



FY 2022 Brick and Mortar Capital Projects
Monroe County Tourist Development Council 4/27/2021

Funding Application Cover Page

1) Applicant's Name:	City of Key West
2) Project Name:	Mallory Square Public Restrooms
3) District:	District I – Key West
4) Amount Requested:	\$713,387 (70% of \$1,001,982 plus \$12,000 for tourism impact study)

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 – (city limits of Key West to west end of Seven Mile Bridge)
- District III:** Marathon – (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: Mallory Square Public Restrooms

FEDERAL EMPLOYER’S IDENTIFICATION NUMBER OF APPLICATIONS 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: Steve McAlearney, Director of Engineering

Telephone/Mobile Number: 305-809-3747

Email Address: smcalearney@cityofkeywest-fl.gov

Address: PO BOX 1409
Key West, Florida 33041-1409

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

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

400 Wall St, Key West, FL 33040 (Extremely well known tourist attraction for Sunset Celebration)

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 11 or 12 which corresponds to your type of application

Non-Profit Organizations

Payment may be up to seventy-five (75%) 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 75% reimbursement. 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 75% 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 5.

Total Project Cost:	TDC Funds Requested: (up to 75% 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 4 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 5.

Total Project Cost:	TDC Funds Requested: (Up to 100% of total Project Cost)	Governmental Agency Out of Pocket Cost: (Total Project Cost less TDC Funds Requested)	I have highlighted the line item(s) in budget for this specific project. Enclose portion of line item budget as proof of funding for Exhibit 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 5.

Total Study Cost:	TDC Funds Requested: (up to 100% of Total Study Cost)	Governmental Agency Out of Pocket Cost: (Total Project Cost less TDC Funds Requested)	I have highlighted the line item(s) in budget for this specific project. Enclose portion of line item budget as proof of funding for Exhibit B <input checked="" type="checkbox"/>
<u>\$12,000.00</u>	<u>\$12,000.00</u>	<u>\$12,000.00</u>	

Estimated Completion date for study:
April 30, 2022.

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 5.

Total Project Cost: (not including study)	TDC Funds Requested: (up to 70% of Total Project Cost)	Governmental Agency Out of Pocket Cost: (Total Project Cost less TDC Funds Requested)	I have highlighted the line item(s) in budget for this specific project. Enclose portion of line item budget as proof of funding for Exhibit B <input checked="" type="checkbox"/>
<u>\$1,001,982.00</u>	<u>\$701,387.00</u>	<u>\$300,595.00</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 that your requested TDC funds will be spent on (please do not include contingency fees, warranty fees or items relating to retail space as part of your budget):

The City of Key West is seeking to improve the public restrooms located within the footprint of Mallory Square. Cost: 1140 sq ft @ \$782/sf = \$891,480.00, Soil & survey = \$10,000.00, Design cost @ 8% of construction = \$71,318.40, 3% contingency = \$29,183.95, for a total project cost of \$1,001,982.00.

1. Use:

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

Public restrooms within a public plaza, pre-1994

b) Present Use:

Public restrooms within a public plaza

c) Proposed Use:

Improved public restrooms within a public plaza

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.

Not listed within the National Register but within Key West Historic District

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.

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. However, it is important that no more property than is necessary to achieve established preservation objectives be included in the acquisition project application. As this factor is crucial 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 this 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 on about existing permits and/or review by the appropriate Planning Department, your application your application shall be rejected. Please list all permits required to complete this project.

The project area is an existing and current public plaza 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 the 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. How was your estimate derived?

The facility will be open to the public year round, 365 days a year. Of the 2.9 million people that visit Key West annually, we expect at least 1 million of them to visit Mallory Square. This number is based on the popularity of Mallory Square as being the number three thing to do in Key West as ranked by TripAdvisor.com, the number of those participating in the nightly Sunset Celebration, and the numerous events held at Mallory Square that draw hundreds of thousands of tourists every year.

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 Historical District, is there currently signage for the project/facility in the Historical 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

The proposed project/facility would not require any parking variances because the expansion of the restrooms will not incur any need for any additional off-street parking needs per Section 108-572. Additionally, Mallory Square is located in the Historic Pedestrian Oriented Zone which allows a certain amount of redevelopment to happen on a parcel(s) without having to meet the parking rules and regulations, per Section 108-573.

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:

The current restroom facilities have become degraded by age, overuse, having below industrial grade fixtures, and in general being too small with too few stalls to meet the demand placed on them by the constant stream of visitors from Mallory Square and the downtown Key West area.

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):

Not yet initiated 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)
Not applicable.

