

## SUPPLEMENTAL GENERAL CONDITIONS

### 1. GENERAL

These Supplemental General Conditions make additions, deletions, or revisions to the General Conditions as indicated herein. All provisions which are not so added, deleted, or revised remain in full force and effect. Terms used in these Supplemental General Conditions which are defined in the General Conditions have the meanings assigned to them in the General Conditions. Similar terms described in the General Conditions and Instruction to Bidders shall supersede these requirements if they are more restrictive.

### 2. MULTIPLE AWARD OF CONTRACT

Palm Beach County reserves the right to award this contract to more than one responsive bidder. In the event that this right is exercised, up to two lowest responsive and responsible bidders shall be awarded the contract. The County reserves the right to issue Work Authorizations to either awardee as per the County's discretion. Work Authorizations will be issued on an as-needed basis. The County has no obligation to issue work under this contract to any awardee. The awardee(s) may be found in default of this contract if it declines more than 10% of the offered work, or if it establishes a pattern of accepting only the more desirable work and declining the less desirable work.

### 3. RENEWAL OPTION WITH NO ESCALATOR

The low responsive bidder(s) shall be awarded a contract for a three year (36 – month) term with no options to renew. Prices shall remain firm for the 36 – month period. All original terms and conditions shall be adhered to with no deviations and shall remain in full force and effect.

### 4. QUALIFICATION OF BIDDERS

This bid shall be awarded only to a responsive and responsible bidder, qualified to provide the goods and/or service specified. The bidder shall after bid opening, upon the County's request, promptly furnish sufficient evidence in order to confirm a satisfactory performance record. Such information may include an adequate financial statement of resources, the ability to comply with required or proposed delivery or performance schedule, a satisfactory record of integrity and business ethics, the necessary organization, experience, accounting and operation controls, and technical skills, and be otherwise qualified and eligible to receive an award under application laws and regulations.

The bidder should submit the following information with their bid response; however, if not included, it shall be the responsibility of the bidder to submit all evidence, as solicited, within a time frame specified by the County (normally within five working days of request). Failure of a bidder to provide the required information within the specified time frame is considered sufficient cause for rejection of their bid. Information submitted with a previous bid shall not satisfy this provision.

List a minimum of five (5) references in which similar goods and/or services described in this contract have been provided within the State of Florida. Include scope of work, contact names, addresses, telephone numbers and dates of service. A contact person shall be someone who has personal knowledge of the bidder's performance for the specific requirement listed. Contact person must have been informed that they are being used as a reference and that the County may be calling them. DO NOT list persons who are unable to answer specific questions regarding the requirement. The

Company shall have as a prerequisite a minimum of five (5) years' experience in the State of Florida, demonstrating the ability to provide similar goods and/or services stated herein.

#### **5. WORK SITE SAFETY/SECURITY**

The awarded bidder shall at all times guard against damage or loss to the property of Palm Beach County, the bidder's own property, and/or that of other contractors, and shall be held responsible for replacing or repairing any such loss or damage. When applicable, the awarded bidder shall provide fences, signs, barricades, flashing lights, etc. necessary to protect and secure the work site(s) and insure that all County, State of Florida, OSHA, and other applicable safety regulations are met. Additionally, awarded bidder shall provide for the prompt removal of all debris from Palm Beach County property as necessary. Palm Beach County may withhold payment or make such deductions as deemed necessary to ensure reimbursement or replacement for loss or damage to property through negligence of the awarded bidder or its agents.

**END OF SECTION**

## SECURITY

### Criminal History Records Check Ordinance

The Palm Beach County Criminal History Records Check Ordinance Palm Beach County Code Section 2-371 - 2-377. Pursuant to the ordinance, the County will conduct fingerprint based criminal history record checks on all employees of contractors and subcontractors of contractors, vendors, repair persons and delivery persons entering a facility determined to be either a critical facility ("Critical Facilities") or criminal justice information facility ("CJI Facility"). Critical Facilities and CJI Facilities and the corresponding list of disqualifying offenses are identified in Resolution R2013-1421 and is available upon request. **In October, 2013, compliance with the requirements of the U.S. Federal Bureau of Investigations Criminal Justice Information (CJI) security policy was added to the ordinance and has a broad list of disqualifying offenses.** The Bidder understands that is solely responsible for the financial, schedule and/or staffing implications of compliance with this ordinance, and represents and warrants that its bid price includes any direct or indirect costs (not including the FDLE/FBI fees which will be paid directly by the County) of compliance with this county code. Refer to department specific instructions in this section for applicability of criminal history records check for this project.

Individuals passing the background check will be issued a badge. Contractor shall make every effort to collect the badges of its employees and its subcontractors' employees upon conclusion of the contract work and return them to the county. If the contractor or its subcontractor terminates an employee who has been issued a badge, the contractor must notify the county within 2 hours. At the time of termination, the contractor shall retrieve the badge and return it to the county in a timely manner. The county reserves the right to suspend any contractor that; 1) does not comply with the requirements of county code section 2-2371 - 2-377 as amended, 2) does not contact the county regarding a terminated contractor employee or subcontractor employee within the stated time, or 3) fails to make a good faith effort in attempting to comply with the badge retrieval policy. The Contractor will be charged a nominal fee for lost cards.

### Department Specific Instructions

This project is subject to:

- Critical Facilities Background Check
- CJI Facilities Background Check
- No Background Check

The contractor shall comply with the following requirements:

- |    |                                     |            |
|----|-------------------------------------|------------|
| 1) | <b>CONFIDENTIALITY NOTICE</b>       | <b>2</b>   |
| 2) | <b>PROJECT MANAGER INSTRUCTIONS</b> | <b>3-4</b> |
| 3) | <b>CONTRACTOR INSTRUCTIONS</b>      | <b>5-6</b> |
| 4) | <b>ACKNOWLEDGEMENT</b>              | <b>7</b>   |

**CONFIDENTIALITY NOTICE**

Project Name: Lift Station Rehabilitation Continuing Construction Contract 2020

WUD Project No.: 20-009R

Pursuant to Florida Statute 119.071(3), I Chase Rogers as authorized representative of Hinterland Group Inc (hereinafter "Consultant/Contractor") agree that Consultant/Contractor shall maintain the exempt and confidential status of all security system plans, building plans, blueprints, schematic drawings, and diagrams, including draft, preliminary and final formats which depict the internal layout and structural elements of the water, wastewater, reclaimed water treatment and/or support facilities owned or operated by Palm Beach County. Consultant/Contractor further agrees the documents which shall remain exempt from disclosure pursuant to Florida Statute 119.071(3) shall not be used for any purpose other than what was contracted for and shall not be disclosed to any other party.

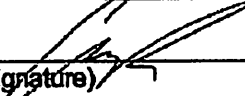
Also in accordance with Florida Statutes 153 and 281.301.

By:   
(Signature of Consultant/Contractor)

Chase Rogers, Project Director  
(Print Name and Title of Person Executing on behalf of Consultant/Contractor)

STATE OF FLORIDA

COUNTY OF Palm Beach

  
(Signature)

7/27/2020  
(Date)

Project Director  
(Title)

Chase Rogers  
(Printed Name)

State of Florida  
County of Palm Beach

Sworn to (or affirmed) and subscribed before me on 7/27/2020 (date) by Chase Rogers (name).

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this 27 day of July, 2020, by Chase Rogers, who is  personally known to me or  has produced \_\_\_\_\_ as identification.

  
Notary Public Signature and Seal  
Print Notary Name and Commission Number



STEPHANIE SACKETT  
Commission # GG 328788  
Expires April 29, 2023  
Bonded Thru Suggest Notary Services

## PROJECT MANAGER INSTRUCTIONS

All Project Managers will follow the steps set forth below when requesting either a Critical Facility or CJI photo ID or access card for contractor and sub-contractor personnel.

