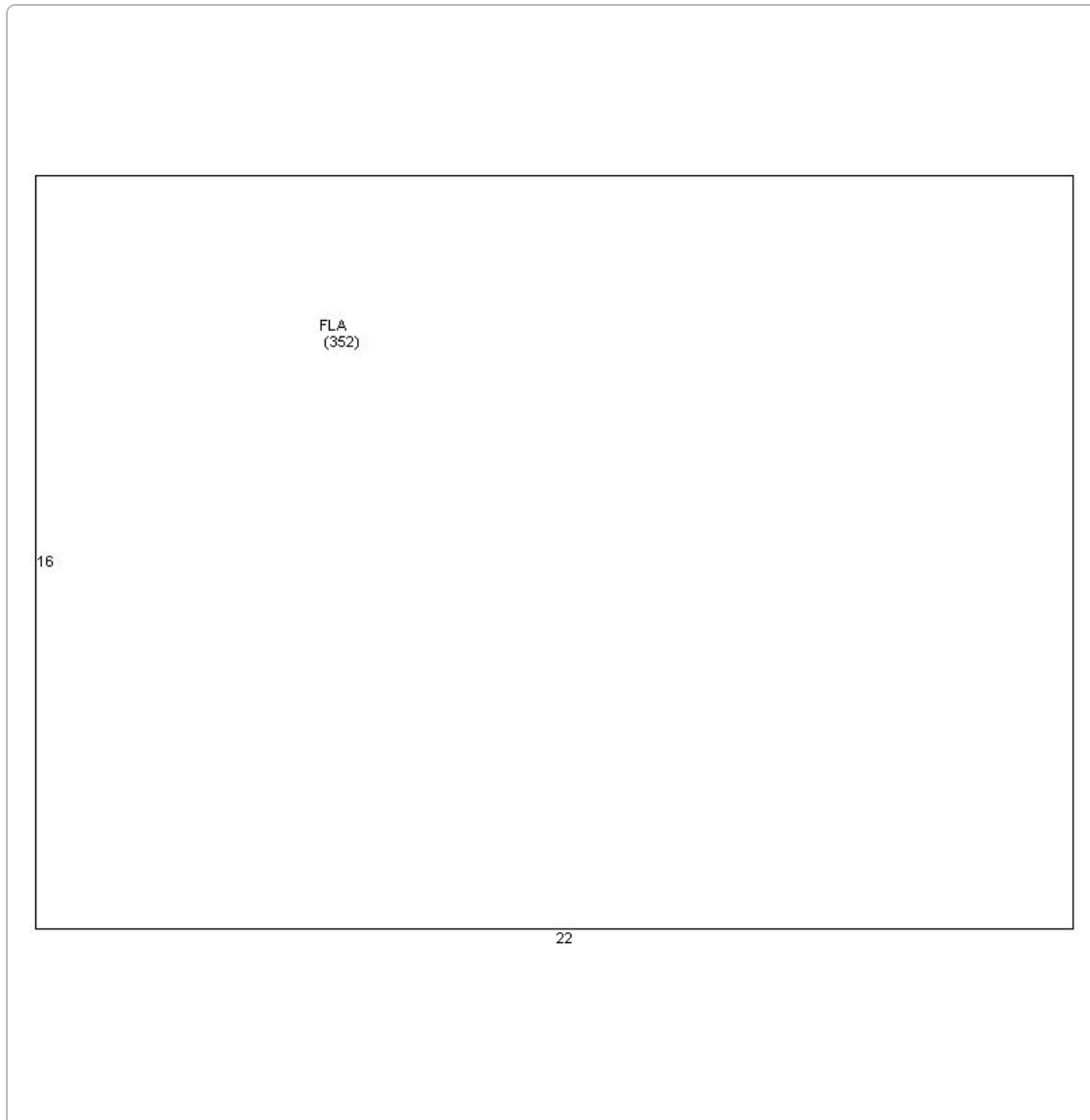
Number	Date Issued	Date Completed	Amount	Permit Type	Notes
BLD2019-3349	1/28/2020		\$136,000	Commercial	BUILDING 1287 MECHANICAL WORK, NEW HVAC & VENTILATION.
BLD2019-3346	1/10/2020		\$428,825	Commercial	RENOVATION EXTERIOR
BLD2019-3347	1/10/2020		\$270,350	Commercial	RENOVATION INTERIOR OF EXISTING CONCRETE BUILDING 1287.
BLD2019-4110	11/22/2019		\$1,300	Commercial	TEMPORARY POWER POLE LOCATED ON THE WEST SIDE OF THE HORSE BARN.
BLD2019-3742	11/15/2019		\$90,000	Commercial	PARTIAL DEMO OF BUILDING 1287
BLD2019-3907	11/15/2019	11/20/2019	\$0	Commercial	INSTALLATION OF A TEMPORARY CONSTRUCTION FENCING
BLD2019-3908	11/15/2019	12/18/2019	\$0	Commercial	CONSTRUCTION OF TEMPORARY HORSE FACILITIES
BLD2019-4043	11/15/2019		\$1,300	Commercial	TEMPORARY POWER POLE FOR TRAILER.
BLD2019-3906	11/14/2019		\$0	Commercial	PLACEMENT OF A TEMPORARY CONSTRUCTION OFFICE TRAILER
BLD2019-3350	9/16/2019		\$181,000	Commercial	ELECTRICAL
BLD2019-2359	7/12/2019		\$39,762	Commercial	Installing cameras on security trailer
BLD2019-0970	3/13/2019		\$32,910	Commercial	Electrical work for Outer Mole Pier Lighting.
17-3664	11/1/2017		\$290,000	Commercial	INSTALL APPROX 90 LF OF NEW SHEET PILE SEAWALL WITH CONCRETE CAP, STEEL TIE BACKS AND CONCRETE DEADMEN
17-633	7/20/2017	12/14/2017	\$221,000	Commercial	TRUMAN WATERFRONT AMPHITHEATER- INSTALLATION OF SERVICE ENTRANCE EQUIPMENT WITH ASSOCIATED METERING, DISCONNECTING MEANS, CONDUIT, FEEDERS, GROUNDING AND OVER-CURRENT PROTECTION; INSTALLATION OF CONDUIT, BRANCH CIRCUITRY, LIGHTING CONTROL, COMPANY SWITCH, BOXES; DEVICE RING AND DEVICES FOR INTERIOR AND EXTERIOR LIGHTING AND POWER
17-2637	7/7/2017	5/7/2018	\$48,671	Commercial	AMPHITHEATER- FIRESTONE 060 FLEECE BACK MEMBRANE OVER LTW DECK APPROX 3605 SQ FT. INSTALL 060 B FLEECE BACK TOP 10 X 100 FULL SHEETS FULLY ADHERED TO LTW INSULATED CONCRETE USING XR BONDING ADHESIVE. NEW LTW CONCRETE WILL BE INSTALLED BY OTHER. FLASH CURB FLASHING USING BONDING ADHESIVE. FLASH NEW ROOF DRAINS. RESTROOM - FIRESTONE 060 FLEECE BACK MEMBRANE OVER CONCRETE DECK APPROX 1228 SQ FT INSTALL 060 B FLEECE BAK TOP 10 X 100 FULL SHEETS FULLY ADHERED CONCRETE DECKING USING XR BONDING ADHESIVE.