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 normal maintenance and ongoing upkeep of Mallory Square and its restrooms will be provided by the City of Key West Community Services Department as part of the City's regular maintenance program, funded by the City's General Fund Budget. Improving the public restrooms will decrease the amount of maintenance needed to keep the restrooms functioning properly.

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

The improvement of restroom facilities at Mallory Square is part of the City's overall plan to have and maintain coastal and recreation facilities that are clean, attractive, and allow maximum usage by as many of the nearly 3 million visitors to the City each year.

As described in Exhibit K - Marketing Plan and Operational Budget, hundreds of community members identified the restrooms as the most problematic feature at Mallory Square, citing low comfort levels, overflowing, overuse, safety and signing to be deficient. We are inferring this perception to affect more than just local stakeholders, and likely a large portion of the millions of visitors Key West receives each year. Therefore, we strongly believe improving these facilities will improve the overall impression of Key West for those near and far, helping to ensure return visits and positive word of mouth recommendations.



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:

The project length is 12 months and completion date is dependent on when funds are made available. We anticipate funding will be made available in FY 2022 and work can begin as soon as the grant agreement is executed.



[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

SMITH, SHAWN D, ESQ
1300 White Street
KEY WEST, FL 33040

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

Davila, Gregory
1300 White Street
KEY WEST, FL 33040

Title B

WARDLOW, WILLIAM
1300 White Street
KEY WEST, FL 33040

Title B

WEEKLY, 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
2019	04/05/2019
2020	01/21/2020
2021	01/27/2021

Document Images

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



THE CITY OF KEY WEST

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

April 23, 2021

Monroe County Tourist Development Council
District Advisory Committee (DAC I)
c/o Monroe County Purchasing Department

RE: FY 2022 Brick and Mortar Capital Projects, due date 4/27/2021
Mallory Square Public Restrooms application – Exhibit B

Dear TDC and DAC I Members:

On behalf of the Mayor and the City Commission, please be assured the City of Key West is fully committed to the successful construction of the improvements proposed in this application for brick and mortar capital funding for the Mallory Square Public Restrooms. We recognize the importance of having functional restrooms in this high traffic area. Unfortunately, the current restroom facilities are falling short of functionality with repeated incidences of overuse. Too few facilities and below industrial grade fixtures have contributed to the overuse.

Partnering with the Tourist Development Council on this project for the FY 2022 cycle has presented a perfect opportunity to make significant improvements to the restrooms. The timing of a potential capital funding award coincides with the City's timeline for budgeting the 30% match for this new capital project in FY 2022. With capital funding at the maximum 70% from TDC and the City's planned capital projects, the Mallory Square Public Restrooms project is funded in full. See proposed Capital Improvement Project detail, Exhibit B. Without the TDC's 70%, the City must fund the project over multiple fiscal years.

Thank you for your consideration.

A handwritten signature in blue ink that reads "Patti McLauchlin".

Patti McLauchlin

Interim City Manager

**CITY OF KEY WEST
FY 21/22 CIP PROJECT DETAIL**

Project No: TBD
Project Name: Mallory Square Public Restrooms
Location: Mallory Square
Department: Engineering
Account No: 101-7201-572-6200

PROPOSED

Date: 04/23/21
Contact: S. McAlearney
Project Start: 10/01/21
Project Complete: 09/30/22
Project Estimate: \$ 1,013,982
Project Funding to Date: \$ -

Project Description/Justification:

Improve public restrooms located within the footprint of Mallory Square approximately 1,140 square feet

Reasons for Funding Modification (if applicable):

Operating Impact:

Improving the public restrooms will decrease the amount of maintenance needed to keep the restrooms functioning properly.

Related Projects:

Project Phase Summary

Phase	Committed	FY 20/21	FY 21/22	FY 22/23	FY 23/24	FY 24/25	
Tourism Study			\$ 12,000				
Design			\$ 81,318				
Construction			\$ 920,664				
Total	\$ -	\$ -	\$ 1,013,982	\$ -	\$ -	\$ -	\$ 1,013,982

Funding Source Summary

Phase	Committed	FY 20/21	FY 21/22	FY 22/23	FY 23/24	FY 24/25	
TDC			\$ 701,387				
General Fund			\$ 312,595				
Total	\$ -	\$ -	\$ 1,013,982	\$ -	\$ -	\$ -	\$ 1,013,982

Photographs of the Existing Site







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 00000170-000000
 Account# 1000167
 Property ID 1000167
 Millage Group 10KW
 Location Address 402 WALL ST, KEY WEST
 Legal Description KW PT LOTS 2-3-4-5 SQR 3 G64-274 (CULTURAL PRESERVATION SOCIETY INC-LEASE) OR1338-417/37 OR1623-215/29 OR2080-939/50
 (Note: Not to be used on legal documents.)
 Neighborhood 32020
 Property Class MUNICIPAL (8900)
 Subdivision
 Sec/Twp/Rng 06/68/25
 Affordable No
 Housing