Complete the Project Information Form (an optional internal information collection tool). Link to form:  
<http://wudengineering/PDS/Shared%20Documents/Bid%20Award/Bid%20Construction%20Contract/Project%20Information%20Form.pdf>

PROJECT INFORMATION FORM	
TO BE COMPLETED BY THE PROJECT MANAGER	
PROJECT NUMBER OR PURCHASE ORDER NUMBER:	
PROJECT NAME OR PURCHASE ORDER REFERENCE:	
PROJECT LOCATION:	
BRIEF DESCRIPTION OF PROJECT OR PROCUREMENT:	
FACILITY TYPE:	<input type="checkbox"/> Critical Facility <input type="checkbox"/> CJI Facility
START DATE:	END DATE:
CONTRACTING COMPANY or SUBCONTRACTING COMPANY:	
FEVERN Number	
CONTRACTING or SUBCONTRACTING COMPANY ADDRESS:	
CONTRACTOR CONTACT:	
CONTRACTOR EMAIL AND PHONE:	
HOW MANY INDIVIDUALS WILL BE SENT FOR UNESCORTED ACCESS:	
<i>Contractor/subcontractor employees are to be listed on the Contractor/Subcontractor form</i>	

### INSTRUCTIONS:

1. We cannot process record checks for contractors until we receive the Project Information and Contractor/Subcontractor forms. You may fax the form to the Access Section at (601) 233-0700 or email the form to [EDD-ACCESS-SECTION@mississippi.gov](mailto:EDD-ACCESS-SECTION@mississippi.gov), so that we can begin to schedule the record checks. Be sure to allow sufficient time for the contractor employees to complete the record checks and for the results to be received before the scheduled work can begin.
2. The individual who is responsible for exhibiting and/or monitoring the project or procurement (e.g., project manager, crew chief, etc.) should sign the form. This individual will become the EBB/Access Section's primary contact during the project or procurement. The Project Manager will notify the company when the form is received, so that contractor employees may schedule appointments for fingerprinting.
3. Complete a separate Project Information form for each contractor and each subcontractor that will be working the project. Fill in all of the requested information, including the start and end date and estimated number of employees who will need physical history record checks.
4. Complete a separate Contractor/Subcontractor form for each contractor and each subcontractor that you will be sending for criminal history records check. Attach as many sheets as necessary. You may attach a typed or computer generated list provided by the contractor/subcontractor. The Project Manager should review the list to verify if the number of contractor/subcontractor employees is reasonable for the work to be performed.

I ACKNOWLEDGE THAT I HAVE READ THE INSTRUCTIONS AND UNDERSTAND MY RESPONSIBILITIES AS A PROJECT MANAGER:

REQUESTED BY (Print or Type Name): \_\_\_\_\_  
 REQUESTING DEPARTMENT/DIVISION: \_\_\_\_\_  
 AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 WORK PHONE: \_\_\_\_\_ CELL PHONE (if Applicable): \_\_\_\_\_

WTO 4/8/2019

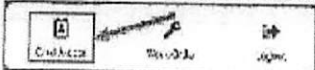
## ESS Access – Card Tracking System Project Manager Cheat Sheet

### Login

Go to the eFDO site on the FDO SharePoint page <http://ohportal.oh.gov/efdo/default.aspx>.



Click the Card Access icon. This will bring you to your Project Dashboard.



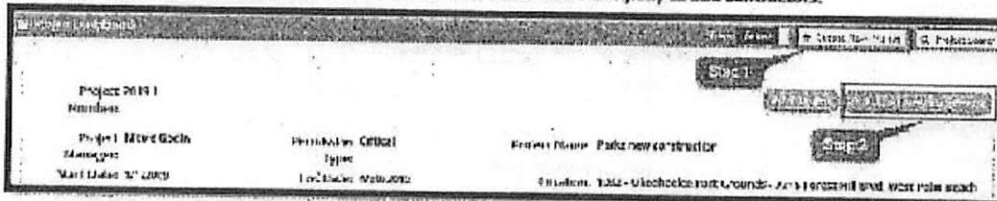
### There are 4 main steps for requesting a badge:

**Step 1: The Project Manager will create the new project**

1. Click the Create New Project button, enter the required data then click Save. The project will display on your Dashboard.

**Step 2: The Project Manager will add the Company to the project**

1. Click the Add Company/Send Request button.
2. Select an existing company or create a new one.
3. Click the Save & Send Request button. This will send an email to the company to add contractors.

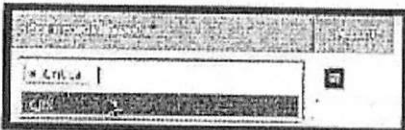
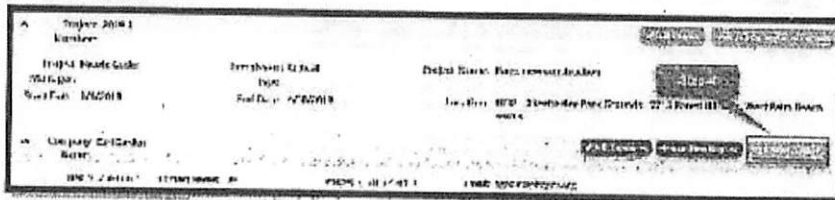


**Step 3: The Company will add the contractors (this step will be completed by the Company)**

The Company will receive an email, click a link and enter their Verification Code. This will take them to the Contractor/Subcontractor Form. From there they will use the Add Contractor button and enter Contractor(s) information. Once all Contractors have been added, they click the Submit to PM button.

**Step 4: The Project Manager will add permission**

1. Next to the Company name, click the Review Request button.
2. Click inside the Permission Type(s) field then click the permission to add it. To add another permission, click inside the field again and select the other permission. The background check is run based on your selection of C/IS and/or Critical.
3. Click Submit to ESS.



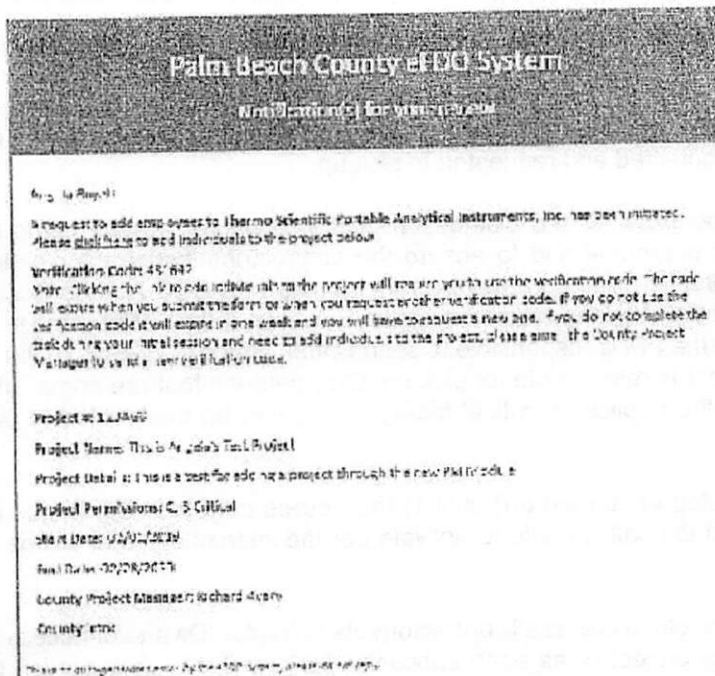
*From this point on, the existing process for badge creation remains the same.*

## CONTRACTOR INSTRUCTIONS

### eFDO Quick Guide ESS Access – Card Tracking System Vendor Company User Guide

#### Vendor / Company - Add Contractors

An email is sent to the company to add contractors. The email contains a link to the website where contractors will be added. They will need the Verification Code in order to login to the website.