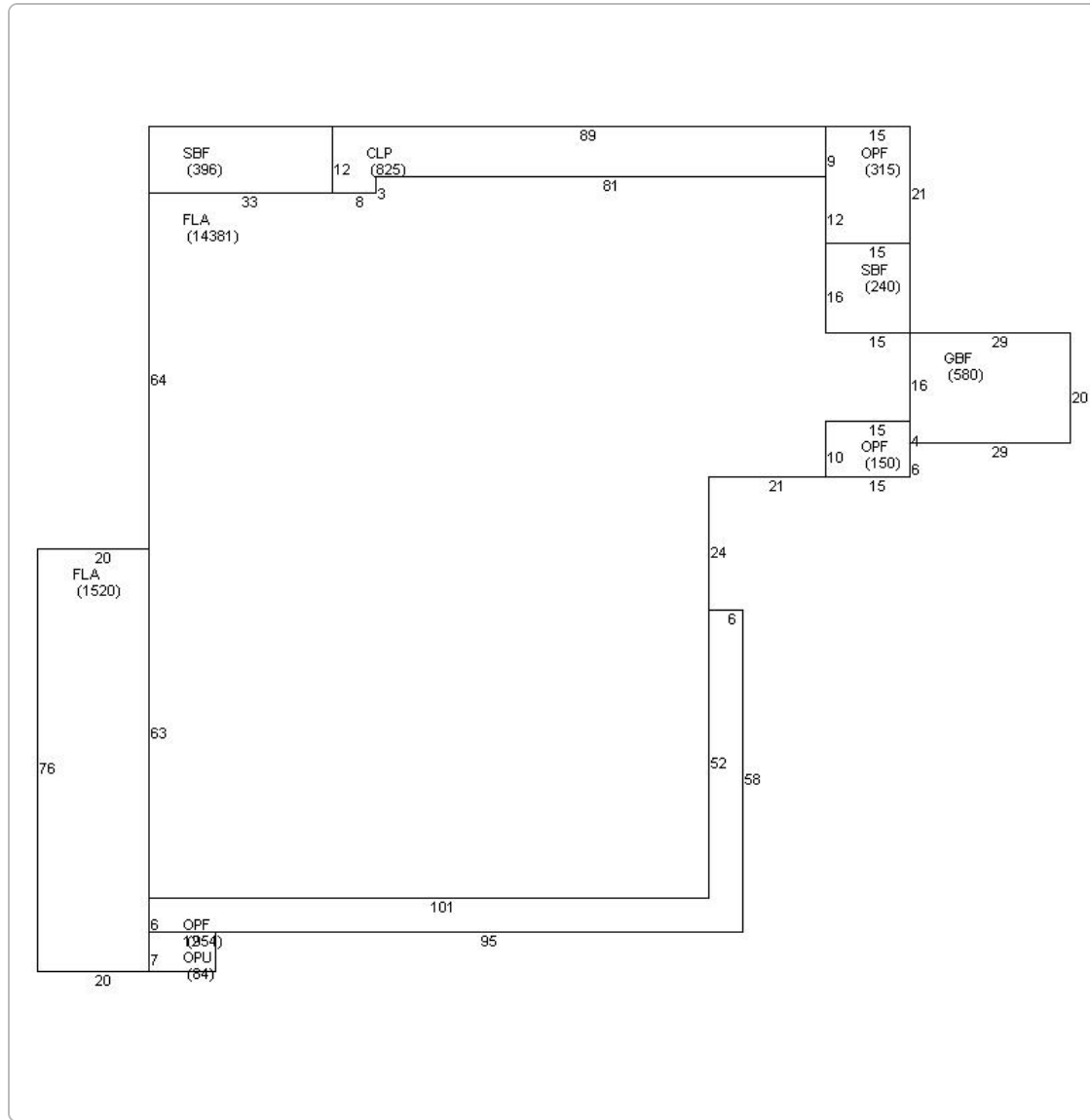
Number	Date Issued	Date Completed	Amount	Permit Type	Notes
17-1041	3/14/2017	4/25/2018	\$1,041,185	Commercial	SITE WORK, INCLUDING A CURVED BERM AND OF STOCKPILED SOIL; UTILITY WORK INCLUDING DEMOLITION, RELOCATION AND NEW UTILITIES, GRADE WORK, ROADWAYS, PARKING WITH ADA SPACES ACROSS THE STREET, SIDEWALKS, PEDESTRIAN PATHS AND LANDSCAPE.
17-378	3/14/2017		\$1,167,396	Commercial	CONSTRUCTION OF AMPITHEATER
17-572	3/8/2017	4/25/2018	\$330,000	Commercial	TRUMAN WATERFRONT PARK BATHROOM PAVILION
16-0183	5/13/2016		\$12,530,374	Commercial	DEMO OF EXISTING INFRA STRUCTURES, SITE WORK INCLUDING UNDERGROUND UTILITIES, HARDSCAPES, PARK ACCESSORIES ETC. CONTRIBUTING TO THE DEVELOPMENT OF TRUMAN WATERFRONT PARK.
08-2411	7/8/2008		\$0	Commercial	INSTALL 3 HOSE BIBBS TO EXISTING CENTER LINE