Owner

CITY OF KEY WEST MALLORY SQUARE
 PO Box 1409
 Key West FL 33041

Valuation

	2020	2019	2018	2017
+ Market Improvement Value	\$246,810	\$246,810	\$246,810	\$246,810
+ Market Misc Value	\$1,518,137	\$1,518,137	\$1,518,137	\$1,518,137
+ Market Land Value	\$13,017,500	\$13,017,500	\$13,017,500	\$13,017,500
= Just Market Value	\$14,782,447	\$14,782,447	\$14,782,447	\$14,782,447
= Total Assessed Value	\$14,782,447	\$14,782,447	\$14,782,447	\$14,782,447
- School Exempt Value	(\$14,782,447)	(\$14,782,447)	(\$14,782,447)	(\$14,782,447)
= School Taxable Value	\$0	\$0	\$0	\$0

Land

Land Use	Number of Units	Unit Type	Frontage	Depth
COMMERCIAL EXEMPT (100E)	2.54	Acreage	0	0

Yard Items

Description	Year Built	Roll Year	Quantity	Units	Grade
CONCRETE DOCK	1964	1965	1	12936 SF	5
CON DKS/CONPIL	1977	1978	1	16704 SF	4
CON DKS/CONPIL	1977	1978	1	2611 SF	5
SEAWALL	1977	1978	1	5000 SF	4
SEAWALL	1985	1986	1	376 SF	4
WOOD DOCKS	1985	1986	1	564 SF	1
CONC PATIO	1993	1994	1	200 SF	2
WROUGHT IRON	1993	1994	1	66 SF	3
RW2	1996	1997	1	1022 SF	5
FENCES	1996	1997	1	2198 SF	5
BRICK PATIO	1996	1997	1	90054 SF	3

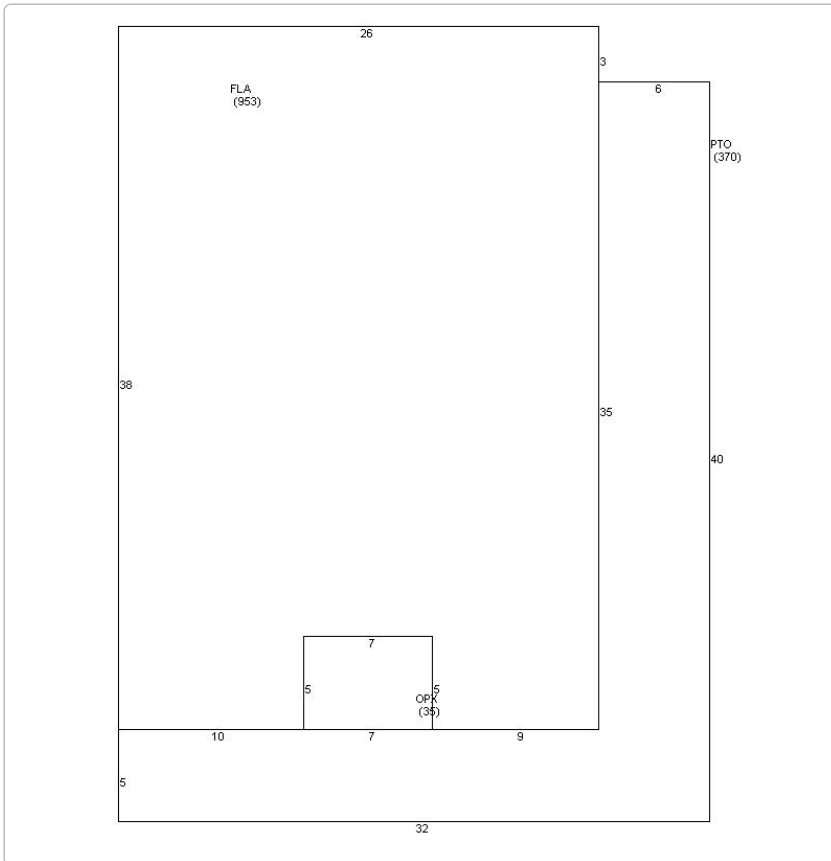
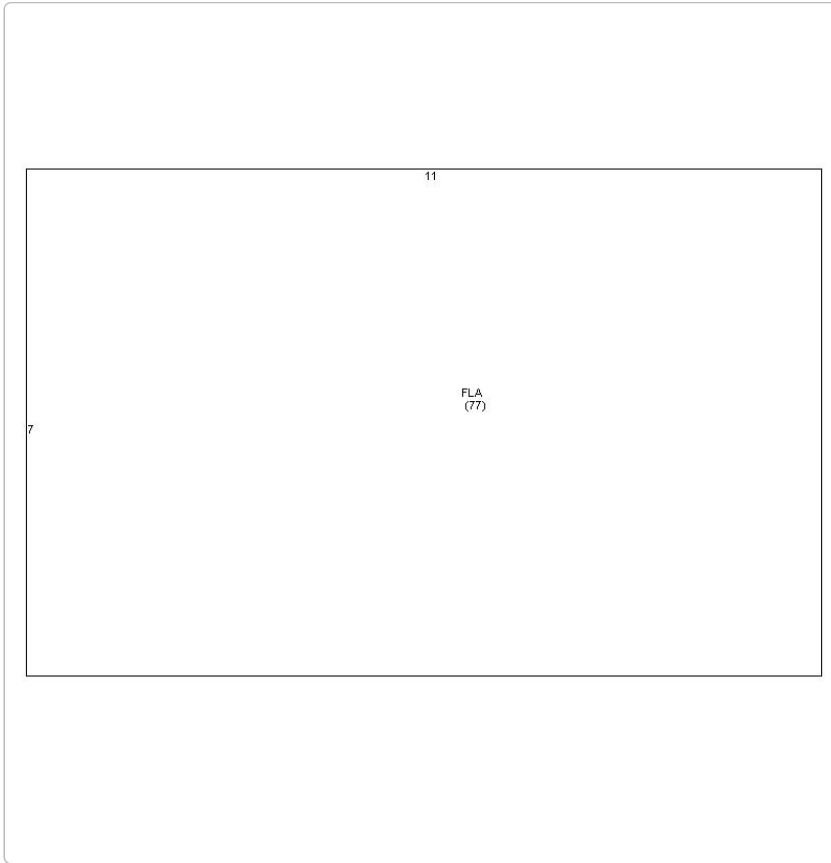
Permits