1. Click the "[click here](#)" link in the email to go to the company portion of the application.

Angela Soyett,

A request to add employees to Thermo Scientific Portable Analytical Instruments, Inc. has been initiated. Please [click here](#) to add individuals to the project below.

Verification Code: 482642

Notification for access to Critical Facilities – Criminal History Records Check (CHRC)\_ can take approximately to one week for results.

Notification for access to CJI Facilities - CHRC can take two weeks for results. In addition to the normal process time (two weeks), it is important to inform your contractors/subcontractors that anyone with disqualifying offense(s) who requests an escort may take longer to evaluate and approve. Overall contractors/subcontractors should plan for 4-6 weeks for results.

An appointment with Electronic Services and Security (ESS) is required to complete a CHRC. To make appointment with ESS call 561-233-0750.

Notification of all terminated employees must be made to the PM within 2 hours and must be immediately reported after that to the Access Section. Any terminated employees must surrender their IDs and/or access cards. Surrendered cards are to be returned to the Access Section.

Instruction on IDs and/or access card surrender for temporary or permanent surrender.

After the ESS has completed the required CHRC and the required ID and/or access card is ready, the Project Manager will be contacted and requested to pick up.

The Project Manager is responsible for the distribution of the ID and/or access cards to the contractor and subcontractor personnel and to ensure the contractor/subcontractor personnel wear the CJIS ID while on-site. The PM can make arrangements with ESS Access Section to have the Contractor pick up the ID badges or access cards. However, if the PM is going to make these alternate arrangements the PM is responsible to send written notice to ESS as to the name of the Contractor employee that is responsible for pick up. Only persons that are compliant with the access requirements for the applicable critical facility or CJI can be designated to pick-up cards.

No access card will be activated or "turned on" until 1) the access card is in the hands of the individual it belongs to; and 2) the call is made to activate per the instructions that will be given with each access card.

The Project Manager is responsible to collect all contractor/subcontractor IDs and/or access cards either at the completion of the project or as each subcontractor completes their portion of the work. The Project Manager is required to complete the ID/access card surrender form and return all ID/access cards to ESS within a reasonable amount of time from contractor/subcontractor completion of work.



**BY INITIALING EACH ITEM BELOW, I AGREE THAT I HAVE READ AND UNDERSTAND ALL ITEMS:**

\_\_\_\_\_ I have been provided the opportunity to review all disqualifying offenses at the time of my application submission and fingerprinting and I have read and understand the list.

\_\_\_\_\_ I will notify the Access Section within 24 hours if I am arrested while I am allowed to work in Critical or CJI Facilities.

\_\_\_\_\_ The information I have provided on this application is true, complete and correct to the best of my knowledge and is provided in good faith.

\_\_\_\_\_ I understand that this application will be sent to the Palm Beach Sheriff's Office for CJI Facility requests.

\_\_\_\_\_ I understand that my fingerprints will be transmitted electronically to the Florida Department of Law Enforcement and the Federal Bureau of Investigation for a state and national criminal history record check. I understand that if there is an active warrant for my arrest, I could be arrested. I release Palm Beach County from any liability whatsoever in connection with the criminal history record check with regards to my request to work unescorted in Critical or CJI Facilities.

\_\_\_\_\_ I understand that my employer is required to utilize good faith efforts to notify the County when I am no longer working in a County facility or CJI facility and request my badge and monitoring of my background check be terminated. I further understand that I can send the same information to the ESS Access Section via a signed letter or request to ESS Access Section at 2633 Vista Parkway, West Palm Beach, Florida 33411.

**INITIAL EACH ITEM THAT PERTAINS TO YOUR APPLICATION. I AGREE THAT I HAVE READ AND UNDERSTAND ALL ITEMS I HAVE INITIALED:**

\_\_\_\_\_ My employer has advised me I am working at a Critical Facility.

\_\_\_\_\_ My employer has explained the requirements for a criminal history records check for a Critical Facility.

\_\_\_\_\_ My employer has advised me I am working at a CJI Facility.

\_\_\_\_\_ My employer has explained the requirements for a criminal history records check for a CJI Facility.

By signing below, I acknowledge that I have an understanding of County Code, Section 2-371 thru 2-377 as well as having a full understanding all items disclosed in this application.

**APPLICANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRINTED NAME:** \_\_\_\_\_

**END OF SECTION**

Appendix A

WORK AUTHORIZATION NO. \_\_\_\_\_  
WATER UTILITIES DEPARTMENT

Resolution # \_\_\_\_\_ Contract Dated \_\_\_\_\_

Project Title: Lift Station Rehabilitation Continuing Construction Contract 2020

WUD Project No.: 20-009R

Contractor: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Budget Line Item No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

District: \_\_\_\_\_

This Work Authorization provides for: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

See ATTACHMENT A for detailed scope of services.

The Contract provides for \_\_\_\_\_% SBE participation. This Work Authorization includes \_\_\_\_\_% participation. The cumulative proposed SBE participation, including this authorization is \_\_\_\_\_%.

1. Services completed by the Contractor to date:

See ATTACHMENT B.

2. Contractor shall begin work within ten (10) calendar days from the issuance of Notice to Proceed (NTP). Execution of the Project will be accomplished as follows from the issuance of the NTP:

Substantial Completion \_\_\_\_\_ Calendar Days  
Final Construction Completion \_\_\_\_\_ Calendar Days

Liquidated damages will apply as follows:

\$ \_\_\_\_\_ per day past substantial completion date.  
\$ \_\_\_\_\_ per day past final completion date.

3. The compensation to be paid to the Contractor for providing the requested services in accordance with the Contract Bid Prices is \$\_\_\_\_\_.
4. This Work Authorization does not amend, change, or modify the Contract which remains in full force and effect.
5. All Attachments to this Authorization are incorporated herein and made a part of this Work Authorization.

WORK AUTHORIZATION NO. \_\_\_\_\_

Palm Beach County Water Utilities Department  
Resolution # \_\_\_\_\_ Contract Dated \_\_\_\_\_

Project Title: Lift Station Rehabilitation Continuing Construction Contract 2020

WUD Project No.: 20-009R

IN WITNESS WHEREOF, this Work Authorization is accepted, subject to the terms, conditions and obligations of the aforementioned Contract.

PALM BEACH COUNTY, A POLITICAL SUBDIVISION OF THE STATE OF FLORIDA

Palm Beach County  
Water Utilities Department

\_\_\_\_\_  
Jim Stiles, Director

\_\_\_\_\_  
Date

CONTRACTOR: \_\_\_\_\_

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

\_\_\_\_\_  
(Name and Title)

\_\_\_\_\_  
Date

State of \_\_\_\_\_  
County of \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me on \_\_\_\_\_ (date) by \_\_\_\_\_ (name).

The foregoing instrument was acknowledged before me by means of ( ) physical presence or ( ) online notarization, this \_\_\_ day of \_\_\_\_, 2020, by \_\_\_\_\_, who is ( ) personally known to me or ( ) has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public Signature and Seal

\_\_\_\_\_  
Print Notary Name and Commission Number

WORK AUTHORIZATION NO. \_\_\_\_\_

**Palm Beach County Water Utilities Department**

Resolution # \_\_\_\_\_ Contract Dated \_\_\_\_\_

**Project Title: Lift Station Rehabilitation Continuing Construction Contract 2020**

**WUD Project No.: 20-009R**

IN WITNESS WHEREOF, this Work Authorization is accepted, subject to the terms, conditions and obligations of the aforementioned Contract.