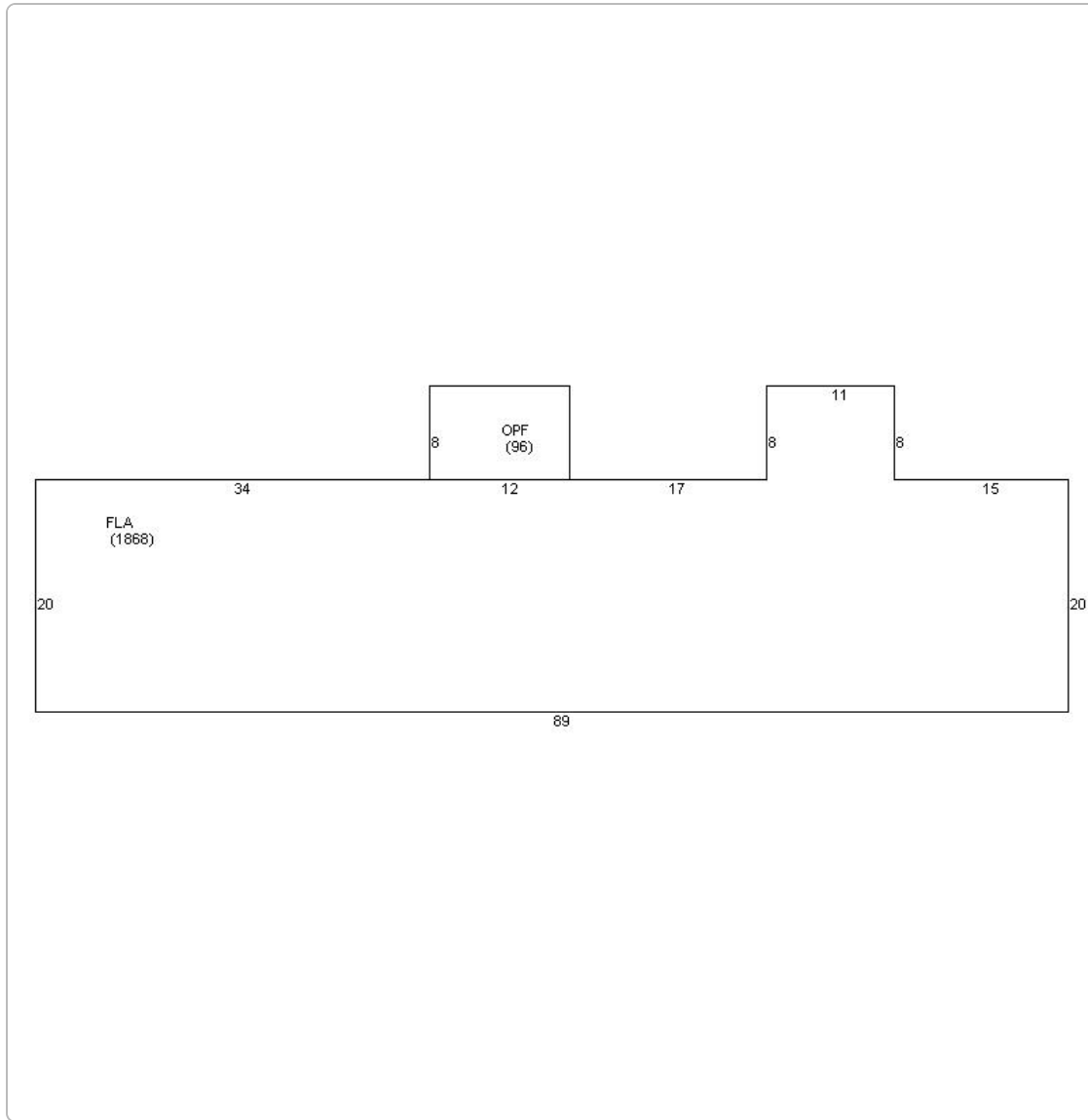
View Tax Info

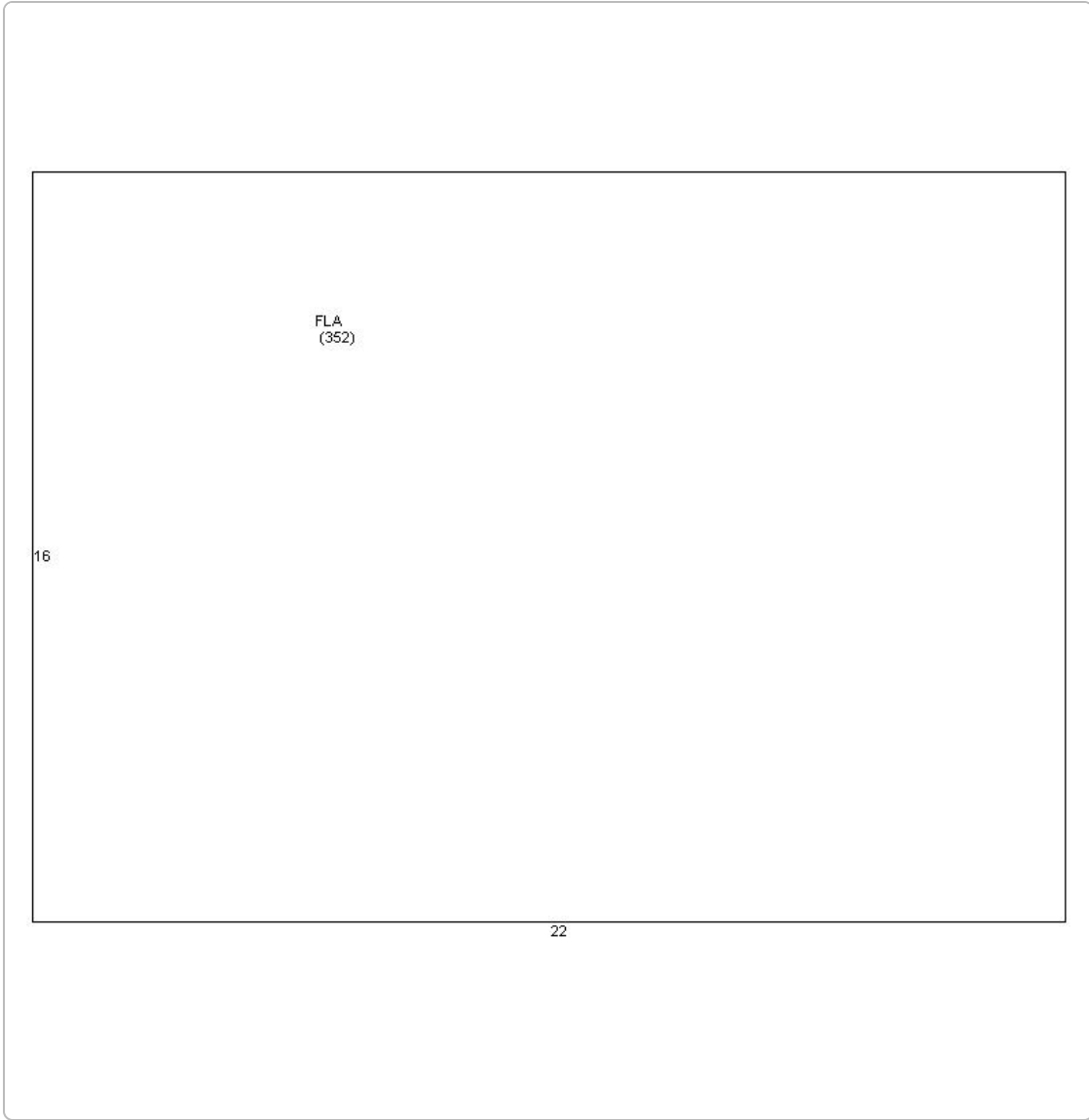
[View Taxes for this Parcel](#)

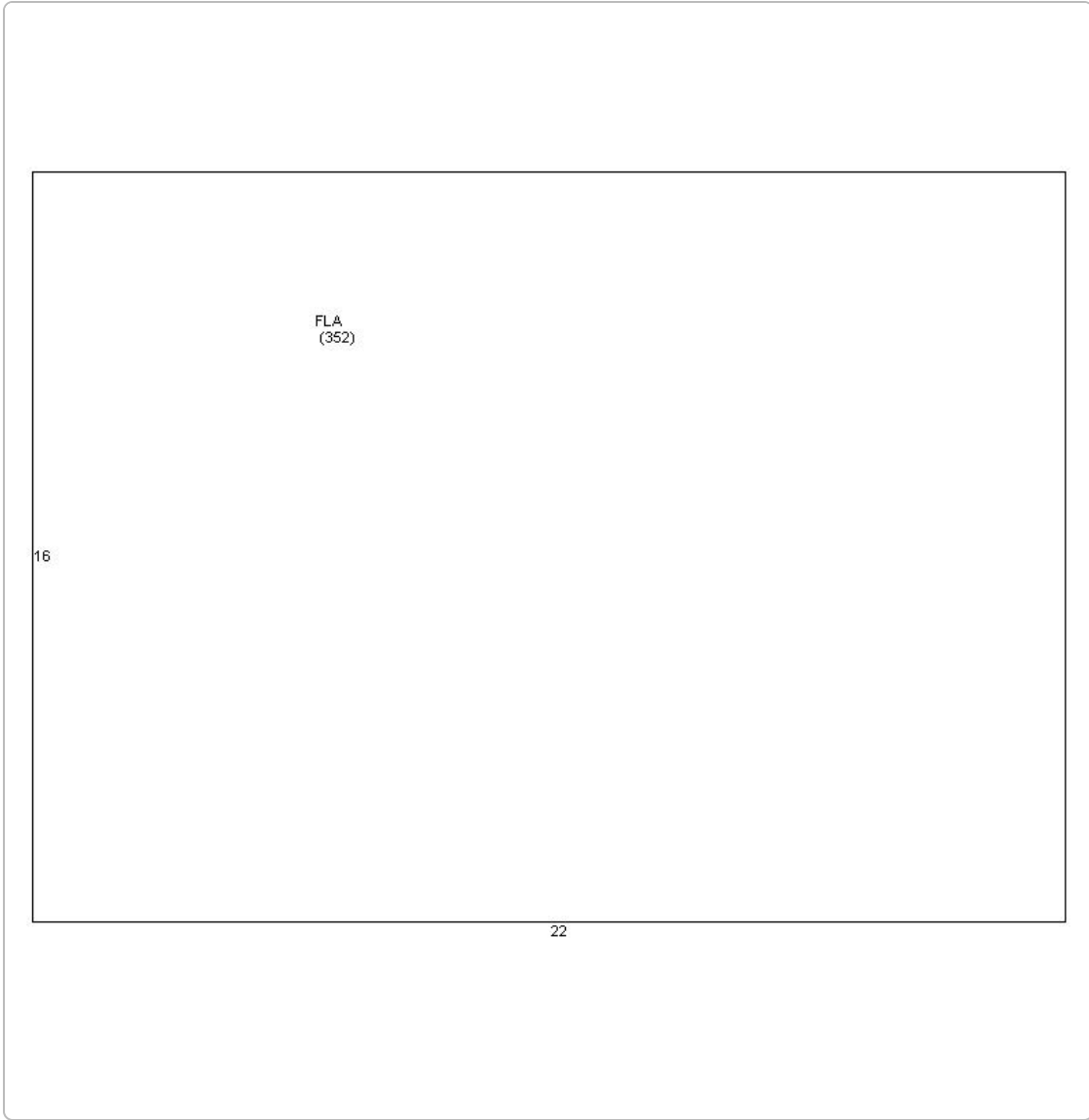
Sketches (click to enlarge)