Number	Date Issued	Date Completed	Amount	Permit Type	Notes
16-2397	6/23/2016	4/16/2017	\$1,200		ELECTRICAL INSTALLATION OF 5 GFI 2 SWITCHES 1 CEILING FAN SUB PANEL EMERGENCY LIGHTS AND EXIT SIGN.
14-0567	4/16/2014	2/13/2016	\$1,500		INSTALLATION OF A WOOD WHITE 4' HIGH FENCE BESIDE TRASH AREA.
09-1690	6/16/2009	6/6/2011	\$46,574	Commercial	REPLACE EXISTING 200 AMP PANEL BOARD. INSTALLATION IF LIGHTING CONTACTOR. INSTALLATION OF NEW CONCRETE POLE BASE & ANCHOR BOLTS FOR EXISTING LIGHT POLE. INSTALLATION OF BRANCE CIRCUITRY FOR RECEIPT INSTALLATION.
09-1599	6/15/2009	5/13/2011	\$207,282	Commercial	DEMOLITION AND DISPOSAL OF EXISTING WHARF STRUCTURE 41' X 464' INCLUDING PAVERS, LIGHT POLES, WATER & SEWER LINE.
09-1600	6/15/2009	6/5/2011	\$2,844,000	Commercial	CONSTRUCT NEW WHARF STRUCTURE, PILE-SUPPORTED, PRECAST CONCRETE BEAMS, SLABS, CONCRETE TOPPING AND PAVERS.
03-0284	2/24/2003	6/22/2003	\$5,600		ELECTRIC-FOR DOUGHBALL'
03-0284	2/21/2003	6/22/2003	\$6,000		REPLACE 17 LIGHTS
03-0284	2/4/2003	6/22/2003	\$5,000		DECK FRAMING
9602865	2/1/1997	12/1/1997	\$1		ROOF
9602865	7/1/1996	12/1/1997	\$2,300,000		REPAIRS/REMODELING
9603071	7/1/1996	12/1/1997	\$6,000		PLUMBING
9603071	7/1/1996	12/1/1997	\$6,000		SIGNS
9602377	6/1/1996	12/1/1997	\$6,800		PLUMBING
B952726	8/1/1995	12/1/1995	\$61,327		REPAIR 8 PSP ON DOLPHIN
B941456	5/1/1994	12/1/1994	\$5,000		DEMO INTERIOR WALLS
B933595	12/1/1993	6/1/1994	\$265,000	Commercial	PUBLIC BATHROOM FACILITY
	1/1/1900		\$0		