PALM BEACH COUNTY, A POLITICAL SUBDIVISION OF THE STATE OF FLORIDA

Palm Beach County  
Contract Review Committee

\_\_\_\_\_  
Irwin Jacobowitz, Director  
Contract Development Control

\_\_\_\_\_  
Date

CONTRACTOR:

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

\_\_\_\_\_  
(Name and Title)

\_\_\_\_\_  
Date

State of \_\_\_\_\_  
County of \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me on \_\_\_\_\_ (date) by \_\_\_\_\_ (name).

The foregoing instrument was acknowledged before me by means of ( ) physical presence or ( ) online notarization, this \_\_\_ day of \_\_\_\_\_, 2020, by \_\_\_\_\_, who is ( ) personally known to me or ( ) has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public Signature and Seal

\_\_\_\_\_  
Print Notary Name and Commission Number

**WORK AUTHORIZATION NO. \_\_\_\_\_**  
**Palm Beach County Water Utilities Department**

Resolution # \_\_\_\_\_ Contract Dated \_\_\_\_\_

**Project Title: Lift Station Rehabilitation Continuing Construction Contract 2020**

**WUD Project No.: 20-009R**

IN WITNESS WHEREOF, this Work Authorization is accepted, subject to the terms, conditions and obligations of the aforementioned Contract.

PALM BEACH COUNTY, A POLITICAL SUBDIVISION OF THE STATE OF FLORIDA

Sharon R. Bock, Clerk & Comptroller,  
Palm Beach County

Palm Beach County,  
Board of County Commissioners

ATTEST:

Signed: \_\_\_\_\_

Signed: \_\_\_\_\_  
Dave Kemer, Mayor

Typed Name: \_\_\_\_\_  
Deputy Clerk

\_\_\_\_\_ Date

Approved as to Form and Legal  
Sufficiency

CONTRACTOR:

Signed: \_\_\_\_\_

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

Typed Name: \_\_\_\_\_  
County Attorney

\_\_\_\_\_ (Name and Title)

\_\_\_\_\_ Date

State of \_\_\_\_\_  
County of \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me on \_\_\_\_\_ (date) by \_\_\_\_\_ (name).

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this \_\_\_ day of \_\_\_, 2020, by \_\_\_\_\_, who is  personally known to me or  has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public Signature and Seal

\_\_\_\_\_  
Print Notary Name and Commission Number

**LIST OF ATTACHMENTS**

**WORK AUTHORIZATION NO. \_\_\_\_\_**

**Palm Beach County Water Utilities Department**

**Resolution # \_\_\_\_\_ Contract Dated \_\_\_\_\_**

- ATTACHMENT A    Scope of Work**
- ATTACHMENT B    Summary and Status of Work Authorizations**
- ATTACHMENT C    Public Construction Bond**
- ATTACHMENT D    Form of Guarantee**
- ATTACHMENT E    Work Authorization Schedule of Bid Items**
- ATTACHMENT F    SBE Schedule 1 and Schedule 2**
- ATTACHMENT G    Summary of SBE/Minority Business Tracking**
- ATTACHMENT H    Location Map**



**ATTACHMENT A**

**SCOPE OF WORK AUTHORIZATION # \_\_\_\_\_**

**Project Title: Lift Station Rehabilitation Continuing Construction Contract 2020**

**WUD Project No.: 20-009R**

**Contractor shall perform:**

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**ATTACHMENT C**

**PUBLIC CONSTRUCTION BOND – WORK AUTHORIZATION NO. \_\_\_\_\_  
TO CONTINUING CONSTRUCTION CONTRACT  
RESOLUTION NO. \_\_\_\_\_ Contract Dated \_\_\_\_\_**

Project Title: Lift Station Rehabilitation Continuing Construction Contract 2020

WUD Project No.: 20-009R

BOND NUMBER: \_\_\_\_\_

WORK AUTHORIZATION/BOND AMOUNT: \_\_\_\_\_

CONTRACTOR'S NAME: \_\_\_\_\_

CONTRACTOR'S ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CONTRACTOR'S PHONE: \_\_\_\_\_

SURETY COMPANY: \_\_\_\_\_

SURETY'S ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OWNER'S NAME: PALM BEACH COUNTY

OWNER'S ADDRESS: 8100 Forest Hill Boulevard  
West Palm Beach, FL 33413

OWNER'S PHONE: (561) 493-6000

DESCRIPTION OF WORK: \_\_\_\_\_

PROJECT LOCATION: \_\_\_\_\_

LEGAL DESCRIPTION: \_\_\_\_\_

**PUBLIC CONSTRUCTION BOND**

This Bond is issued in favor of the County conditioned on the full and faithful performance of the Work Authorization No. \_\_\_\_\_ to Continuing Construction Contract Resolution No. \_\_\_\_\_ dated on \_\_\_\_\_, 20\_\_\_\_.

KNOW ALL MEN BY THESE PRESENTS: that Contractor and Surety, are held and firmly bound unto

Palm Beach County Board of County Commissioners  
301 N. Olive Avenue  
West Palm Beach, Florida 33401

as Obligee, herein called County, for the use and benefit of claimant as herein below defined, in the amount of \_\_\_\_\_, \$\_\_\_\_\_.

(Here insert a sum equal to the Work Authorization/Bond Amount from page 1)

for the payment whereof Principal and Surety bind themselves, their heirs, personal representatives, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS,

Principal has by written agreement dated \_\_\_\_\_, 20\_\_\_\_, entered into Work Authorization No. \_\_\_\_\_ to Continuing Construction Contract Resolution No. \_\_\_\_\_ with the County for

Work Authorization Project Name: \_\_\_\_\_  
Work Authorization Project No.: \_\_\_\_\_  
Project Description: \_\_\_\_\_  
\_\_\_\_\_  
Project Location: \_\_\_\_\_

In accordance with Design Criteria Drawings and Specifications prepared by

Name of Design Firm: \_\_\_\_\_  
Location of Firm: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

which Work Authorization No. \_\_\_\_ to Continuing Construction Contract Resolution No. \_\_\_\_\_ is by reference made a part hereof in its entirety, and is hereinafter referred to as the Work Authorization.

1. THE CONDITION OF THIS BOND is that if Principal:
  - a. Performs the Work Authorization dated \_\_\_\_\_, 20\_\_\_\_, between Principal and County for the construction of the above project, the Work Authorization being made a part of this bond by reference, at the times and in the manner prescribed in the Work Authorization; and
  - b. Promptly makes payments to all claimants, as defined in Section 255.05, Florida Statutes, supplying Principal with labor, materials, or supplies, used directly or indirectly by Principal in the prosecution of the work provided for in the Work Authorization; and

c. Pays County all losses, damages (including liquidated damages), expenses, costs, and attorneys' fees, including appellate proceedings, that County sustains because of a default by Principal under the Work Authorization; and

d. Performs the guarantee of all work and materials furnished under the Work Authorization for the time specified in the Work Authorization; then this bond is void; otherwise it remains in full force.

2. Any changes in or under the contract documents and compliance or noncompliance with any formalities connected with the Work Authorization or the changes does not affect Surety's obligation under this bond and Surety waives notice of such changes.

3. The amount of this bond shall be reduced by and to the extent of any payment or payments made in good faith hereunder, inclusive of the payment by Surety of construction liens which may be filed of record against said improvement, whether or not claim for the amount of such lien be presented under and against the bond.

4. Principal and Surety expressly acknowledge that any and all provisions relating to consequential, delay and liquidated damages contained in the Work Authorization are expressly covered by and made a part of this Performance, Labor and Material Payment Bond. Principal and Surety acknowledge that any such provisions lie within their obligations and within the policy coverage's and limitations of this instrument.

