



April 30, 2015

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

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

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

Dear Mr. Bouquet:

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

Sincerely,

Amec Foster Wheeler Environment & Infrastructure, Inc.

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

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

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

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

www.amecfw.com

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

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

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

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

B. Technical Services (Engineering and Science)

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

C. Surveying Services

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

D. Information Management

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

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Amec Foster Wheeler Environment & Infrastructure, Inc		
	2 Business name/disregarded entity name, if different from above		
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) 5 Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
	5 Address (number, street, and apt. or suite no.) 1105 Lakewood Parkway, Suite 300	Requester's name and address (optional)	
	6 City, state, and ZIP code Alpharetta, GA 30009		
	7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

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

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

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

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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

Sign Here Signature of U.S. person ▶ *Kirkawitter*

Date ▶ *1/5/15*

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

- An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:
- Form 1099-INT (interest earned or paid)
 - Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (cancel'd debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*
- By signing the filled-out form, you:
1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
 2. Certify that you are not subject to backup withholding, or
 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



CERTIFICATE OF LIABILITY INSURANCE

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

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

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

PRODUCER Construction Risk Partners, LLC Campus View Plaza 1250 Route 28, Suite 201 Branchburg, NJ 08876	1-908-566-1010 CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):														
INSURED Amec Foster Wheeler Environment & Infrastructure, Inc. 5845 NW 158th Street Miami Lakes, FL 33014	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: ACE AMER INS CO</td> <td>22667</td> </tr> <tr> <td>INSURER B: ZURICH AMER INS CO</td> <td>16535</td> </tr> <tr> <td>INSURER C: ACE PROP & CAS INS CO</td> <td>20699</td> </tr> <tr> <td>INSURER D: AMERICAN ZURICH INS CO</td> <td>40142</td> </tr> <tr> <td>INSURER E: AIG SPECIALTY INS CO</td> <td>26883</td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: ACE AMER INS CO	22667	INSURER B: ZURICH AMER INS CO	16535	INSURER C: ACE PROP & CAS INS CO	20699	INSURER D: AMERICAN ZURICH INS CO	40142	INSURER E: AIG SPECIALTY INS CO	26883	INSURER F:	
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INSURER F:																

COVERAGES

CERTIFICATE NUMBER: 43683091

REVISION NUMBER:


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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:			G24556347	05/01/15	05/01/16	EACH OCCURRENCE	\$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 2,000,000
							GENERAL AGGREGATE	\$ 4,000,000
							PRODUCTS - COM/OP AGG	\$ 4,000,000
								\$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> Comp \$1,000 <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> Coll \$1,000			BAP 9483148-04	05/01/15	05/01/16	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ 10,000			XOO G27240665	05/01/15	05/01/16	EACH OCCURRENCE	\$ 1,000,000
							AGGREGATE	\$ 1,000,000
								\$
D	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC 3504866-14	05/01/15	05/01/16	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
D				WC 3867133-08	05/01/15	05/01/16	E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
E	Pollution			CPL 12456119	05/01/15	05/01/16	Each Loss/Agg Limit	1,000,000
B	Architects & Engineers Prof			IPR 1008375-00	05/01/15	05/01/16	Any One Claim/Agg	1,000,000

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

Re: City of Key West General Engineering Services, Contract #: Resolution #12-280
 City of Key West is an additional insured on the General Liability, Automobile Liability and Umbrella Liability policies as required by written contract.

CERTIFICATE HOLDER**CANCELLATION**

City of Key West James W. Bouquet 3140 Flagler Avenue Key West, FL 33040 USA	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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State of Florida
Board of Professional Engineers
2639 North Monroe Street, Suite B-112
Tallahassee, FL 32303-5268

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

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

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

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

State of Florida

Board of Professional Engineers

Attests that

AMEC Environment & Infrastructure, Inc.



FBPE
FLORIDA BOARD OF
PROFESSIONAL ENGINEERS

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

Expiration: 2/28/2017
Audit No: 228201701230

CA Lic. No:
5392

State of Florida

Department of State

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

The document number of this corporation is F00000004389.

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

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

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



Ken Detjmer
Secretary of State

Authentication ID: CC1648778160

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

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

**AFFIDAVIT of
CHANGE OF NAME**

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

CONTRACTOR

Amec Foster Wheeler Environment & Infrastructure, Inc.

Federal I.D. No. 91-1641772

By 
(Signature)

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

this 21st day of January, 20 15.