View Tax Info

[View Taxes for this Parcel](#)

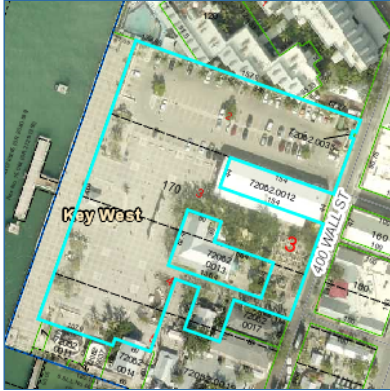
Sketches (click to enlarge)



Photos



Map



No data available for the following modules: Buildings, Commercial Buildings, Mobile Home Buildings, Exemptions, 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](#) and [GDPR Privacy Notice](#)



Version 2.3.117

Last Data Upload: 4/19/2021, 2:09:01 AM

Exhibit H

Per Karen DeMaria:

Mallory Square: The area is a man-made developed area with planted areas. There are several species of palms and trees in the planter areas that are on the State and County threatened and endangered species lists including Thatch palms, Mahogany, and Lignum vitae trees. All of these have been planted by the City. Endangered and Threatened species of birds do migrate through the area but the area doesn't contain any threatened or endangered species of animals.

Karen DiMaria

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.

Marketing Plan & Operational Budget

Mallory Square is marketed on a variety of different internet and social media platforms as one of Key West's top tourist destination. Several travel websites, including TripAdvisor.com, travel.usnews.com, trolleytours.com, visitflorida.com, all market Mallory Square as one of the top tourist destinations and Sunset Celebration as the best thing to experience in Key West. For decades, Sunset Celebration at Mallory Square has drawn hundreds of visitors for its free, nightly arts festival showcasing various street performers and vendors. The newly upgraded restroom facilities will be highlighted and promoted on the website www.mallorysquare.com to enhance the number of daytime and nighttime visits, as well as those visiting the downtown Key West area. As these avenues for marketing are already in place, no additional marketing dollars will be required to inform the public and tourists of these upgraded restroom facilities. Regarding 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.

Additionally, the City of Key West recently held a series of public workshops for a Community Vision Plan to gain input from the public about what they would like to see at the Sunset Celebration at Mallory Square both in the short term and long term. The advertisement for the workshop is provided on the next page. The workshops were held on March 11, 2021, March 25, 2021, April 13, 2021 (virtually) and April 15, 2021, and were very well attended, ranging in 15-25 participants per workshop. To solicit additional input, the City sent out a survey that went to the Chamber of Commerce, mom and pop shops, through Facebook, and the Business Guild. The survey has generated hundreds of responses and is still live. The public restrooms emerged as one of the top areas of concern amongst the Key West community. The cleanliness and comfort level, including supplies like soap, is perceived as very low. The restrooms overflow (evidenced by the photos in Exhibit C). The restrooms have long lines during peak hours, and the women's restrooms are especially problematic in this area. Unsafe feelings given the state of the outer walls were noted, and the restrooms signage and wayfinding were found to be deficient. Therefore, the City has chosen to prioritize this high priority item to pursue with this application.

PUBLIC WORKSHOPS



SUNSET CELEBRATION AT MALLORY SQUARE

COMMUNITY VISION PLAN

Short-term projects:

- Signage
- Lighting
- Shaded areas

Long-term vision:

- Landscape, Hardscape and Seating
- Circulation and Mobility
- Possible land uses and re-zoning

IMPORTANT UPCOMING WORKSHOP DATES

- **Thursday | March 11, 2021 | 2:30pm**
Waterfront Playhouse | 407 Wall Street
- **Thursday | March 25, 2021 | 5:00pm**
Community Services Building | 3420
Northside Drive
- **Tuesday | April 13, 2021 | 3:00pm**
Virtual Meeting via Zoom
- **Thursday | April 15, 2021 | 3:30pm**
City Hall Chambers | 1300 White Street



EMAIL: city_harc@cityofkeywest-fl.gov OR CALL: 305-809-3973 TO FIND OUT MORE



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:

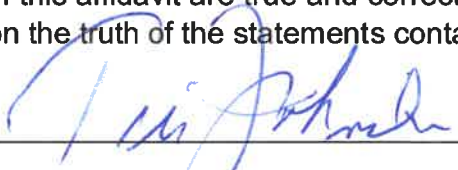
1) I am Mayor Teri Johnston, the applicant making the application for the project described as follows:

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

3) 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;

4) 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, a application for the purpose of restricting competition; and

5) 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: 4-20-21

STATE OF: Florida

COUNTY OF: Monroe

Subscribed and sworn to (or affirmed) before me, by means of physical presence or online notarization, on April 20th, 2021 (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 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) *Teri Johnston*

Date: 4-20-21

STATE OF: Florida

COUNTY OF: Monroe

Subscribed and sworn to (or affirmed) before me, by means of physical presence or online notarization, on April 20th, 2021 (date) by Teri Johnston (name of affiant). He/She is personally known to me or has

Produced _____ (type of identification) as identification.



