



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

Funding Application Cover Page

<b>1) Applicant's Name:</b>	<b>City of Key West</b>
<b>2) Project Name:</b>	<b>Southernmost Plaza</b>
<b>3) District:</b>	<b>District I – Key West</b>
<b>4) Amount Requested:</b>	<b>\$1,806,000</b> [ <i>\$1,800,000 (45% ) of \$4,000,000 plus \$6,000 for tourism impact study</i> ]

Email to:  
[omb-bids@monroecounty-fl.gov](mailto: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](http://www.sunbiz.org). **Attach as Exhibit A**)

**Type of Applicant:**             Non-Profit             Governmental Entity

**Project Title:**            Southernmost Plaza

**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:            Gary Volenec, Interim Director of Engineering

Telephone/Mobile Number: (305) 809-3828

Email Address:            Engineering@cityofkeywest-fl.gov

Address:                    1300 White Street  
Key West, Florida 33040

**Website for Facility:**            https://www.cityofkeywest-fl.gov/

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

City Right-of-Way at the intersecting streets of Whitehead and South.  
The City does not own fee title as it is public property maintained by the City for use by the public.

**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 <b>Exhibit B</b> <input type="checkbox"/>
\$ _____	\$ _____	\$ _____	

**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 <b>Exhibit B</b> <input checked="" type="checkbox"/>
<u>\$ 6,000</u>	<u>\$ 6,000</u>	<u>\$</u>	

Estimated Completion date for study:  
**March 31, 2024**

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**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 <b>Exhibit B</b> <input checked="" type="checkbox"/>
<u>\$4,000,000</u>	<u>\$1,800,000</u>	<u>\$2,200,000</u>	

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):

Segment #1	
Tourism Impact Study - \$6,000	
Subtotal	\$ 6,000
Segment #2	
Demolition	\$ 400,000
Landscaping	\$ 750,000
Vehicular Surface Paving	\$ 980,000
Pedestrian Pavements	\$ 950,000
Electrical/Lighting	\$ 500,000
Bollards/Bike Racks	\$ 120,000
Seating/Hardscape	\$ 300,000
Subtotal	\$ 4,000,000
Total Segment #1 and Segment #2 Cost:	\$4,006,000

1. Use:

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

The concrete buoy was established as a tourist attraction in 1983.

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b) Present Use:

Tourist attraction.

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c) Proposed Use:

Tourist attraction with improvements to traffic flow, roads, and sidewalks.

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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.

This property is located within the Key West Historic District.

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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:

Not applicable.

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.**

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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.

There are no local, state, or federal protection currently afforded to the property.

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**).

There are no building restrictions on the site.

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 tourist attraction 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 the 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?

This facility is open and available to the general public year-round, 365 days a year. Of the 2.9 million people that visit Key West annually, we anticipate at least 1 million of them to visit the Southernmost Point since it's on Trip Advisor's list of top attractions in Key West. Potential visitors to the Southernmost Point can click on a link from the Tourist Development Council website to view a webcam with live footage at the location that is described as a "landmark and a must-see for any traveler to Key West." The link to the webcam can also be accessed from many websites such as: livebeaches.com, iplivecams.com, livebeachcam.net, and cruisingearth.com.

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 install 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

No variance required.

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:

In 2022, Hurricane Ian damaged the existing seawall near the Southernmost Point, cracking and undermining a portion of the decking around the buoy monument. A preliminary structural investigation was conducted to assess the damage to the seawall, sidewalks, and foundation for the buoy. Detailed design and permitting will be undertaken pending FEMA review of the damage assessment and costs. During this review and damage assessment, Engineering staff observed the poor condition of the areas surrounding the buoy, benches, sidewalks, and drainage facilities. It is believed that current facilities at the Southernmost point are 20-25 years old.

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 type="checkbox"/> Not yet initiated                | <input checked="" type="checkbox"/> Initiated                     |
| <input checked="" 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)  
CH2M Hill/Jacobs Engineering Group, 9191 S. Jamaica Street, Englewood, CO 80112

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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?