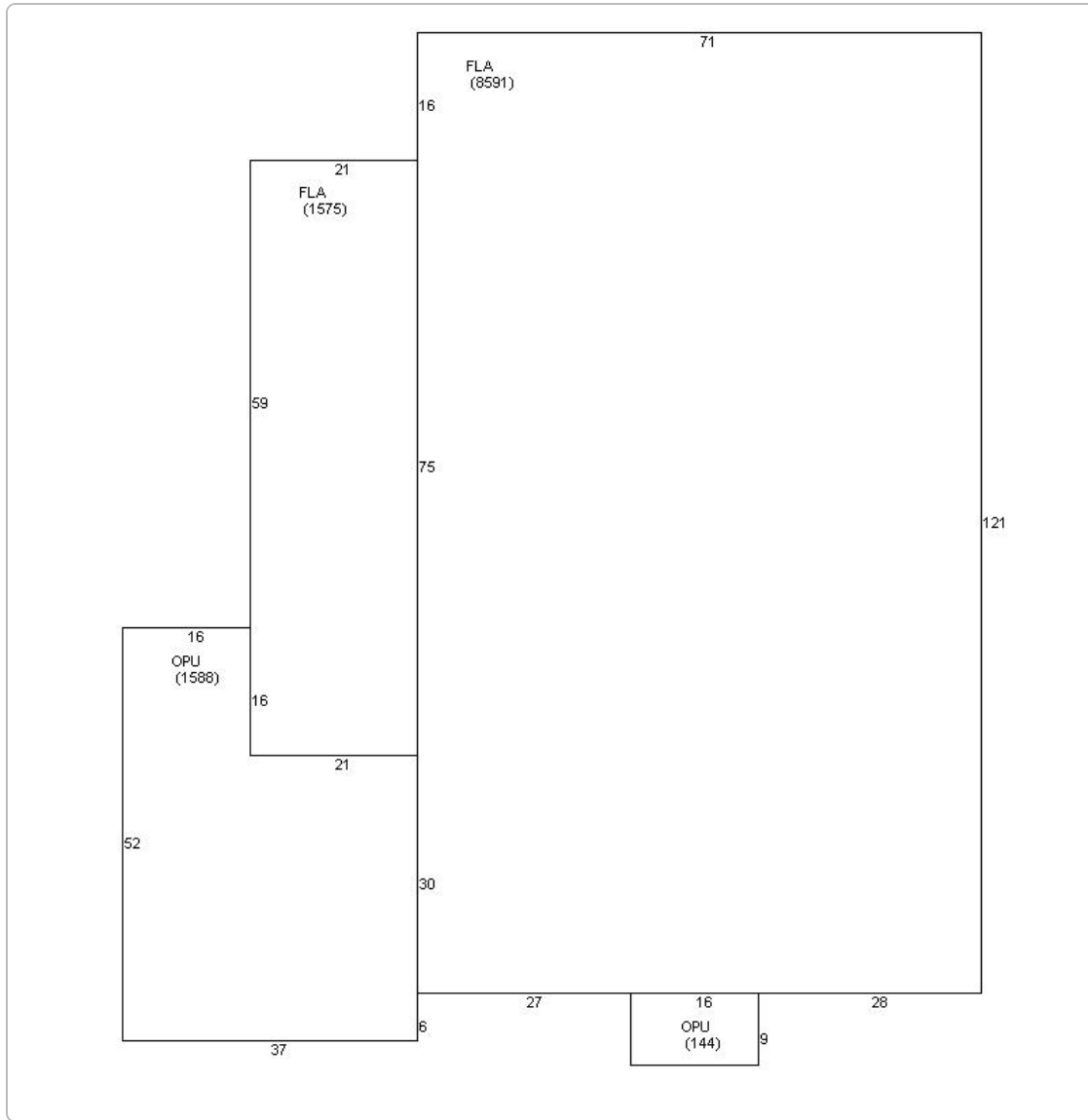


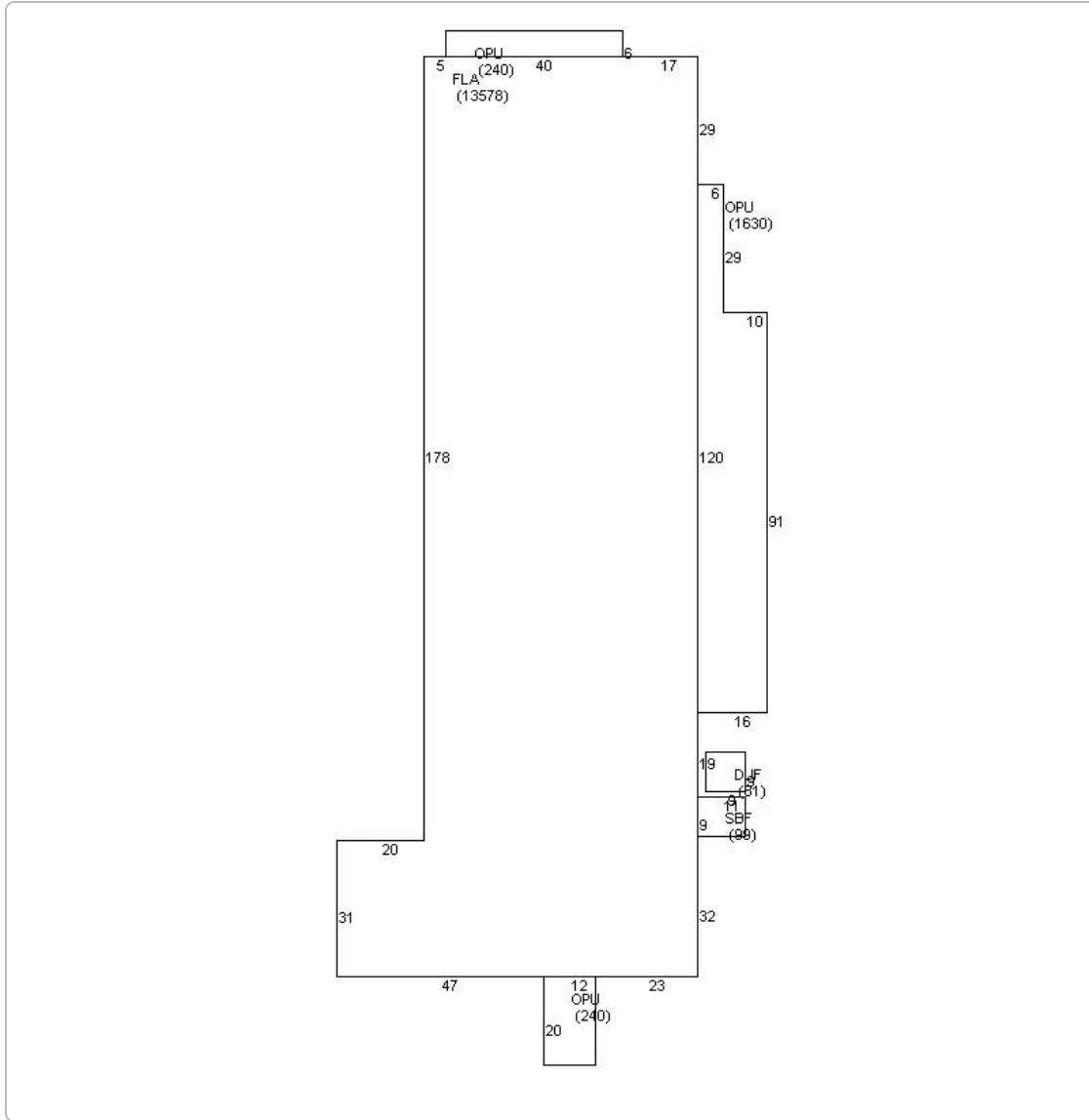


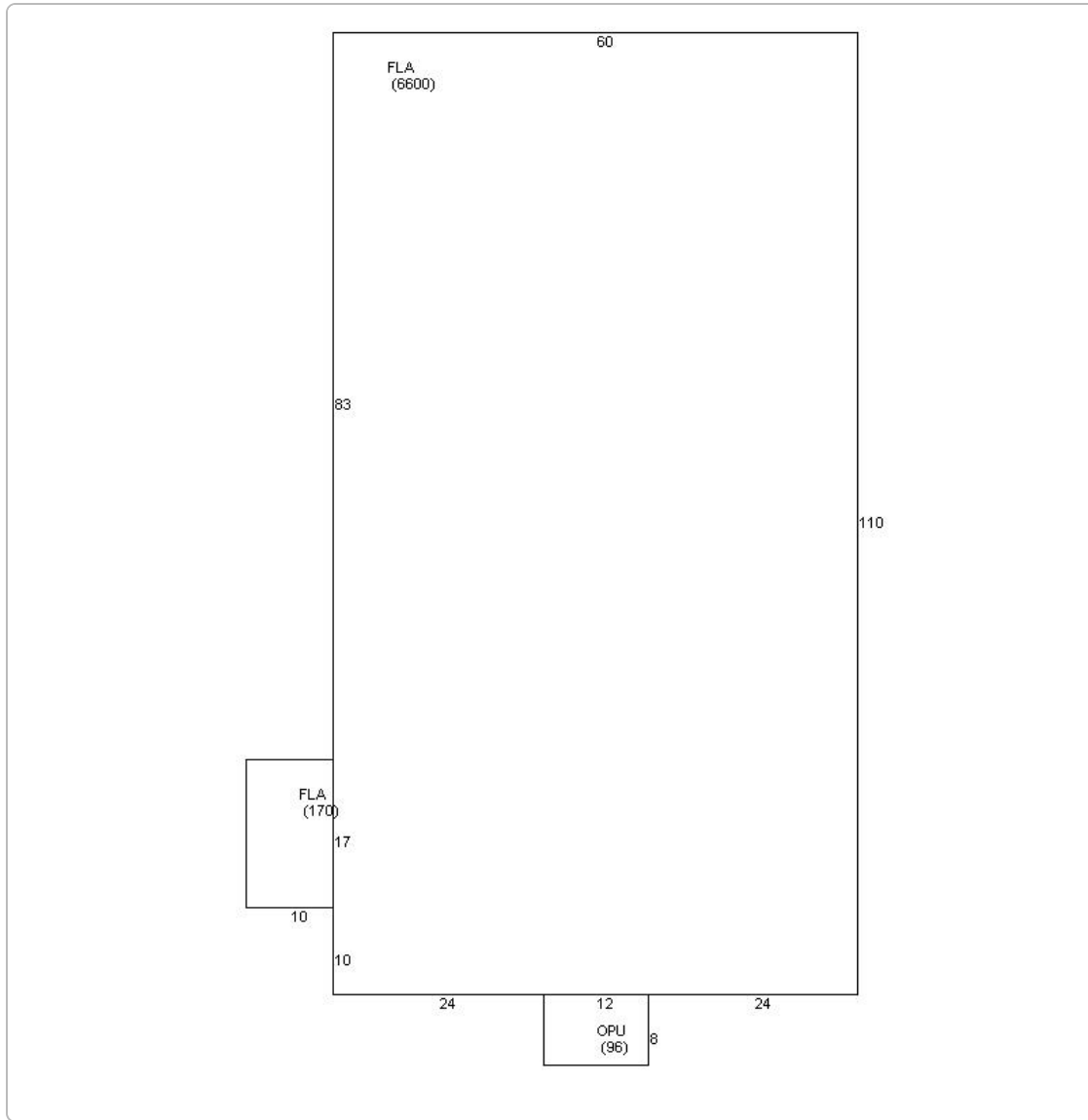


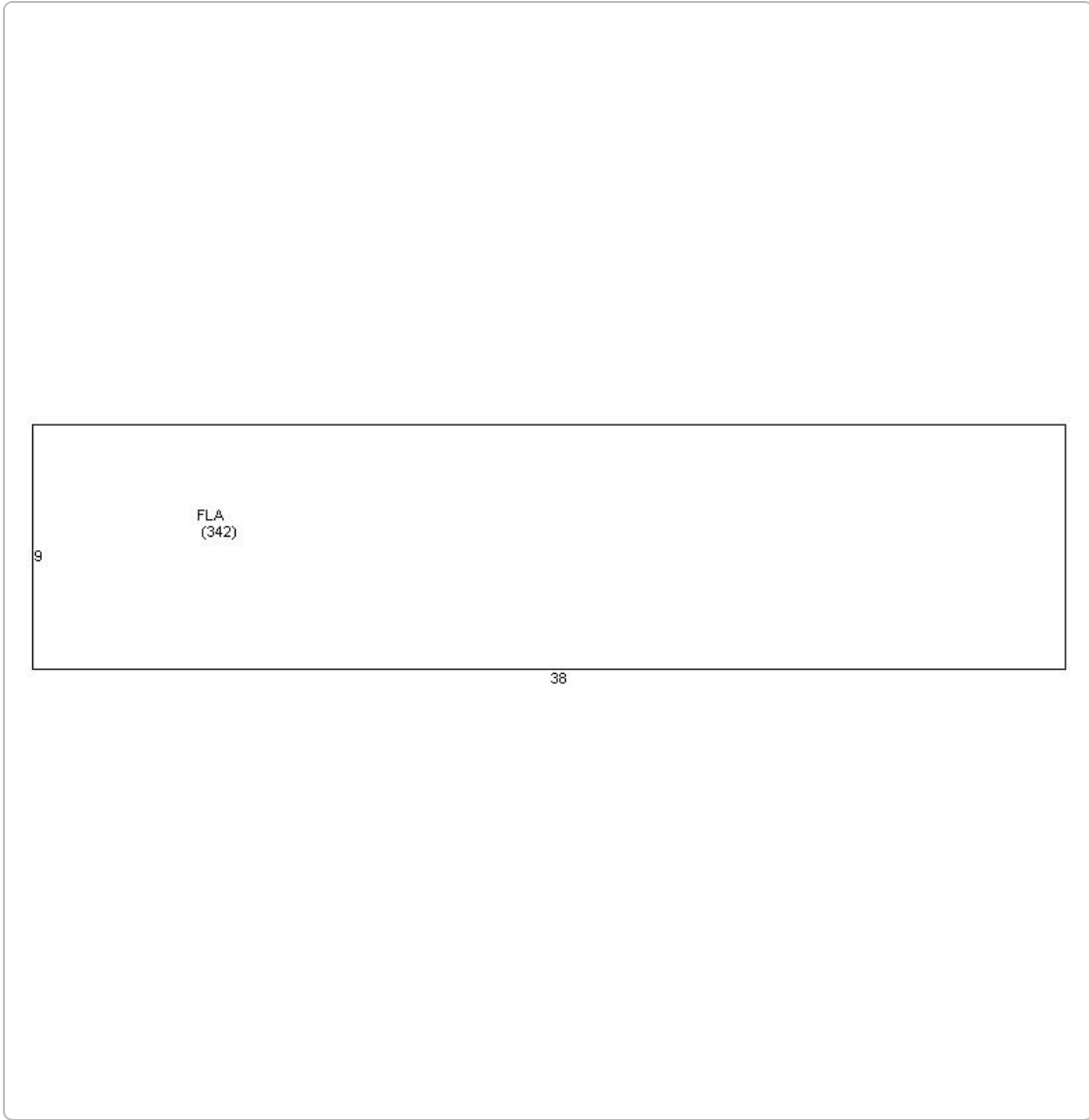
FLA (462)	FLA (1176)
11	28

42





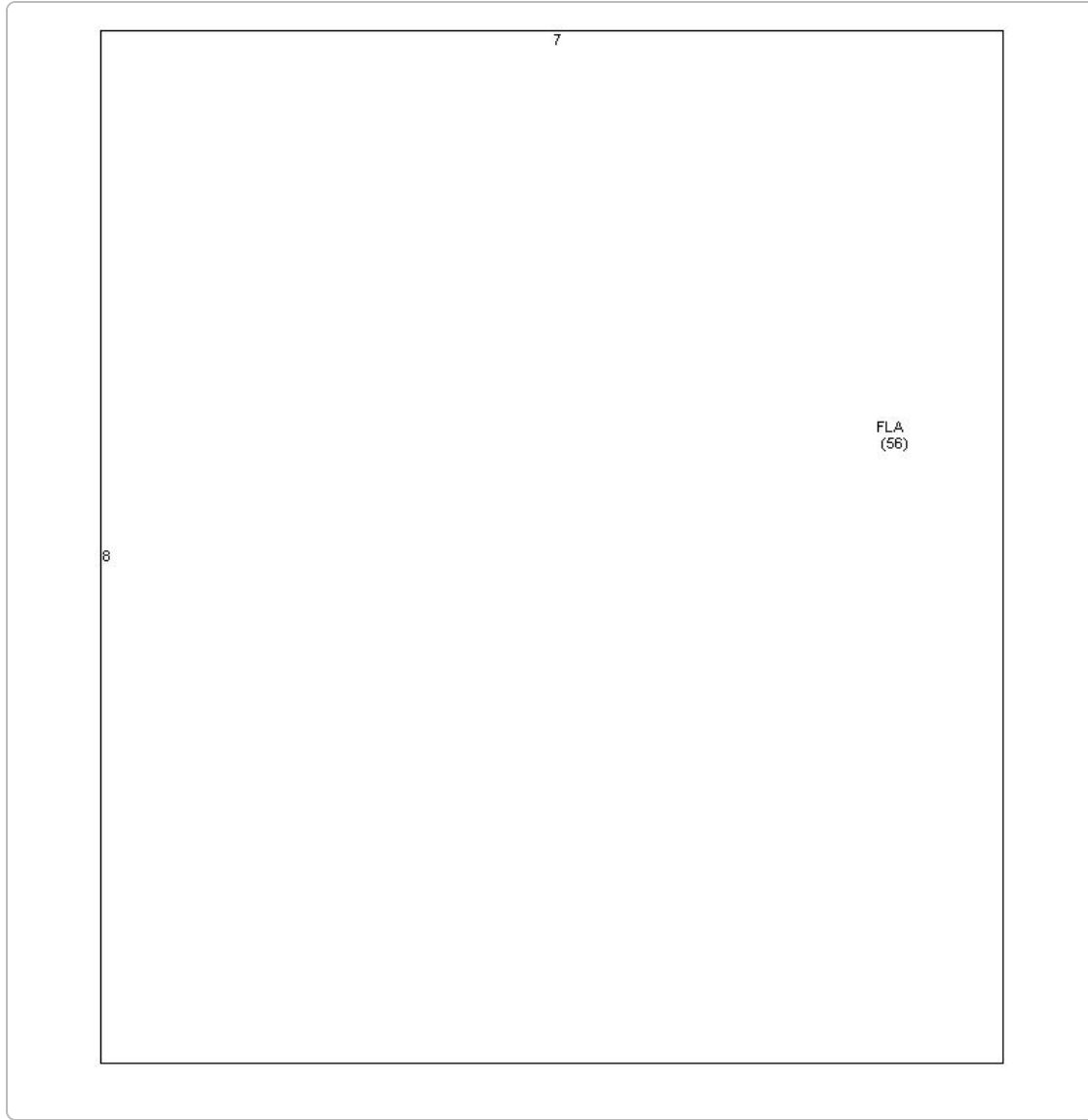




FLA
(342)

9

38



Photos



9038855A BLDG.1,2,&3 MOLE 06/18/03

Map



No data available for the following modules: Sales, TRIM Notice.

The Monroe County Property Appraiser's office maintains data on property within the County solely for the purpose of fulfilling its responsibility to secure a just valuation for ad valorem tax purposes of all property within the County. The Monroe County Property Appraiser's office cannot guarantee its accuracy for any other purpose. Likewise, data provided regarding one tax year may not be applicable in prior or subsequent years. By requesting such data, you hereby understand and agree that the

[User Privacy Policy](#)
[GDPR Privacy Notice](#)

Developed by
 Schneider
GEOSPATIAL

[Last Data Upload: 4/17/2023, 1:57:19 AM](#)

Version 3.1.2

Truman Waterfront Park City of Key West

Navy Deed Restrictions:

- Throughout the park design process, every effort has been made to meet the requirements of the Navy's Deed restrictions on the Truman Waterfront site. Many of these restrictions are graphically indicated on the Site Plan on Sheet SP-00 in Appendix C. The following lists the various restrictions and how the park design has addressed them:

Minimum 50' Setback from property line abutting the Government property: With the exception of roadways, walkways and low level vegetation there are no improvements within this area as described in the Deed.

Minimum 20' setback around the TACTS Tower property: With the exception of roadways, walkways and low level vegetation there are no improvements within this area as described in the Deed.

Perpetual Access to the Boat Ramp: The park has been designed to facilitate the launching of large boats into the water at the boat ramp. Access to this area will be limited to specified users with the use of removable bollards at the entry.

Perpetual access at Eaton Street: The plan accommodates a future emergency access at the Eaton Street ROW with a clear area to the bulkhead for emergency vehicles. Vehicular access is then provided along the bulkhead promenade to the boat ramp.

Perpetual Easements to Utility Lines: Once the final utilities are incorporated into the park plan design, the Navy will be provided with perpetual easements to those utilities as outlined in the Deed.