5. Section 255.05, Florida Statutes, as amended, together with all notice and time provisions contained therein, is incorporated herein, by reference, in its entirety. Any action instituted by a claimant under this bond for payment must be in accordance with the notice and time limitation provisions in Section 255.05(2), Florida Statutes. This instrument regardless of its form, shall be construed and deemed a statutory bond issued in accordance with Section 255.05, Florida Statutes.

6. Any action brought under this instrument shall be brought in the state court of competent jurisdiction in Palm Beach County, Florida and not elsewhere.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Principal (Seal)

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Surety (Seal)

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Title

**ATTACHMENT D**

**FORM OF GUARANTEE**

GUARANTEE FOR (Contractor and Surety Name) \_\_\_\_\_

We the undersigned hereby guarantee that the \_\_\_\_\_ Contract, Resolution No. \_\_\_\_\_, Contract Dated \_\_\_\_\_, WUD Project No. \_\_\_\_\_, Work Authorization No. \_\_\_\_\_, Project Title: \_\_\_\_\_, Palm Beach County, Florida, which we have constructed and bonded, has been done in accordance with the plans and specifications; that the work constructed will fulfill the requirements of the guaranties included in the Contract Documents. We agree to repair or replace any or all of our work, together with any work of others which may be damaged in so doing, that may prove to be defective in the workmanship or materials within a period of one year from the date of Final Completion of all of the above named work by the County of Palm Beach, State of Florida, without any expense whatsoever to said County of Palm Beach, ordinary wear and tear and unusual abuse or neglect excepted by the County. When correction work is started, it shall be carried through to completion.

In the event of our failure to acknowledge notice, and commence corrections of defective work within five (5) calendar days after being notified in writing by the Board of County Commissioners, Palm Beach County, Florida, we, collectively or separately, do hereby authorize Palm Beach County to proceed to have said defects repaired and made good at our expense and we will honor and pay the costs and charges therefore upon demand.

County and (contractor, engineer, architect as applicable) agree that the provisions of Florida Statute Chapter 558 shall not apply to this (contract, agreement as applicable).

**SEAL AND NOTARIAL ACKNOWLEDGMENT OF SURETY**

\_\_\_\_\_(Seal)  
(Contractor)

By: \_\_\_\_\_  
(Signature) (Printed Name)

\_\_\_\_\_(Seal)  
(Surety)

By \_\_\_\_\_  
(Signature) (Printed Name)



**ATTACHMENT F**

**Office of Equal Business Opportunity  
Vendor forms included as part of Bid Form**

Go to Palm Beach County's Office of Equal Business Opportunity (OEBO) website <http://discover.pbcgov.org/oebo/Pages/Documents.aspx> to download the latest version of the required vendor forms listed below:

*OEBO Schedule 1 – List of Proposed Contractor/Consultant and Subcontractor/Subconsultant Participation*

*OEBO Schedule 2 – Letter of Intent to Perform as a Subcontractor/Subconsultant*

*Instructions on Completing SBE-M-WBE Schedules 1-2*

**THESE SCHEDULES MUST BE COMPLETED AS APPLICABLE AND DEFINED IN INSTRUCTIONS TO BIDDERS SECTION 5.3 AND MUST BE SUBMITTED IN ACCORDANCE WITH PARAGRAPH 5.4.2 OF THE INSTRUCTIONS TO BIDDERS.**



# ATTACHMENT G

## Palm Beach County Water Utilities Department

Resolution # \_\_\_\_\_ Contract Dated \_\_\_\_\_

### SUMMARY OF SBE-M/WBE MINORITY BUSINESS TRACKING

	SBE
<b>Master Contract Goal</b> _____	
<b>Current Proposal</b>	
Value of Authorization No	\$0
Value of SBE-M/WBE Letters of Intent	\$0
Actual Percentage	_____%
<b>Signed/Approved Authorizations</b>	
Total Value of Authorizations	\$0
Total Value of SBE-M/WBE Signed Subcontracts	\$0
Actual Percentage	_____%
<b>Signed/Approved Authorizations Plus Current Proposal</b>	
Total Value of Authorization	\$0
Total Value of Subcontracts & Letters of Intent	\$0
Actual Percentage	_____%

**SUPPLEMENT NO. \_\_\_\_ TO WORK AUTHORIZATION NO. \_\_\_\_**  
**Palm Beach County Water Utilities Department**  
**Resolution No. \_\_\_\_\_ Work Authorization Dated \_\_\_\_\_**

**Project Title:** \_\_\_\_\_

**WUD Project No.** \_\_\_\_\_

**Contractor:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Budget Line Item No.** \_\_\_\_\_

**District:** \_\_\_\_\_

**Notice to Proceed:** \_\_\_\_\_

**You are directed to make the following changes in this work authorization:**

(INSERT NARRATIVE DESCRIPTION OF THE SPECIFIC WORK TO BE UNDERTAKEN UNDER THE SUPPLEMENT – SPECIFY DOLLARS AND DAYS – REFERENCE ANY SUPPORTING DOCUMENTATION BEING INCLUDED AS AN ATTACHMENT TO SUPPORT THE SUPPLEMENT)

**Total:** \_\_\_\_\_

All Attachments to this Supplement are made a part of this Supplement and incorporated herein.

**NOT VALID UNTIL SIGNED BY BOTH OWNER AND ENGINEER. SIGNATURE OF THE CONTRACTOR INDICATES THEIR AGREEMENT HEREWITH INCLUDING ANY ADJUSTMENT IN THE WORK AUTHORIZATION SUM OR WORK AUTHORIZATION TIME, AND NO ADDITIONAL COST OR TIME INDICATED HEREIN WILL BE RELATED TO THIS CHANGE**

The Original Work Authorization Sum was .....	\$
Net Change by previous Supplements .....	\$
The Work Authorization Sum prior to this Supplement was .....	\$
The Work Authorization Sum will be increased/decreased by this Supplement .....	\$
The New Work Authorization Sum indicating this Supplement will be .....	0
The Work Authorization Time will be increased/decreased ( ) days .....	Days
The Date of Substantial Completion including this Supplement: .....	Date
The Date of Final Completion including this Supplement: .....	Date

SUPPLEMENT NO. \_\_\_\_\_ TO WORK AUTHORIZATION NO. \_\_\_\_\_  
 Palm Beach County Water Utilities Department  
 Resolution No. \_\_\_\_\_ Work Authorization Dated \_\_\_\_\_

Execution of this supplement acknowledges final settlement of, and releases, all claims for costs and time associated, directly or indirectly, with the above stated modification(s), including all claims for cumulative delays or disruptions resulting from, caused by, or incident to such modification(s), and including any claim that the above stated modification(s) constitutes, in whole or part, a cardinal change to the work authorization.

_____ <b>CONTRACTOR</b>  _____ <b>Address</b>  _____ <b>Signature</b>  _____ <b>Print Name</b>  _____ <b>Title:</b> _____  _____ <b>Date</b>	Palm Beach County Water Utilities Department _____ <b>ENGINEER</b>  8100 Forest Hill Blvd. West Palm Beach, FL 33413 _____ <b>Address</b>  _____ <b>Signature</b>  _____ <b>Print Name</b>  _____ <b>Title:</b> _____  _____ <b>Date</b>	Palm Beach County Board of County Commissioners _____ <b>OWNER</b>  301 N. Olive Avenue West Palm Beach, FL 33401 _____ <b>Address</b>  _____ <b>Signature</b> Dave Kerner, Mayor  _____ <b>Date</b>
--	--	---

STATE OF \_\_\_\_\_  
 COUNTY OF \_\_\_\_\_

Approved as to Form and Legal Sufficiency

Sworn to (or affirmed) and subscribed before me on \_\_\_\_\_  
 (date) by \_\_\_\_\_  
 \_\_\_\_\_ (name).