- Yes (cost will not be reimbursed by TDC)  No
- 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?

Based on the upcoming roadway improvements and the necessary repairs to the seawall and surrounding sidewalk area, the Engineering Department looked further into improving this visitor destination area from a functional perspective as well as enhancing the "Complete and Sustainable Streets" concept and "Vision Zero" goals set forth by the City. Crash reports log 8 incidents at this location and numerous complaints are heard of traffic difficulties. Standing water following storms, and visitors overflowing into the street around the buoy for photo taking are typical occurrences at this location.

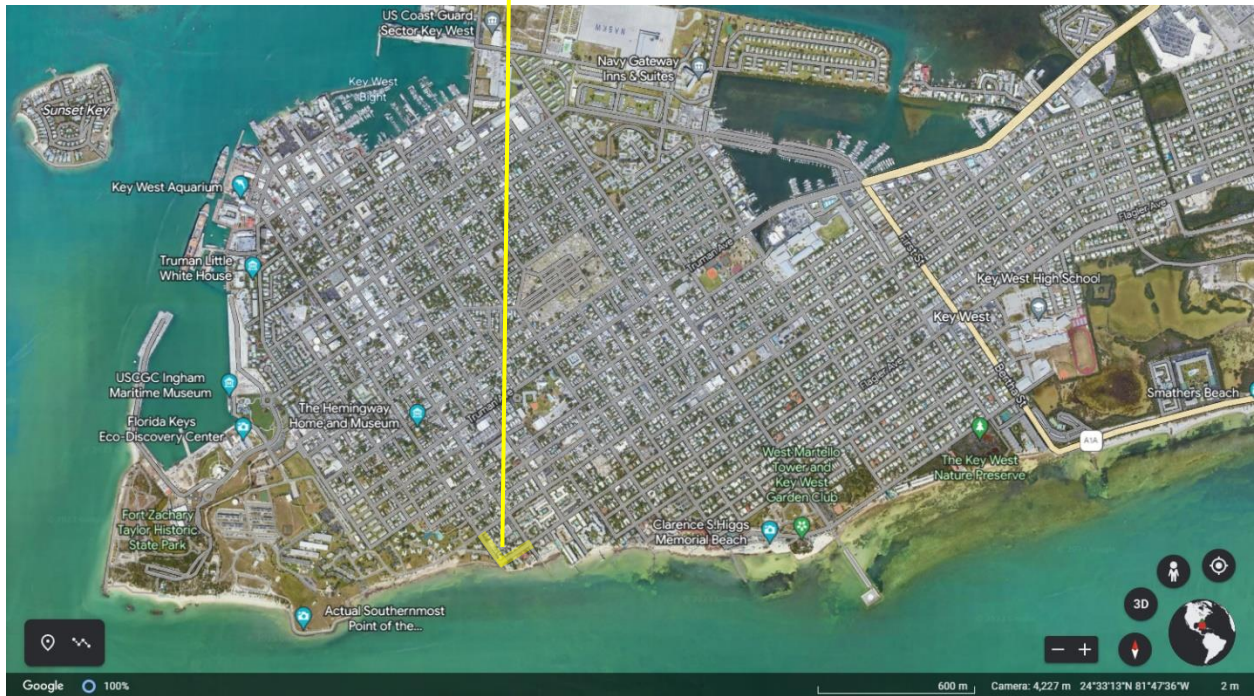
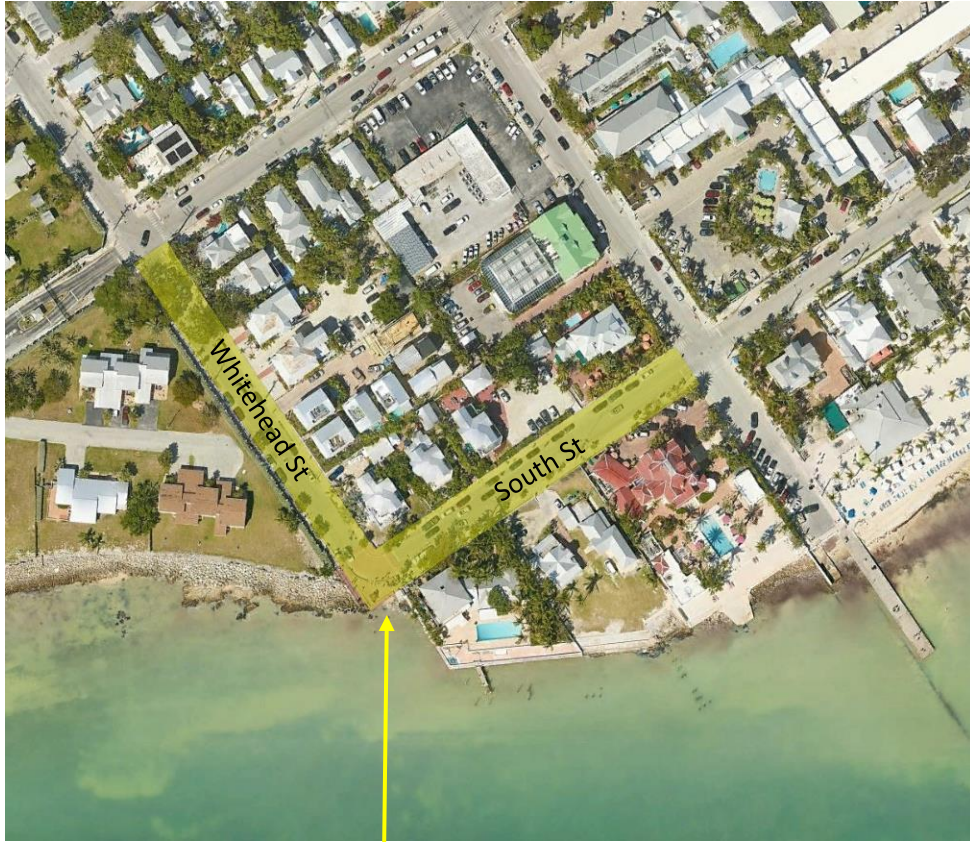
The improvements would incorporate a one way limited traffic flow pattern, and incorporate resilience and sustainability strategies that address climate considerations, sea-level rise, increased shade, and increased bio-habitats while continuing to accommodate the needs of adjacent residential and commercial properties. It would provide more space for pedestrians and improve the experience of the large crowds that visit daily.