[Signature]
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.

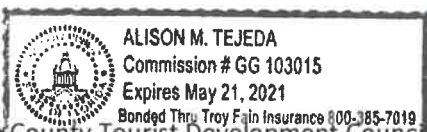
Teri Johnston

President of Organization/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 20th, 2021 (date) by Teri Johnston (name of affiant). He/She is personally known to me or has produced _____ (type of identification) as identification.



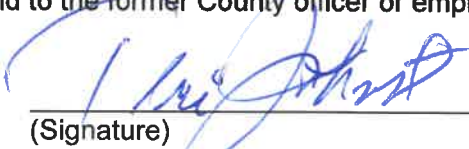
Ethics Statement
(Enclose as Exhibit O)

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: 4-20-21

STATE OF: Florida

COUNTY OF: Monroe

Subscribed and sworn to (or affirmed) before me, by means of physical presence or online notarization, on April 20th, 2021 (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: 05/21/2021

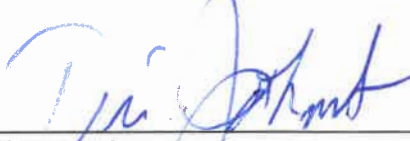


Public Entity Crime Statement Form
(Enclose as Exhibit P)

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: 4-20-21

STATE OF: Florida

COUNTY OF: Monroe

Subscribed and sworn to (or affirmed) before me, by means of physical presence or online notarization, on April 20th, 2021 (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: May 21, 2021



Request for Taxpayer Identification Number and Certification

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

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

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) ▶ _____

Municipality

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)

Print or type. See Specific Instructions on page 3.

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.

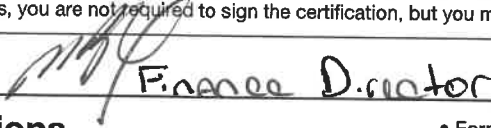
Social security number									
			-			-			
or									
Employer identification number									
5	9	-	6	0	0	0	3	4	6

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 ▶ 	Date ▶ 1/7/2021
------------------	--	-----------------

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/BIDDERS 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

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 X \$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.

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	<u> X </u>	\$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	<u> X </u>	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.
PRO2	_____		\$500,000 per Occurrence / \$1,000,000 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)
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	<u> X </u>	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
PRM 020-007-073	See attached Member Coverage
	Declarations

Liability policies are Occurrence Claims Made

PRM- Public Risk Management of Florida
Insurance Agency

Laura Estevez
Signature
City of Key West, Risk Management

BIDDERS STATEMENT

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

Patti McLaughlin, Interim City Manager
Bidder's Name and Title

Patti McLaughlin
Signature

Company Name: city of Key West



**Common
Member Coverage Declarations**

Policy Number:	#PRM020-007-073
Membership Type:	<i>Preferred Member</i>

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

Coverage Period:	From: 10/01/2020	To: 10/01/2021
	At 12:01 a.m. EST	At 12:01 a.m. EST

Schedule of Coverages

Section I: Property (Including Boiler Machinery - Separate Policy)

Section II: Crime

Section III: Comprehensive General Liability

Section IV: Automobile Liability

Section V: Public Officials Errors & Omissions

Section VI: Excess Workers' Compensation & Employers' Liability for a Group
Self-Insurer Fund Member

Section VII: Employee Benefits Liability

Total Member Contribution

Member Loss Fund

\$1,473,334

In return for the payment of the member contribution, and subject to all of the terms in this coverage document and Association By-Laws, Public Risk Management agrees to provide the coverage(s) as indicated in the schedule above. Specific coverage terms and conditions are afforded in the individual coverage forms by line of coverage.

**Claim Reporting: Public Risk Management of Florida
1-800-367-1705**



Property Member Coverage Declarations

Policy Number:	#PRM020-007-073
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> <i>3104 Flagler Avenue</i> <i>Key West, FL 33041</i>	<i>World Risk Management, LLC a Ballator Company</i> <i>20 North Orange Avenue, Suite 500</i> <i>Orlando, FL 32801</i>

Coverage Period:	From: 10/01/2020 At 12:01 a.m. EST	To: 10/01/2021 At 12:01 a.m. EST
-------------------------	--	--

Coverage Schedule

This coverage document provides the coverage's as shown below in the Coverage schedule with the corresponding limits and deductibles.