No improvement shall exceed an elevation greater than 35' height above the crown of the adjacent roadway: The three new proposed structures on the site, the Community Center, the Horse Stables and the Amphitheater are all within the 35' height restriction. The only portions above this height are the three flag poles placed atop the amphitheater structure.

No commercial or recreational aviation activities on the site: There are no plans to accommodate any aviation activities on the site now or in the future.

No development or improvements beyond the limits of the Truman Harbor Development Zone: The only proposed development within the harbor area is the relocation of the USCGC Ingham to the location illustrated on the Site Plan. This is within the Truman Harbor Development Zone and will not affect the access to the boat ramp. No private boats will be permitted to dock along the existing seawall other than the NOAA vessels presently utilizing the docks at that property.

Marketing Plan & Operational Budget

The Key West Amphitheater, also known as the Coffee Butler Amphitheater, located at Truman Waterfront is marketed on a variety of different internet and social media platforms as one of Key West's top tourist destinations. Both Facebook and Instagram have dedicated pages marketing the venue and its upcoming acts. Several travel and concert ticket websites, including TripAdvisor.com, KeyWest.com, thekeywestamp.com, Songkick.com, BandsinTown.com, www.axs.com/venues/128000/coffee-butler-amphitheater-key-westtickets, www.keywestinfo.com/key-west-concerts-truman-waterfront-amphitheater, and www.songkick.com/venues/3700859-truman-waterfront-park-amphitheater (and several others) all market and sell concert tickets to both residents and alike visitors. The modern, 3,500-seat venue has drawn increasingly larger and larger acts, attracting tens of thousands, if not more, of out-of-town visitors. As these avenues for marketing are already in place, no additional marketing dollars will be required to inform the public and tourists of these planned enhancements to the berm and grassy areas in front of the stage.

Regarding the operational budget, the City Department of Community Services will be responsible for maintaining these new facilities. The cost of maintenance and operations will be funded in the City's Annual Budget each year during the normal budget preparation process.

NON-COLLUSION AFFIDAVIT AND VERIFICATION
(Enclose as Exhibit L)

I, Teri Johnston, of the city of Key West, according to law on my oath, and under penalty of perjury, depose and say that:

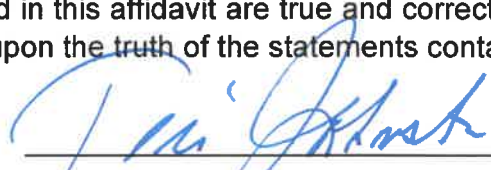
I am Mayor Teri Johnston, the applicant making the application for the project described as follows:

1) The prices in this application have been arrived at independently without collusion, consultation, communication or agreement for the purpose of restricting competition, as to any matter relating to such prices with any other applicant or with any competitor;

2) Unless otherwise required by law, the prices which have been quoted in this application have not been knowingly disclosed by the applicant and will not knowingly be disclosed by the applicant prior to application opening, directly or indirectly, to any other applicant or to any competitor;

3) No attempt has been made or will be made by the applicant to induce any other person, partnership or corporation to submit, or not to submit, an application for the purpose of restricting competition; and

4) The statements contained in this affidavit are true and correct, and made with full knowledge that Monroe County relies upon the truth of the statements contained in this affidavit in awarding contracts for said project.



(Signature)
Date: 4/17/23

STATE OF: Florida

COUNTY OF: Monroe

Subscribed and sworn to (or affirmed) before me, by means of physical presence or online

notarization, on April 17, 2023 (date) by TERI JOHNSTON (name of affiant). He/She is personally known to me or has produced

_____ (type of identification) as identification.





NOTARY PUBLIC

DRUG FREE WORKPLACE FORM
(Enclose as Exhibit M)

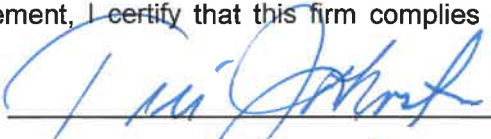
The undersigned vendor in accordance with Florida Statute Section 287.087 hereby certifies that:

City of Key West

(Name of Business)

1. Publishes a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Informs employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Gives each employee engaged in providing the commodities or contractual services that are under application a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notifies the employees that, as a condition of working on the commodities or contractual services that are under application, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 (Florida Statutes) or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Imposes a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, or any employee who is so convicted.
6. Makes a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.



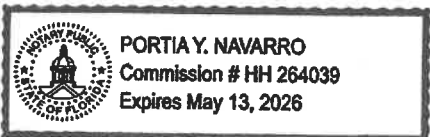
(Signature)
Date: 4/17/23

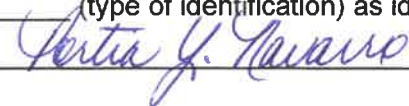
STATE OF: Florida

COUNTY OF: Monroe

Subscribed and sworn to (or affirmed) before me, by means of physical presence or online notarization, on April 17, 2023 (date) by TERI JOHNSTON (name of affiant). He/She is personally known to me/ or has

Produced _____ (type of identification) as identification.





NOTARY PUBLIC

HOLD HARMLESS/INDEMNIFICATION
(Enclose as Exhibit N)

City of Key West (herein after "Organization") hereby covenants and agrees to indemnify and hold harmless the Monroe County Board of County Commissioners and Monroe County Tourist Development Council (herein after "BOCC/TDC") and the 3406 North Roosevelt Blvd. Corporation or any of its officers and employees from and against any and all claims, liabilities, litigation, causes of action, bodily injury (including death), personal injury, and property damage, and another other losses, damages, costs, expenses (including but not limited to fees and expenses arising from any factual investigation, discovery or preparation for litigation), and the payment of any and all of the foregoing or any demands, settlements or judgments arising out of, or in connection with, Project Name (herein after "Project") being funded by the BOCC/TDC. The Organization shall immediately give notice to the BOCC/TDC of any suit, claim or action made against the Organization that is related to this Project, and will cooperate with the BOCC/TDC in the investigation arising as a result of any suit, action or claim related to this Project.

a.) Non-Waiver of Immunity. Notwithstanding the provisions of Sec. 768.28, Florida Statutes, the participation of the BOCC/TDC in reimbursing/funding any portion of the Project and the acquisition of any commercial liability insurance coverage, self-insurance coverage, or local government liability insurance pool coverage shall not be deemed a waiver of immunity to the extent of liability coverage, nor shall any contract entered into by the BOCC/TDC be required to contain any provision for waiver.

b.) Privileges and Immunities. All of the privileges and immunities from liability, exemptions from laws, ordinances, and rules and pensions and relief, disability, workers' compensation, and other benefits which apply to the activity of officers, agents, or employees of any public agents or employees of the BOCC/TDC, when performing their respective functions related to this Project within the territorial limits of the County shall apply to the same degree and extent to the performance of such functions and duties of such officers, agents, volunteers, or employees outside the territorial limits of the County.

c.) RESTRICTIONS ON AGREEMENTS FUNDED BY BOCC/TDC. The Organization shall include the following term in all agreements funded by the BOCC/TDC for this Project:

Hold harmless/indemnification. Contractor acknowledges that this agreement is funded at least in part by the BOCC/TDC and agrees to indemnify and hold harmless the BOCC/TDC and any of its officers and employees from and against any and all claims, liabilities, litigation, causes of action, damages, costs, expenses (including but not limited to fees and expenses arising from any factual investigation, discovery or preparation for litigation), and the payment of any and all of the foregoing or any demands, settlements or judgments (collectively claims) arising directly or indirectly from any negligence or criminal conduct on the part of contractor in the performance of the terms of this agreement. The contractor shall immediately give notice to the BOCC/TDC of any suit, claim or action made against the contractor that is related to the activity under this agreement, and will cooperate with the BOCC/TDC in the investigation arising as a result of any suit, action or claim related to this agreement.

Teri Johnston



President of Organization's/Mayor's Name Typed

President's/Mayor's Signature

Subscribed and sworn to (or affirmed) before me, by means of physical presence or online notarization, on April 19, 2023 (date) by Teri Johnston (name of affiant). He/She is personally known to me or has produced _____ (type of identification) as identification.



PORTIA Y. NAVARRO
Commission # HH 264039
Expires May 13, 2026



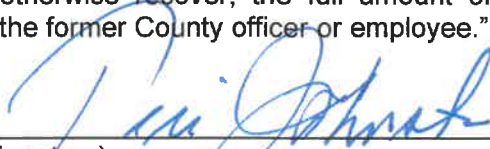
Ethics Statement
(Enclose as Exhibit O)

SWORN STATEMENT UNDER ORDINANCE NO. 010-1990
MONROE COUNTY, FLORIDA

ETHICS CLAUSE

“ _____
City of Key West
_____”
(Company)

“...warrants that he/it has not employed, retained or otherwise had act on his/her behalf any former County officer or employee in violation of Section 2 of Ordinance No. 010-1990 or any County officer or employee in violation of Section 3 of Ordinance No. 010-1990. For breach or violation of this provision the County may, in its discretion, terminate this Agreement without liability and may also, in its discretion, deduct from the Agreement or purchase price, or otherwise recover, the full amount of any fee, commission, percentage, gift, or consideration paid to the former County officer or employee.”