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:  
October 31, 2024

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Southernmost Plaza  
(Whitehead Street and South Street)  
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

<b>Document Number</b>	N13000007165
<b>FEI/EIN Number</b>	38-3916807
<b>Date Filed</b>	08/07/2013
<b>Effective Date</b>	08/07/2013
<b>State</b>	FL
<b>Status</b>	ACTIVE
<b>Last Event</b>	REINSTATEMENT
<b>Event Date Filed</b>	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**

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

**Document Images**

<a href="#">03/27/2023 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">02/07/2022 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">01/27/2021 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">01/21/2020 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">04/05/2019 -- ANNUAL REPORT</a>	View image in PDF format
<a href="#">01/24/2018 -- ANNUAL REPORT</a>	View image in PDF format

<a href="#">02/09/2017 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">05/11/2016 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/27/2015 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">10/02/2014 -- REINSTATEMENT</a>	<a href="#">View image in PDF format</a>
<a href="#">08/07/2013 -- Domestic Non-Profit</a>	<a href="#">View image in PDF format</a>

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:** TBD  
**Project Name:** Wayfinding  
**Location:** Citywide  
**Department:** Engineering  
**Account No:** 111-4903-549-4600

**Date:** 04/21/23  
**Contact:** Ryan Stachurski  
**Project Start:** 10/01/22  
**Project Complete:** 09/30/23  
**Project Estimate:** \$ 245,000  
**Project Funding to Date:** \$ -

**Project Description/Justification:**

In-house and consultants to design, create and install citywide wayfinding signage for bikes, transit and pedestrians. In Bike Ped Master Plan. Also Strategic Plan: Traffic and Safety.