Covered Property

Perils Covered:
 All risks of direct physical loss or damage, including flood, earthquake, terrorism & sabotage including equipment breakdown subject to the policy exclusions. Auto Physical Damage included at Actual Cash Value.

Valuation:

\$165,289,156	Replacement Cost	All Other Perils Loss Limit (Total Insured Values per schedule on file with PRM)
\$144,769,187	Actual Loss Sustained	Real and Personal Property
		Time Element (Total Insured Values per schedule on file with PRM)
		Boiler & Machinery Values

Maintenance Deductible
 \$25,000 Per Occurrence

Named Wind Deductible
 5% Of Total Values Per Unit involved in the loss, per any one occurrence.

Named Wind Policy Shared Limit
 Any one occurrence as outlined in the Schedule of Limits and Sub-Limits. Sub-Limits do not increase the policy limit of \$100,000,000. Membership schedule on file with Public Risk Management of Florida.

All Terms and Conditions per Coverage Document PRM020-007



Crime Member Coverage Declarations

Policy Number:	#PRM020-007-073
Membership Type:	<i>Preferred Member</i>

Named Member and Mailing Address: <i>City of Key West As a member of Public Risk Management of Florida 3104 Flagler Avenue Key West, FL 33041</i>	Managing Agent Name and Address: <i>World Risk Management, LLC a Ballator Company 20 North Orange Avenue, Suite 500 Orlando, FL 32801</i>
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Coverage Period:	From: 10/01/2020 At 12:01 a.m. EST	To: 10/01/2021 At 12:01 a.m. EST
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Limits of Liability	Deductibles
Crime	
\$1,000,000 Monies & Securities	\$1,000 Per Occurrence
\$1,000,000 Forgery or Alteration	\$1,000 Per Occurrence
\$1,000,000 Employee Dishonesty	\$1,000 Per Occurrence

Forms & Endorsements
All Terms and Conditions per Coverage Document PRM020-007



Comprehensive General / Law Enforcement Liability Member Coverage Declarations

Policy Number:	#PRM020-007-073
Membership Type:	<i>Preferred Member</i>

Named Member and Mailing Address:	Managing Agent Name and 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, LLC a Ballator Company 20 North Orange Avenue, Suite 500 Orlando, FL 32801

Coverage Period:	From: 10/01/2020 At 12:01 a.m. EST	To: 10/01/2021 At 12:01 a.m. EST	
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Limits of Liability	Self Insured Retention	
Commercial General Liability <u>\$1,000,000</u> Each Occurrence <u>\$1,000,000</u> Personal/Advertising Injury <u>Excluded</u> Medical Expense	\$100,000	Self Insured Retention Per Occurrence
Law Enforcement <u>\$1,000,000</u> Each Occurrence	\$100,000	Self Insured Retention Per Occurrence

Forms & Endorsements
All Terms and Conditions per Coverage Document PRM020-007



Automobile Member Coverage Declarations

Policy Number:	#PRM020-007-073
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, LLC a Ballator Company 20 North Orange Avenue, Suite 500 Orlando, FL 32801

Coverage Period:	From: 10/01/2020 At 12:01 a.m. EST	To: 10/01/2021 At 12:01 a.m. EST
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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 PRM020-007



**Public Officials Errors & Omissions
Member Coverage Declarations**

Policy Number:	#PRM020-007-073
Membership Type:	<i>Preferred Member</i>

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

Coverage Period:	From: 10/01/2020	To: 10/01/2021
	At 12:01 a.m. EST	At 12:01 a.m. EST

Limits of Liability	Self Insured Retention
Public Officials Errors & Omissions –Per Claim	Retro Date: 10/01/2000
<u>\$1,000,000</u> Each Claim	
<u>\$3,000,000</u> Aggregate	
<u>\$2,500</u> EEOC Administrative Hearings	\$100,000 Per Claim
<u>\$250,000</u> Association Annual Aggregate EEOC Administrative Hearings	
Sexual Harassment -Per Claim	Retro Date: 10/01/2000
<u>\$1,000,000</u> Each Claim	\$100,000 Per Claim
<u>\$3,000,000</u> Aggregate (Part of E&O Aggregate)	
Sexual Misconduct -Per Claim	Retro Date: Not Covered
<u>\$1,000,000</u> Each Claim	Per Claim
<u>\$3,000,000</u> Aggregate (Part of E&O Aggregate)	
Inverse Condemnation – Per Claim	Retro Date: 10/01/2015
<u>\$100,000</u> Each Claim	\$100,000
<u>\$100,000</u> Aggregate	
Bert Harris Act – Per Claim	Retro Date: 10/01/2010
<u>\$300,000</u> Each Claim	\$100,000
<u>\$300,000</u> Aggregate	
Non-Monetary Damages – Per Claim	Retro Date: 10/01/2015
<u>\$100,000</u> Each Claim	\$100,000
<u>\$100,000</u> Aggregate	