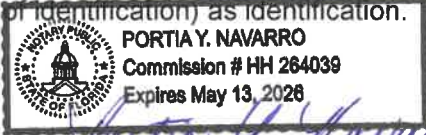


(Signature)
Date: 4/17/23

STATE OF: Florida

COUNTY OF: Monroe

Subscribed and sworn to (or affirmed) before me, by means of physical presence or online notarization, on April 17, 2023 (date) by Teri Johnston
(name of affiant). He/She is personally known to me or has produced _____
(type of identification) as identification.





NOTARY PUBLIC

My Commission Expires: 5/13/26

Public Entity Crime Statement Form
(Enclose as Exhibit P)

Public Entity Crime Statement:

"A person or affiliate who has been placed on the convicted vendor list following a conviction for public entity crime may not submit a bid on a contract to provide any goods or services to a public entity, may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids on leases of real property to public entity, may not be awarded or perform work as a CONTRACTOR, supplier, subcontractor, or CONTRACTOR under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Section 287.017, for CATEGORY TWO for a period of 36 months from the date of being placed on the convicted vendor list."

I have read the above and state that neither Teri Johnston (Respondent's name) nor any Affiliate has been placed on the convicted vendor list within the last 36 months.



(Signature)
Date: 4/17/23

STATE OF: Florida

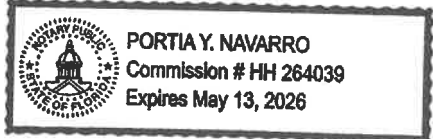
COUNTY OF: Monroe

Subscribed and sworn to (or affirmed) before me, by means of physical presence or online notarization, on 4/17/23 TERI JOHNSTON (date) by _____ (name of affiant). He/She is personally known to me or has produced _____ (type of identification) as identification.



NOTARY PUBLIC

My Commission Expires: 5/13/26



Request for Taxpayer Identification Number and Certification

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
City of Key West

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

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. 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: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
1300 White Street

6 City, state, and ZIP code
Key West, FL 33040

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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			-				
--	--	--	---	--	--	--	--

or

Employer identification number

5	9	-	6	0	0	0	3	4	6
---	---	---	---	---	---	---	---	---	---

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 for Part II, later.

Sign Here Signature of U.S. person *B. Swald* Finance Director Date ▶ 4/26/2022

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

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 (canceled 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, later.

INSURANCE CHECKLIST AND AGENT/BIDDER'S STATEMENT
(Enclose as Exhibit R)
Only for applications requesting \$20,000 or more in funding

INSURANCE CHECKLIST FOR VENDORS SUBMITTING PROPOSALS OR BIDS FOR WORK

To assist in the development of your proposal, the insurance coverages marked with an "X" will be required in the event an award is made to your firm. Please review this form with your insurance agent and have him/her sign it in the place provided. It is also required that the bidder sign requisite form reflecting coverage and submit it with the proposal.

WORKERS' COMPENSATION
AND
EMPLOYERS' LIABILITY

	<u>X</u>	Workers' Compensation	Statutory Limits
			Bodily Injury by Accident/Bodily Injury by Disease, Policy Limits/Bodily Injury by Disease each employee
WC1	<input checked="" type="checkbox"/>	Employers Liability	\$100,000/\$500,000/\$100,000
WC2	<input type="checkbox"/>	Employers Liability	\$500,000/\$500,000/\$500,000
WC3	<input type="checkbox"/>	Employers Liability	\$1,000,000/\$1,000,000/\$1,000,000
WCUSLH	<input type="checkbox"/>	US Longshoremen & Harbor Workers Act	\$1,000,000
WCJA	<input type="checkbox"/>	Federal Jones Act	\$1,000,000



Workers' Compensation and Employers' Liability for a Group Self-Insurer Fund Member Declarations

Policy Number:		#PRM022-009-073
Membership Type:		<i>Preferred Member</i>
Named Member & Mailing Address:		Managing Agent Name & Mailing Address:
City of Key West <i>As a member of Public Risk Management of Florida</i> 3104 Flagler Avenue Key West, FL 33041		World Risk Management a Ballator Company 20 North Orange Avenue, Suite 500 Orlando, FL 32801
Coverage Period:	From: 10/01/2022 At 12:01 a.m. EST	To: 10/01/2023 At 12:01 a.m. EST
Limits of Liability:		
Coverage A – Workers' Compensation (States):	FL Statutory Limits	
Coverage B – Employer's Liability	\$2,000,000	Each Accident
	\$2,000,000	Disease-Policy Limit
	\$2,000,000	Disease-Each Employee
Coverage C – Other States Insurance:	Included	
Self-Insured Retention:	\$325,000	
Forms & Endorsements		
All Terms and Conditions per Coverage Document PRM022-009		

Note: Member responsible for Florida State Workers Compensation Assessment Fees

Description	Class Code	Estimated Payroll 2022 – 2023
STREET OR ROAD PAVING	5509	\$501,516
MARINA & DRIVERS	6838	\$1,384,471
BUS CO - ALL OTHER EMPLOYEES & DRIVERS	7382	\$1,267,831
GARBAGE WORKS	7590	\$330,963
FIREFIGHTERS & DRIVERS	7704	\$8,221,990
POLICE OFFICERS & DRIVERS	7720	\$9,993,899
AUTOMOBILE SERVICE OR REPAIR CENTER & DRIVERS	8380	\$506,595
AUTOMOBILE STORAGE GARAGE, PARKING LOT, VALET SERVICE	8392	\$135,760
CLERICAL OFFICE EMPLOYEES	8810	\$8,255,514
ATTORNEY - ALL EMPLOYEES & CLERICAL, MESSENGERS, DRIVERS	8820	\$468,449
BUILDINGS OPERATIONS BY OWNER - ALL OTHER EMPLOYEES	9015	\$521,823
PARK NOC - ALL EMPLOYEES & DRIVERS	9102	\$2,095,033
MUNICIPAL, TOWNSHIP, COUNTY OR STATE EMPLOYEE NOC	9410	\$1,372,587
<i>*Subject to Payroll Audit</i>	Total Payroll	\$35,056,431

GENERAL LIABILITY

As a minimum, the required general liability coverages will include:

- Premise Operation
- Blanket Contractual
- Products and Completed Operations
- Personal Injury

Required Limits:

GL1	_____	\$300,000 Combined Single Limit
GL2	_____	\$500,000 Combined Single Limit
GL3	✓ _____	\$1,000,000 Combined Single Limit
GL4	_____	\$2,000,000 Combined Single Limit
GL5	_____	\$3,000,000 Combined Single Limit
GL6	_____	\$4,000,000 Combined Single Limit
GL7	_____	\$5,000,000 Combined Single Limit

Required Endorsements:

GLLIQ _____ Liquor Liability

GLS _____ Security Services

All endorsements are required to have the same limits as the basic policy.



Comprehensive General / Law Enforcement Liability Member Coverage Declarations

Policy Number:	#PRM022-009-073
Membership Type:	<i>Preferred Member</i>

Named Member and Mailing Address:	Managing Agent Name and Address:
<i>City of Key West</i> <i>As a member of Public Risk Management of Florida</i> 3104 Flagler Avenue Key West, FL 33041	<i>World Risk Management a Ballator Company</i> 20 North Orange Avenue, Suite 500 Orlando, FL 32801

Coverage Period:	From: 10/01/2022	To: 10/01/2023	
	At 12:01 a.m. EST	At 12:01 a.m. EST	

Limits of Liability	Self Insured Retention
Commercial General Liability <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <div style="border-bottom: 1px solid black; width: 100%; text-align: center;">\$1,000,000</div> <div style="border-bottom: 1px solid black; width: 100%; text-align: center;">\$1,000,000</div> <div style="border-bottom: 1px solid black; width: 100%; text-align: center;">Excluded</div> </div> <div style="width: 50%;"> Each Occurrence Personal/Advertising Injury Medical Expense </div> </div>	\$100,000 Self Insured Retention Per Occurrence
Law Enforcement <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <div style="border-bottom: 1px solid black; width: 100%; text-align: center;">\$1,000,000</div> </div> <div style="width: 50%;"> Each Occurrence </div> </div>	\$100,000 Self Insured Retention Per Occurrence

Forms & Endorsements
All Terms and Conditions per Coverage Document PRM022-009

BUSINESS AUTOMOBILE LIABILITY

As a minimum, coverage should extend to liability for:

- Owned; Non-Owned and Hired Vehicles

Required Limits:

VL1	_____	\$50,000 per Person; \$100,000 per Occurrence \$25,000 Property Damage Or \$100,000 Combined Single Limit (The use of VLI should be limited to special projects that involve other governmental entities or "Not for Profit" organizations. Risk Management must approve the use of this form).
VL2	_____	\$200,000 per Person; \$300,000 per Occurrence \$200,000 Property Damage or \$300,000 Combined Single Limit
VL3	✓ _____	\$500,000 per Person; \$1,000,000 per Occurrence \$100,000 Property Damage or \$1,000,000 Combined Single Limit
VL4	_____	\$5,000,000 Combined Single Limit