**Reasons for Funding Modification (if applicable):**

Design phase had been slated for FY22 before Covid. Account line item moved from professional services to Maintenance, as staff has created Bike wayfinding design on own and is ready to start implementing for FY23. Transit design/implementation is waiting for the launch of Transit On Demand.

**Operating Impact:**

**Related Projects:**

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**Project Phase Summary**

Phase	Committed	FY 23/24	FY 24/25	FY 25/26	FY 25/26	FY 27/28	
Bike Installation, Ph 1		\$ 95,000					
Bike Installation, Ph 2			\$ 100,000				
Bus Design/Install			\$ 50,000				
<b>Total</b>	\$ -	\$ 95,000	\$ 150,000	\$ -	\$ -	\$ -	\$ 245,000

**Funding Source Summary**

Phase	Committed	FY 23/24	FY 24/25	FY 25/26	FY 25/26	FY 27/28	
111 TAF		\$ 95,000	\$ 150,000				
<b>Total</b>	\$ -	\$ 95,000	\$ 150,000	\$ -	\$ -	\$ -	\$ 245,000

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

**Project No:** TBD  
**Project Name:** FY 22/23 ADA Sidewalks  
**Location:** City Wide  
**Department:** Engineering  
**Account No:** 102-4102-541-6300

**Date:** 04/21/23  
**Contact:** G. Volenec  
**Project Start:** 10/01/22  
**Project Complete:** 09/30/23  
**Project Estimate:** \$ 750,000  
**Project Funding to Date:** \$ -

**Project Description/Justification:**

Construct/repair sidewalks, transitions and miscellaneous projects to support ADA compliance and consent decree.

**Reasons for Funding Modification (if applicable):**

**Operating Impact:**

**Related Projects:**

**Project Phase Summary**

Phase	Committed	FY 23/24	FY 24/25	FY 25/26	FY 25/26	FY 27/28	
Design/Construct		\$ 750,000					
<b>Total</b>	\$ -	\$ 750,000	\$ -	\$ -	\$ -	\$ -	\$ 750,000

**Funding Source Summary**

Phase	Committed	FY 23/24	FY 24/25	FY 25/26	FY 25/26	FY 27/28	
Fund 102		\$ 750,000					
<b>Total</b>	\$ -	\$ 750,000	\$ -	\$ -	\$ -	\$ -	\$ 750,000

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

**Project No:** TBD  
**Project Name:** FY 22/23 Paving Program  
**Location:** City Wide  
**Department:** Engineering  
**Account No:** 102-4102-541-6300

**Date:** 04/21/23  
**Contact:** K. Crowe  
**Project Start:** 10/01/22  
**Project Complete:** 09/30/23  
**Project Estimate:** \$ 3,250,000  
**Project Funding to Date:** \$ -

**Project Description/Justification:**

Mill and pave, reconstruct, or rehabilitate City roads.

**Reasons for Funding Modification (if applicable):**

**Operating Impact:**

**Related Projects:**

**Project Phase Summary**

Phase	Committed	FY 23/24	FY 24/25	FY 25/26	FY 25/26	FY 27/28	
Design/Construct		\$ 3,250,000					
<b>Total</b>	\$ -	\$ 3,250,000	\$ -	\$ -	\$ -	\$ -	\$ 3,250,000

**Funding Source Summary**

Phase	Committed	FY 23/24	FY 24/25	FY 25/26	FY 25/26	FY 27/28	
Fund 102		\$ 3,250,000					
<b>Total</b>	\$ -	\$ 3,250,000	\$ -	\$ -	\$ -	\$ -	\$ 3,250,000