By County Attorney:

\_\_\_\_\_

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this \_\_\_\_ day of \_\_\_\_\_, 2020, by \_\_\_\_\_, who is  personally known to me or  has produced \_\_\_\_\_

Attest: Sharon R. Bock, Clerk and Comptroller

\_\_\_\_\_  
 (Signature of Notary Public - State of Florida)

By: \_\_\_\_\_

(Deputy Clerk)

\_\_\_\_\_  
 (Print, Type, or Stamp Commissioned Name of Notary Public)

**SUPPLEMENT NO. \_\_\_\_ TO WORK AUTHORIZATION NO. \_\_\_\_**  
**Palm Beach County Water Utilities Department**  
**Resolution No. \_\_\_\_\_ Work Authorization Dated \_\_\_\_\_**

Execution of this supplement acknowledges final settlement of, and releases, all claims for costs and time associated, directly or indirectly, with the above stated modification(s), including all claims for cumulative delays or disruptions resulting from, caused by, or incident to such modification(s), and including any claim that the above stated modification(s) constitutes, in whole or part, a cardinal change to the work authorization.

_____ <b>CONTRACTOR</b> _____ <b>Address</b> _____ <b>Signature</b> _____ <b>Print Name</b> _____ <b>Title:</b> _____ _____ <b>Date</b>	Palm Beach County Water Utilities Department _____ <b>ENGINEER</b> 8100 Forest Hill Blvd. West Palm Beach, FL 33413 _____ <b>Address</b> _____ <b>Signature</b> _____ <b>Print Name</b> _____ <b>Title:</b> _____ _____ <b>Date</b>	Palm Beach County Contract Review Committee _____ <b>OWNER</b> 301 N. Olive Avenue West Palm Beach, FL 33401 _____ <b>Address</b> _____ <b>Signature</b> Irwin L. Jacobowitz, Director Contract Development & Control _____ <b>Print Name</b> _____ <b>Title:</b> _____ _____ <b>Date</b>
--	--	---

State of \_\_\_\_\_  
 County of \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me on \_\_\_\_\_ (date) by \_\_\_\_\_ (name).

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this \_\_\_ day of \_\_\_\_\_, 2020, by \_\_\_\_\_, who is  personally known to me or  has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
 Notary Public Signature and Seal

\_\_\_\_\_  
 Print Notary Name and Commission Number

Execution of this supplement acknowledges final settlement of, and releases, all claims for costs and time associated, directly or indirectly, with the above stated modification(s), including

SUPPLEMENT NO. \_\_\_\_\_ TO WORK AUTHORIZATION NO. \_\_\_\_\_  
 Palm Beach County Water Utilities Department  
 Resolution No. \_\_\_\_\_ Work Authorization Dated \_\_\_\_\_

all claims for cumulative delays or disruptions resulting from, caused by, or incident to such modification(s), and including any claim that the above stated modification(s) constitutes, in whole or part, a cardinal change to the work authorization.

_____ <b>CONTRACTOR</b> _____ <b>Address</b>	Palm Beach County Water Utilities Department _____ <b>ENGINEER</b> 8100 Forest Hill Blvd. West Palm Beach, FL 33413 _____ <b>Address</b>	Palm Beach County Water Utilities Department _____ <b>OWNER</b> 8100 Forest Hill Blvd. West Palm Beach, FL 33413 _____ <b>Address</b>
_____ <b>Signature</b>	_____ <b>Signature</b>	_____ <b>Signature</b> Jim Stiles, Director
_____ <b>Print Name</b>	_____ <b>Print Name</b>	
_____ <b>Title:</b>	_____ <b>Title:</b>	
_____ <b>Date</b>	_____ <b>Date</b>	_____ <b>Date</b>

State of \_\_\_\_\_  
 County of \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me on \_\_\_\_\_ (date) by \_\_\_\_\_ (name).

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this \_\_\_ day of \_\_\_\_\_, 2020, by \_\_\_\_\_, who is  personally known to me or  has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
 Notary Public Signature and Seal

\_\_\_\_\_  
 Print Notary Name and Commission Number

**SUPPLEMENT NO. \_\_\_\_ TO WORK AUTHORIZATION NO. \_\_\_\_**  
**Palm Beach County Water Utilities Department**  
**Resolution No. \_\_\_\_\_ Work Authorization Dated \_\_\_\_\_**

**LIST OF ATTACHMENTS**

<b>ATTACHMENT</b>	<b>A</b>	<b>Supplement Summary and Categorization</b>
<b>ATTACHMENT</b>	<b>B</b>	<b>Supplement Additions/Deletions Summary</b>
<b>ATTACHMENT</b>	<b>C</b>	<b>SBE Schedule 1 and Schedule 2</b>
<b>ATTACHMENT</b>	<b>D</b>	<b>Location Map</b>
<b>ATTACHMENT</b>	<b>E</b>	<b>Bond Rider (if applicable)</b>
<b>ATTACHMENT</b>	<b>F</b>	<b>Supporting Documentation</b>



**ATTACHMENT B**  
**SUPPLEMENT ADDITIONS/DELETIONS SUMMARY**

R REQUEST BY ANOTHER AGENCY

Project Title:

APPROVAL LIMITS:

Contractor:

WUD Project No.:

DEPARTMENT HEAD

CONTRACT REVIEW COMMITTEE

Resolution No.:

(Amount)

(Amount)

Date Approved:

INDIVIDUAL SUPPL. \$100,000.00

\$199,999.00

Suppl. #	DATE APPROVED	NET CHANGE <sup>1</sup>	DEPARTMENT HEAD		CONTRACT REVIEW COMMITTEE		TOTAL DEPT. HEAD & CONTRACT REVIEW COMM.		BOARD OF COUNTY COMMISSIONERS		TOTALS
			(ADDS PLUS DEDUCTS) <sup>2</sup>	DAYS	(ADDS PLUS DEDUCTS) <sup>2</sup>	DAYS	(ADDS PLUS DEDUCTS) <sup>2</sup>	DAYS	(ADDS PLUS DEDUCTS) <sup>2</sup>	DAYS	
			AMOUNT		AMOUNT		AMOUNT		AMOUNT		
<b>TOTAL</b>		\$	\$		\$ 2.00		\$ 2.00		\$ 2.00		\$ 0.00

Notes:

1. Net Change reflects the net amount of additions plus deductions.
2. Adds plus Deducts reflects the net value of unrelated changes for use in determining the approval authority for the Supplement.



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**Office of Equal Business Opportunity  
Vendor forms Included as part of Bid Form**

Go to Palm Beach County's Office of Equal Business Opportunity (OEBO) website <http://discover.pbcgov.org/oebo/Pages/Documents.aspx> to download the latest version of the required vendor forms listed below:

*OEBO Schedule 1 – List of Proposed Contractor/Consultant and Subcontractor/Subconsultant Participation*

*OEBO Schedule 2 – Letter of Intent to Perform as a Subcontractor/Subconsultant*

*Instructions on Completing SBE-M-WBE Schedules 1-2*

**THESE SCHEDULES MUST BE COMPLETED AS APPLICABLE AND DEFINED IN INSTRUCTIONS TO BIDDERS SECTION 5.3 AND MUST BE SUBMITTED IN ACCORDANCE WITH PARAGRAPH 5.4.2 OF THE INSTRUCTIONS TO BIDDERS.**

**ATTACHMENT D**

**INSERT LOCATION MAP**

**ATTACHMENT E**

**INSERT BOND RIDER  
(IF APPLICABLE)**

**ATTACHMENT F**

**INSERT SUPPORTING DOCUMENTATION**

**NOTICE TO PROCEED**

Dated \_\_\_\_\_, 20\_\_

TO: \_\_\_\_\_  
(CONTRACTOR)

ADDRESS: \_\_\_\_\_

**FOR  
PALM BEACH COUNTY  
WATER UTILITIES DEPARTMENT**

**Lift Station Rehabilitation  
Continuing Construction Contract 2020  
WUD Project No.: 20-009R  
Work Authorization No.: \_\_\_\_\_**

You are hereby notified that the Contract Time under the above Work Authorization will commence to run on \_\_\_\_\_, 20\_\_. By that date, you are to start performing your obligations under the Contract Documents. In accordance with the Contract, the dates of Substantial Completion and Final Completion are 335 successive calendar days and successive calendar days, respectively, from this date.