Forms & Endorsements
All Terms and Conditions per Coverage Document PRM020-007



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

Policy Number:		#PRM020-007-073
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, LLC a Ballator Company 20 North Orange Avenue, Suite 500 Orlando, FL 32801
Coverage Period:	From: 10/01/2020 At 12:01 a.m. EST	To: 10/01/2021 At 12:01 a.m. EST
Limits of Liability:		
Part 1 – Workers' Compensation (States):	FL Statutory Limits	
Part 2 – Employer's Liability Self Insured Retention:	\$100,000	
	\$2,000,000	Each Accident
	\$2,000,000	Disease-Policy Limit
	\$2,000,000	Disease-Each Employee
Part 3 – Other States Insurance:	Included	
Self-Insured Retention:	\$325,000	
Forms & Endorsements		
All Terms and Conditions per Coverage Document PRM020-007		

Note: Member responsible for Florida State Workers Compensation Assessment Fees

Description	Class Code	Estimated Payroll 2020 - 2021
STREET OR ROAD PAVING	5509	\$455,732
MARINA & DRIVERS	6838	\$1,155,843
BUS CO - ALL OTHER EMPLOYEES & DRIVERS	7382	\$1,271,696
GARBAGE WORKS	7590	\$294,337
FIREFIGHTERS & DRIVERS	7704	\$6,921,577
POLICE OFFICERS & DRIVERS	7720	\$9,035,295
AUTOMOBILE SERVICE OR REPAIR CENTER & DRIVERS	8380	\$459,671
AUTOMOBILE STORAGE GARAGE, PARKING LOT, VALET SERVICE	8392	\$120,569
CLERICAL OFFICE EMPLOYEES	8810	\$7,267,448
ATTORNEY - ALL EMPLOYEES & CLERICAL, MESSENGERS, DRIVERS	8820	\$429,750
BUILDINGS OPERATIONS BY OWNER - ALL OTHER EMPLOYEES	9015	\$431,619
PARK NOC - ALL EMPLOYEES & DRIVERS	9102	\$1,833,580
MUNICIPAL, TOWNSHIP, COUNTY OR STATE EMPLOYEE NOC	9410	\$1,478,119
<i>*Subject to Payroll Audit</i>	Total Payroll	\$31,205,236



Employee Benefits Liability Member Coverage Declarations

Policy Number:	#PRM020-007-073
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	World Risk Management, LLC a Ballator Company 20 North Orange Avenue, Suite 500 Orlando, FL 32801

Coverage Period:	From: 10/01/2020 At 12:01 a.m. EST	To: 10/01/2021 At 12:01 a.m. EST
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Limits of Liability	Self Insured Retention
Employee Benefits – Per Claim	Retro Date: 10/01/2000
\$1,000,000 Each Claim	Self-Insured Retention
	\$100,000

Forms & Endorsements
All Terms and Conditions per Coverage Document PRM020-007



Cyber Liability Member Coverage Declarations

Policy Number:	CYP E615094 00
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Carrier:	<i>Great American Insurance Company</i>
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Named Member and Mailing Address:	Managing Agent Name and 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, LLC a Ballator Company 20 North Orange Avenue, Suite 500 Orlando, FL 32801

Coverage Period:	From: 10/01/2020 At 12:01 a.m. EST	To: 10/01/2021 At 12:01 a.m. EST	
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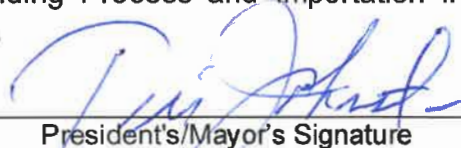
Limits of Liability	Deductibles
Cyber Liability – Per Claim	Retro Date: 10/01/2016
\$1,000,000 Each Claim	\$25,000 Per Claim
\$1,000,000 Annual Aggregate Per Member	
\$10,000,000 Pool Annual Aggregate	

Forms & Endorsements
All Terms and Conditions per policy.

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 easement 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. 26-30) with their 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. 2-8 of this application

Teri Johnston



President of Organization/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 20th, 2021 (date) by Teri Johnston (name of affiant). He/She is personally known to me or has produced _____ (type of identification) as identification.

NOTARY PUBLIC