# Southernmost Point Plaza

## Existing Views and New Opportunities



# Southernmost Point Plaza

## Existing Views and New Opportunities



# Southernmost Point Plaza

## Existing Views and New Opportunities



# Southernmost Point Plaza

## Existing Views and New Opportunities



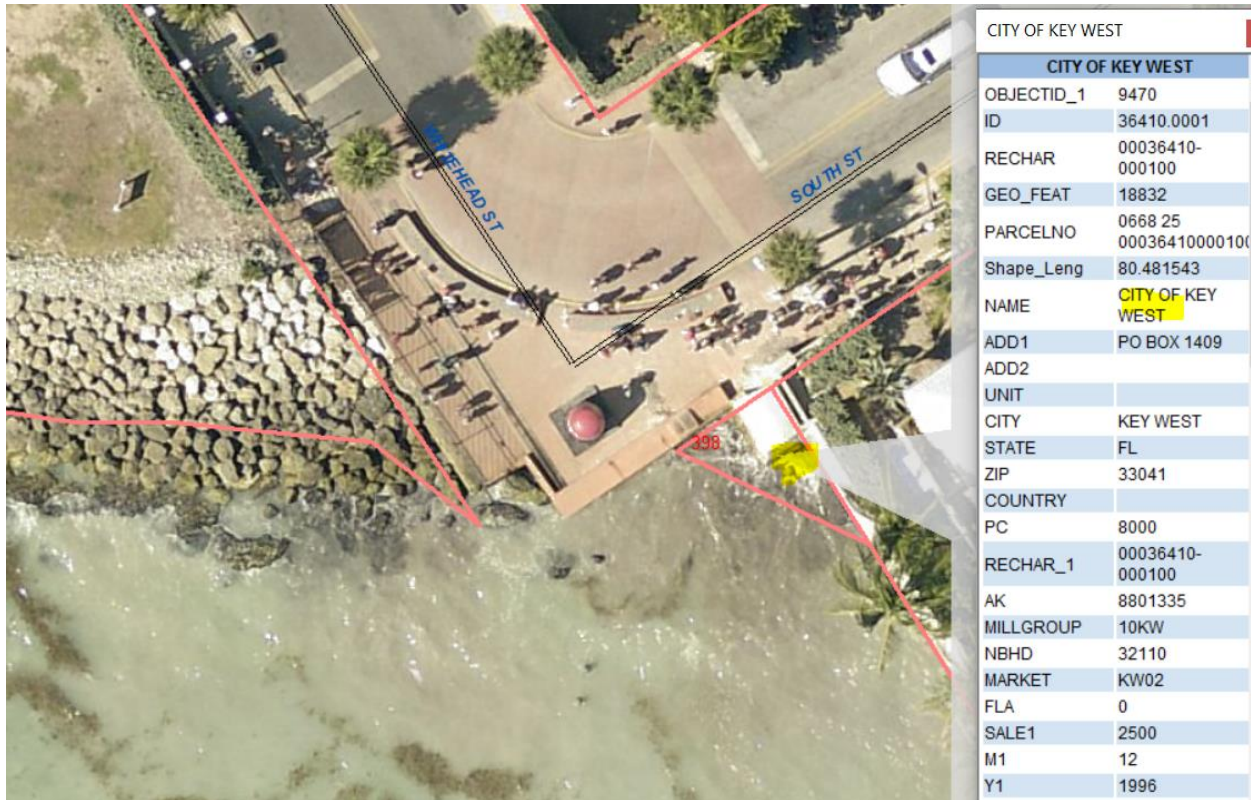


# Southernmost Point Plaza

## Existing Views and New Opportunities



Proof of Ownership



Project area is located in the City Right-of-Way. The City does not own fee title as it is public property maintained by the City for use by the public.

## Exhibit H

Per Karen DeMaria:

Southernmost Point: The area is a disturbed, upland area consisting of concrete, brick, and asphalt. There are several Thatch Palms, a State Listed Endangered species, currently in some of the sidewalk planters. These palms will either stay in place or be transplanted to nearby City sidewalk planters. The only other vegetation in this area are Sabal Palms and some shrubs species.

Karen DeMaria

Urban Forestry Manager

City of Key West Urban Forestry Manager

Acting City Biologist

30 years' experience as environmental consultant doing environmental assessments on properties to include endangered species review, vegetation surveys, habitat assessments, and phase 1 environmental audits.