Before you may start any Work you must deliver to the Engineer, the following:

1. List of all Subcontractors that will perform work on the project.
2. Construction schedule as required in specification Section 01 33 00.
3. List of all shop drawings to be submitted.

Palm Beach County, Florida

By: \_\_\_\_\_  
(Authorized Signature)  
PBC Water Utilities Department

**ACCEPTANCE OF NOTICE**

Receipt of the above Notice to Proceed is hereby acknowledged by \_\_\_\_\_ this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_.

BY: \_\_\_\_\_ TITLE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

Copy to Engineer  
(Use Certified Mail  
Return Receipt Requested)



**PERIODICAL ESTIMATE FOR PARTIAL PAYMENT**

PROJECT NAME: Lift Station Rehabilitation Continuing Construction Contract 2020

WUD PROJECT NO.: 20-009R RESOLUTION NO.: R-

CONTRACTOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Application No.: \_\_\_\_\_ Period \_\_\_\_\_ to \_\_\_\_\_  
 From: \_\_\_\_\_

Account Number: \_\_\_\_\_

**WORK SUPPLEMENTS**

Work Supplement				Additions		Deletions (7)
C.O. # (1)	Date (2)	Item # (3)	Description (4)	Amount (5)	Amount Completed To Date (6)	

**PERIODICAL ESTIMATE FOR PARTIAL PAYMENT**

PROJECT NAME: Lift Station Rehabilitation Continuing Construction Contract 2020  
WUD PROJECT NO.: 20-009R RESOLUTION NO.: R-  
CONTRACTOR: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
Application No.: \_\_\_\_\_ Period From: \_\_\_\_\_ to \_\_\_\_\_  
Account Number: \_\_\_\_\_

**ANALYSIS OF ADJUSTED CONTRACT AMOUNT TO DATE:**

- A. Original Contract Amount (Page A-2, Col. 6) \_\_\_\_\_
- B. Plus: Work Supplement Additions (Page A-3, Col. 5) \_\_\_\_\_
- C. Less: Work Supplement Deletions (Page A-3, Col. 7) \_\_\_\_\_
- D. Adjusted Contract Amount as of this Estimate \_\_\_\_\_

**ANALYSIS OF WORK PERFORMED TO DATE:**

- 1. Original Contract Work Performed to Date (Page A-2, Col. 8) \_\_\_\_\_
- 2. Extra Work Performed to Date (Page A-3, Col. 6) \_\_\_\_\_
- 3. Total Value of Work Performed To Date \_\_\_\_\_
- 4. Plus: \_\_\_\_\_ % of Stored Material and Equipment (Attach Schedule & Copies of Invoices) \_\_\_\_\_
- 5. Total Work Performed To Date Plus Stored Materials and Equipment \_\_\_\_\_
- 6. Less: \_\_\_\_\_ % Retainage \_\_\_\_\_
- 7. Net Amount Earned on Contract to Date \_\_\_\_\_
- 8. Less: Amount of Previous Payments \_\_\_\_\_
- 9. Plus: Reduction in Retainage from \_\_\_\_\_ % to \_\_\_\_\_ % \_\_\_\_\_
- 10. Balance Due This Payment \_\_\_\_\_

**CERTIFICATION OF CONTRACTOR:**

I hereby certify that I have checked and verified this Periodical Estimate for Payment No. \_\_\_\_\_, for the period from \_\_\_\_\_ to \_\_\_\_\_, inclusive, and that it is a true and correct statement of all work performed, and/or any and all material and equipment supplied by this Contractor; that all work, materials, and equipment included in Periodical Estimate No. \_\_\_\_\_ have been performed and/or supplied in full accordance with the terms and conditions of the Contract Documents and/or duly authorized deviations, substitutions, alterations and/or additions; that all terms of Periodical Estimate No. \_\_\_\_\_ have been authenticated and approved by the authorized undersigned representative of the Contractor.

\_\_\_\_\_  
(Contractor)

By \_\_\_\_\_  
Authorized Representative)

\_\_\_\_\_  
(Printed Name)

Title \_\_\_\_\_

Date \_\_\_\_\_



**PERIODICAL ESTIMATE FOR PARTIAL PAYMENT**

PROJECT NAME: Lift Station Rehabilitation Continuing Construction Contract 2020  
WUD PROJECT NO.: 20-009R RESOLUTION NO.: R-  
CONTRACTOR: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
Application No.: \_\_\_\_\_ Period \_\_\_\_\_ to \_\_\_\_\_  
From: \_\_\_\_\_  
Account Number: \_\_\_\_\_

**CERTIFICATION OF CONSTRUCTION REPRESENTATIVE:**

According to the best of my knowledge and belief, I certify that all items and amounts shown on the face of the Periodical Estimate No. \_\_\_\_\_ are correct; that the work, material and equipment shown thereon has been completed and supplied in conformance with the Contract Documents of the project between PALM BEACH COUNTY (Owner), and \_\_\_\_\_ (Contractor), dated \_\_\_\_\_, including any authorized changes, deviations, substitutions, alterations and/or additions; that it is agreed that this Periodical Estimate for Payment No. \_\_\_\_\_ is a true and correct statement of the Contract Amount, up to and including the last day of the last day of the period covered by this Periodical Estimate No. \_\_\_\_\_ and that no part of the "balance due" this payment has been received.

\_\_\_\_\_  
(Resident Project Representative) By \_\_\_\_\_  
(Authorized Representative)  
Title \_\_\_\_\_ Date \_\_\_\_\_

**CERTIFICATION OF WATER UTILITIES REPRESENTATIVE:**

To the best of my knowledge and belief, all items shown on the face of this Periodical Estimate for Partial Payment No. \_\_\_\_\_ are correct and that the work, material and equipment shown thereon has been completed and/or supplied in conformance with the Contract Documents, and is satisfactory for approval and processing for payment.

Palm Beach County Water Utilities Dept.  
(Owner) By \_\_\_\_\_  
(Authorized Representative)  
\_\_\_\_\_  
(Printed Name)  
Title Director of Engineering Division Date \_\_\_\_\_

**Office of Equal Business Opportunity  
Vendor forms included as part of Appendix A**

Go to Palm Beach County's Office of Equal Business Opportunity (OEBO) website <http://discover.pbcgov.org/oebo/Pages/Documents.aspx> to download the latest version of the required vendor forms listed below:

*OEBO Schedule 3 – Subcontractor Activity Form*

*OEBO Schedule 3A – Professional Services Activity Report*

*OEBO Schedule 4 – Subcontractor/Subconsultant Payment Certification*

*Instructions on Completing SBE-M-WBE Schedules 3-4*

**THESE SCHEDULES MUST BE COMPLETED AND SUBMITTED AS APPLICABLE AND DEFINED IN INSTRUCTIONS TO BIDDERS SECTION IN ACCORDANCE WITH PARAGRAPHS 5.3.9.1 and 5.3.9.2 OF THE INSTRUCTIONS TO BIDDERS.**



6. This shall constitute a full, absolute, and unconditional release and discharge by the Contractor to the County of all claims or liens of the Contractor, of whatever nature, arising out of, in connection with, or resulting from the supply by the Contractor, or any of its Subcontractors or suppliers, of labor and/or materials to the Property as of the indicated Cutoff Date, except to the extent of the "Present Unpaid Balance" and any claims listed on the attached statement of unresolved claims.