Miscellaneous Coverages

BR1	_____	Builders Risk Limits equal to the Full Replacement Value of the completed project.
CLI	✓ _____	Cyber Liability \$1,000,000
MVC	_____	Motor Truck Cargo Limits equal to the maximum value of any one shipment
PRO	_____	Professional Liability \$300,000 per Occurrence/\$ 500,000 Agg. \$500,000 per Occurrence/\$1,000,000 Agg.
PRO2	_____	\$1,000,000 per Occurrence/\$2,000,000 Agg.
PRO3	_____	\$1,000,000 per Occurrence/\$2,000,000 Agg.
POL1	_____	Pollution Liability \$ 500,000 per Occurrence/\$1,000,000 Agg.
POL2	_____	\$1,000,000 per Occurrence/\$2,000,000 Agg.
POL3	_____	\$3,000,000 per Occurrence/\$6,000,000 Agg.
POL4	_____	\$5,000,000 per Occurrence/\$10,000,000 Agg.
EDt	_____	Employee Dishonesty \$ 10,000
ED2	_____	\$100,000
GK1	_____	Garage Keepers \$ 300,000 (\$ 25,000 per Vehicle)



Automobile Member Coverage Declarations

Policy Number:	#PRM022-009-073
Membership Type:	<i>Preferred Member</i>

Named Member and Mailing Address:	Managing Agent Name & Mailing Address:
City of Key West <i>As a member of Public Risk Management of Florida</i> 3104 Flagler Avenue Key West, FL 33041	World Risk Management a Ballator Company 20 North Orange Avenue, Suite 500 Orlando, FL 32801

Coverage Period:	From: 10/01/2022	To: 10/01/2023
	At 12:01 a.m. EST	At 12:01 a.m. EST

Schedule of Automobile Coverages and Limits			
<p>This coverage document provides the coverages as shown below in the coverage schedule with the corresponding limits and deductibles. Each of the coverages apply only to those autos shown as covered auto symbols. The covered auto symbol reference is available below. Auto Physical Damage is provided under Property Section I of the Coverage Document.</p>			
Coverages	Covered Autos Symbol	Limit	Self Insured Retention
Liability	1,8,9	\$1,000,000	\$100,000
Personal Injury Protection	5	Statutory	\$100,000
Medical Payments		Excluded	\$0
Uninsured Motorist		Excluded	\$0
Underinsured Motorist		Excluded	\$0

- | | |
|--|---|
| <ul style="list-style-type: none"> (1) Any "Auto" (2) Owned "Autos" only (3) Owned Private Passenger "Autos" (4) Owned "Autos" Other Than Private Passenger (5) All Owned "Autos" Which Require No-Fault Coverage | <ul style="list-style-type: none"> (6) Owned "Autos" Subject To Compulsory U.M. Law (7) "Autos" Specified On Schedule (8) Hired "Autos" (9) Non-Owned "Autos" |
|--|---|

Forms & Endorsements
All Terms and Conditions per Coverage Document PRM022-009



Cyber Liability Information page

Policy Number:	CYP E615094 02
-----------------------	-----------------------

Carrier:	<i>Great American Insurance Company</i>
-----------------	---

Named Member and Mailing Address:	Managing Agent Name and Address:
<p><i>City of Key West</i> <i>As a member of Public Risk Management of Florida</i> 3104 Flagler Avenue Key West, FL 33041</p>	<p><i>World Risk Management a Ballator Company</i> 20 North Orange Avenue, Suite 500 Orlando, FL 32801</p>

Coverage Period:	From: 10/01/2022 At 12:01 a.m. EST	To: 10/01/2023 At 12:01 a.m. EST
-------------------------	--	--

Limits of Liability	Deductibles
Cyber Liability – Per Claim	Retro Date: 10/01/2016
\$1,000,000 Each Claim	\$75,000 Per Claim
\$1,000,000 Annual Aggregate Per Member	
\$5,000,000 Pool Annual Aggregate	

Forms & Endorsements
All Terms and Conditions per policy.

GK2	_____		\$ 500,000 (\$100,000 per Vehicle)
GK3	_____		\$1,000,000 (\$250,000 per Vehicle)
MED1	_____	Medial Professional	\$300,000/\$750,000 Agg.
MED2	_____		\$500,000/\$1,000,000 Agg.
MED3	_____		\$1,000,000/\$3,000,000 Agg.
MED4	_____		\$5,000,000/\$10,000,000 Agg.
IF	_____	Installation Floater	Maximus value of Equipment Installed
VLP1	_____	Hazardous Cargo Transporter	\$300,000 (Requires MCS-90)
VLP2	_____		\$500,000 (Requires MCS-90)
VLP3	_____		\$1,000,000 (Requires MCS-90)
BLL	_____	Bailee Liab.	Maximum Value of County Property that will be in the Bailee's possession
HKL1	_____	Hanger Keepers Liability	\$300,000
HKL2	_____		\$500,000
HKL3	_____		\$1,000,000
HKL4	_____		\$5,000,000
AIR1	_____	Aircraft Liability	\$1,000,000
AIR2	_____		\$5,000,000
AIR3	_____		\$50,000,000
AEO1	_____	Architects Errors & Omissions	\$250,000 per Occurrence/\$500,000 Agg
AEO2	_____		\$500,000 per Occurrence/\$1,000,000 Agg
AEO3	_____		\$1,000,000 per Occurrence/\$3,000,000 Agg.
AEO4	_____		\$300,000,000 per Occurrence/\$5,000,000 Agg.
ARP	_____	All Risk Property	Full Replacement Value of Structure
EOJ	_____	Engineers Errors & Omissions	\$250,000 per Occurrence/\$500,000 Agg.
EO2	_____		\$500,000 per Occurrence/\$1,000,000 Agg.
EO3	_____		\$ 1,000,000 per Occurrence/\$2,000,000 Agg.
EO4	_____		\$ 5,000,000 per Occurrence/\$10,000,000 Agg.
WL1	_____	Water Craft Liability	\$500,000 per Occurrence
WL2	_____		\$1,000,000 per Occurrence

INSURANCE AGENT'S STATEMENT

I have reviewed the above requirements with the bidder named below. The following deductibles apply to the corresponding policy.

Policy	Deductibles
<u>PRM022-009-073</u>	<u>See pages Attached</u>

Liability policies are Occurrence Claims Made

Public Risk Management of Florida
Insurance Agency

[Signature]
Signature

APPLICANT'S STATEMENT

I understand the insurance that will be mandatory if awarded the contract and will comply in full with all the requirements.

Teri Johnston, Mayor
Applicant Name and Title

[Signature]
Signature

Company Name: City of Key West

ATTACHMENTS AND CERTIFICATIONS
(Enclose as Exhibit S)

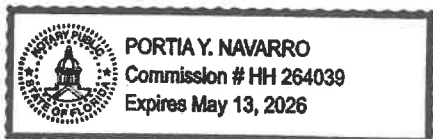
1. The following supporting documents are attached:
 - a) Print out from Sunbiz.org "Detail by Entity" (**Exhibit A**)
 - b) Documentation from bank of confirmed project funds (**Exhibit B**)
 - c) If applicable: Insert or attach photograph of existing site (**Exhibit C**)
 - d) Proof of ownership; long term lease or service contract (**Exhibit D**)
(Include consent of ownership for use of property as described within this application)
 - e) If applicable: Enclose at least two (2) current real estate appraisals and one (1) environmental assessment (**Exhibit E**)
 - f) If applicable: Enclose citations for local protective ordinances (**Exhibit F**)
 - g) If applicable: Enclose copies of all recorded easements and restrictive covenants (**Exhibit G**)
 - h) If applicable: Enclose description of endangered/threatened species of flora or fauna (**Exhibit H**)
 - i) If applicable: Enclose ADA accessibility explanation (**Exhibit I**)
 - j) If applicable: Enclose preliminary plans or architectural documents – 1 set
 - k) Proposed operational budget and marketing plan (**Exhibit K**)
 - l) Notarized Non-Collusion affidavit and verification (**Exhibit L**)
 - m) Signed Drug Free Workplace Form (**Exhibit M**)
 - n) Notarized Hold-Harmless/Indemnification form (**Exhibit N**)
 - o) Notarized Ethics form (**Exhibit O**)
 - p) Notarized Public Crime Entity Statement (**Exhibit P**)
 - q) Applicant has printed and completed the W-9 Form included within this application (**Exhibit Q**)
 - r) Applicant has printed and completed the Insurance Worksheet (pg. 27-31) with Applicant's Insurance Agent (only required if requesting \$20,000 or more in funding) (**Exhibit R**)
 - s) Notarized Attachments and Certifications form (**Exhibit S**)
 - t) I have read the Capital Project Funding Process and Importation Information provided on pg. 2-9 of this application (not necessary to print and include these pages with your submission)

Teri Johnston

President of Organization's/Mayor's Name Typed

President's/Mayor's Signature

Subscribed and sworn to (or affirmed) before me, by means of physical presence or online notarization, on 4/17/23 (date) by Teri Johnston (name of affiant). He/She is personally known to me or has produced _____ (type of identification) as identification.



Portia Y. Navarro
 NOTARY PUBLIC