## Renderings

Please see Exhibit C for “New Opportunities” renderings along with photos of the existing views.

## Marketing Plan & Operational Budget

### **Southernmost Plaza**

Near the iconic buoy marking the United States' Southernmost Point, there are two intersecting streets currently providing access to this major tourist destination. Already a highly visited location, there is the capability to transform this linear area into a fluidly mixed vehicular and pedestrian transportation space that provides a one-of-a-kind experience that is reflective of the City of Key West's unique character.

This new Southernmost Plaza will incorporate innovative strategies such as pedestrian-first "living street" principles with purposeful, safe blending of pedestrians, vehicles, and cyclists. Along with providing a memorable experience for all visitors, the plaza will embody Key West's iconic Conch Train and City Trolleys, and local vendors in an enhanced safe and convenient venue for those visiting the Southernmost Point. While incorporating many new design elements, including one-way vehicular traffic flow, it is important for the corridor to continue to accommodate the needs of adjacent residential and commercial properties. The Southernmost Plaza will provide on-street parking, site access in current locations, utility infrastructure and appropriate emergency vehicle access.

Visit Florida, Trip Advisor, Southernmost Point Webcam, Roadside America, Facebook, Conde Nast Traveler and Key West.com, are just some of the numerous sites that market and promote this location which is visited by thousands of travelers every year. 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 South Street and Whitehead Street leading to the Southernmost Point.

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:

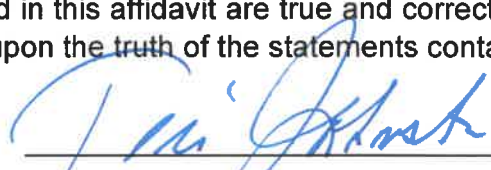
I am Mayor Teri Johnston, the applicant making the application for the project described as follows:

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)**

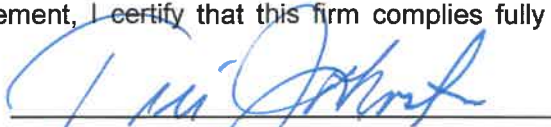
The undersigned vendor in accordance with Florida Statute Section 287.087 hereby certifies that:

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.

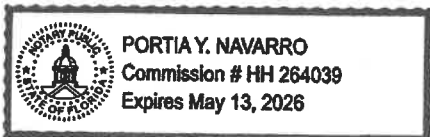
  
\_\_\_\_\_  
(Signature)  
Date: 4/17/23

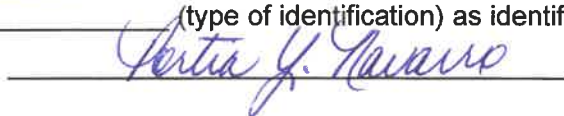
STATE OF: Florida

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





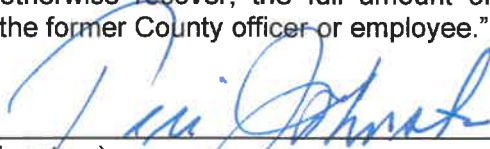
**Ethics Statement**  
**(Enclose as Exhibit O)**

**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.”

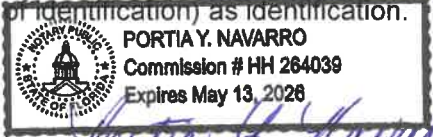
  
\_\_\_\_\_  
(Signature)

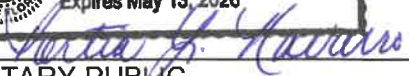
Date: 4/17/23

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

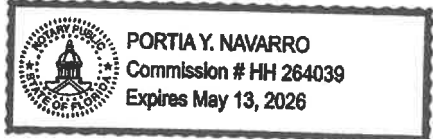
STATE OF: Florida

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](http://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

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ \_\_\_\_\_

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](http://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	✓	Employers Liability	\$100,000/\$500,000/\$100,000
WC2	_____	Employers Liability	\$500,000/\$500,000/\$500,000
WC3	_____	Employers Liability	\$1,000,000/\$1,000,000/\$1,000,000
WCUSLH	_____	US Longshoremen & Harbor Workers Act	\$1,000,000
WCJA	_____	Federal Jones Act	\$1,000,000



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

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

**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
*Subject to Payroll Audit	<b>Total Payroll</b>	<b>\$35,056,431</b>

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

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

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

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

<b>Limits of Liability</b>	<b>Self Insured Retention</b>
<b>Commercial General Liability</b>  <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: 55%;">           Each Occurrence            Personal/Advertising Injury            Medical Expense         </div> </div>	<b>\$100,000</b> Self Insured Retention Per Occurrence
<b>Law Enforcement</b>  <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: 55%;">           Each Occurrence         </div> </div>	<b>\$100,000</b> Self Insured Retention Per Occurrence

<b>Forms &amp; Endorsements</b>
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

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

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

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

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

<b>Forms &amp; Endorsements</b>
<b>All Terms and Conditions per Coverage Document PRM022-009</b>



## Cyber Liability Information page

<b>Policy Number:</b>	<b>CYP E615094 02</b>
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<b>Carrier:</b>	<i>Great American Insurance Company</i>
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<b>Named Member and Mailing Address:</b>	<b>Managing Agent Name and Address:</b>
<p><i>City of Key West</i>  <i>As a member of Public Risk Management of Florida</i>  <b>3104 Flagler Avenue</b>  <b>Key West, FL 33041</b></p>	<p><i>World Risk Management a Ballator Company</i>  <b>20 North Orange Avenue, Suite 500</b>  <b>Orlando, FL 32801</b></p>

<b>Coverage Period:</b>	From: <b>10/01/2022</b> At 12:01 a.m. EST	To: <b>10/01/2023</b> At 12:01 a.m. EST
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<b>Limits of Liability</b>	<b>Deductibles</b>
<b>Cyber Liability – Per Claim</b>	<b>Retro Date:</b> 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	

<b>Forms &amp; Endorsements</b>
All Terms and Conditions per policy.

GK2	_____		\$ 500,000 (\$100,000 per Vehicle)
GK3	_____		\$1,000,000 (\$250,000 per Vehicle)
MED1	_____	<b>Medial Professional</b>	\$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	_____	<b>Installation Floater</b>	<b>Maximus value of Equipment Installed</b>
VLP1	_____	<b>Hazardous Cargo Transporter</b>	\$300,000 (Requires MCS-90)
VLP2	_____		\$500,000 (Requires MCS-90)
VLP3	_____		\$1,000,000 (Requires MCS-90)
BLL	_____	<b>Bailee Liab.</b>	<b>Maximum Value of County Property that will be in the Bailee's possession</b>
HKL1	_____	<b>Hanger Keepers Liability</b>	\$300,000
HKL2	_____		\$500,000
HKL3	_____		\$1,000,000
HKL4	_____		\$5,000,000
AIR1	_____	<b>Aircraft Liability</b>	\$1,000,000
AIR2	_____		\$5,000,000
AIR3	_____		\$50,000,000
AEO1	_____	<b>Architects Errors &amp; Omissions</b>	\$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	_____	<b>All Risk Property</b>	<b>Full Replacement Value of Structure</b>
EOJ	_____	<b>Engineers Errors &amp; Omissions</b>	\$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	_____	<b>Water Craft Liability</b>	\$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)**

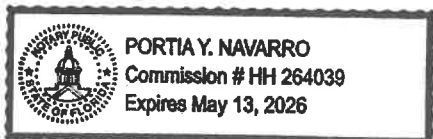
1. The following supporting documents are attached:
  - a)  Print out from Sunbiz.org "Detail by Entity" (**Exhibit A**)
  - b)  Documentation from bank of confirmed project funds (**Exhibit B**)
  - c)  If applicable: Insert or attach photograph of existing site (**Exhibit C**)
  - d)  Proof of ownership; 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.



NOTARY PUBLIC

*Portia Y. Navarro*