The Contractor agrees to indemnify and hold the County harmless from and against all costs and expenses, including reasonable attorney's fees and fees on appeal, resulting from any entity or individual who claims to have not been paid for labor, materials, equipment, tools, supplies and manufactured articles furnished in connection with the Completed Work.

This Affidavit is done with the understanding that contract payments are based on the truth and veracity of this document and any misrepresentation hereunder could result in action for breach of contract and/or loss, reduction or retention of future contract payments.

This statement is given under oath.

\_\_\_\_\_  
(Contractor)

(CORPORATE SEAL)

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

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Title)

State of \_\_\_\_\_  
County of \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me on \_\_\_\_\_ (date) by \_\_\_\_\_ (name).

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this \_\_\_ day of \_\_\_\_\_, 2020, by \_\_\_\_\_, who is  personally known to me or  has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public Signature and Seal

\_\_\_\_\_  
Print Notary Name and Commission Number

**CONSENT OF SURETY**

For Reduction of or Partial Release of Retainage

PROJECT NAME: Lift Station Rehabilitation Continuing Construction Contract 2020

PROJECT LOCATION: System-Wide

WUD PROJECT NO.: 20-009R RESOLUTION NO.: R-\_\_\_\_\_ CONTRACT DATE: \_\_\_\_\_

WORK AUTHORIZATION NUMBER: \_\_\_\_\_

CONTRACT TYPE: \_\_\_\_\_

CONTRACT AMOUNT: \_\_\_\_\_ ENGINEER'S PROJECT NO.: \_\_\_\_\_

ENGINEER: \_\_\_\_\_

In accordance with the provisions of the above-named Contract between the County and the Contractor, the

following named Surety:

\_\_\_\_\_

on the PUBLIC CONSTRUCTION BOND of the following named Contractor:

\_\_\_\_\_

hereby approves a reduction of or a partial release of retainage to the Contractor as set forth below:

\_\_\_\_\_

The Surety Company hereby agrees that such reduction of or partial release of retainage to the Contractor shall not relieve said Surety Company of any of its obligations to the following named County as set forth in said Surety Company's bond:

\_\_\_\_\_

\_\_\_\_\_

IN WITNESS WHEREOF, the Surety Company has hereunto set its hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Attest)

\_\_\_\_\_  
(Name of Surety Company)

\_\_\_\_\_  
(Printed Name)  
(Affix corporate here)

\_\_\_\_\_  
(Signature of Authorized Representative)

\_\_\_\_\_  
(Printed Name)

TITLE: \_\_\_\_\_

**REQUEST FOR ADJUSTMENT OF RETAINAGE**

PROJECT NAME: Lift Station Rehabilitation Continuing Construction Contract 2020

WUD PROJECT NO.: 20-009R

WORK AUTHORIZATION NUMBER: \_\_\_\_\_

County: \_\_\_\_\_ WUD PROJECT NO.: 20-009R

ENGINEER: \_\_\_\_\_ PROJECT MANAGER \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_

The Contractor, \_\_\_\_\_ hereby requests that the percentage of partial payment estimates retained by the County under the provisions of the Contract Documents be REDUCED from \_\_\_\_% to \_\_\_\_%.

By \_\_\_\_\_ Date \_\_\_\_\_  
Contractor Representative

Title \_\_\_\_\_

The Surety on the Public Construction Bond for said project:

\_\_\_\_\_ hereby approves the foregoing request.

By \_\_\_\_\_ Date \_\_\_\_\_  
Attorney-in-Fact

Power of Attorney must be attached to original copy

Approval IS/IS NOT recommended. The percentage of completed work as of \_\_\_\_\_,

20\_\_ is \_\_\_\_\_% and the present percentage of elapsed contract time as of \_\_\_\_\_,

20\_\_ is \_\_\_\_\_%

By \_\_\_\_\_ Date \_\_\_\_\_  
Resident Project Representative

Approval IS/IS NOT recommended:

By \_\_\_\_\_ Date \_\_\_\_\_  
Project Manager

APPROVED/DISAPPROVED:

By \_\_\_\_\_ Date \_\_\_\_\_  
County's Representative

**WORK SUPPLEMENT**

**PROJECT: Lift Station Rehabilitation Continuing Construction Contract 2020**  
**WORK AUTHORIZATION NUMBER: \_\_\_\_\_**

**WORK SUPPLEMENT NO.: \_\_\_\_\_ WUD PROJECT NO. :20-009R**

**(Contractor):**

**DOCUMENT NO.  
CONTRACT DATE:  
NOTICE TO PROCEED:  
BUDGET LINE ITEM:**

**You are directed to make the following changes in this contract:**

1.

Total \$

---

**NOT VALID UNTIL SIGNED BY BOTH OWNER AND ENGINEER. SIGNATURE OF THE CONTRACTOR INDICATES HIS CONTRACT HEREWITH INCLUDING ANY ADJUSTMENT IN THE CONTRACT SUM OR CONTRACT TIME, AND NO ADDITIONAL COST OR TIME INDICATED HEREIN WILL BE RELATED TO THIS CHANGE**

---

The Original Contract Sum was.....	\$ _____
Net Change by previous Work Supplements .....	\$ _____
The Contract Sum prior to this Work Supplement was .....	
\$ _____	
The Contract Sum will be increased/decreased by this Work Supplement....	
\$ _____	
The New Contract Sum indicating this Work Supplement will be...	\$ _____
The Contract Time will be changed by _____ ( )Days	_____
The Date of Substantial Completion. including this Work Supplement:	_____
The Date of Final Completion including this Work Supplement:	_____

Execution of this Work Supplement acknowledges final settlement of, and releases, all claims for costs and time associated, directly or indirectly, with the above stated modification(s), including all claims for cumulative delays or disruptions resulting from, caused by, or incident to such modification(s), and including any claim that the above stated modification(s) constitutes, in whole or part, a cardinal change to the contract.

Palm Beach County  
ENGINEER

\_\_\_\_\_  
CONTRACTOR

Palm Beach County  
OWNER

8100 Forest Hill Blvd.

\_\_\_\_\_

8100 Forest Hill Blvd.

W. Palm Beach, FL 33413  
Address

\_\_\_\_\_

West Palm Beach, FL 33413  
Address

BY \_\_\_\_\_

BY \_\_\_\_\_

BY \_\_\_\_\_

DATE \_\_\_\_\_

DATE \_\_\_\_\_

DATE \_\_\_\_\_

State of \_\_\_\_\_  
County of \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me on \_\_\_\_\_ (date) by \_\_\_\_\_ (name).

The foregoing Instrument was acknowledged before me by means of  physical presence or  online notarization, this \_\_\_ day of \_\_\_\_\_, 2020, by \_\_\_\_\_, who is  personally known to me or  has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public Signature and Seal

\_\_\_\_\_  
Print Notary Name and Commission Number



**CHARGE AUTHORIZATION**

**PROJECT: Lift Station Rehabilitation Continuing Construction Contract 2020**

**WUD PROJECT NO. 20-009R**

**DISTRICT NUMBERS:**

**CHARGE AUTHORIZATION NO.:**

**TO (Contractor):**

**DOCUMENT NO.**

**CONTRACT DATE:**

**NOTICE TO PROCEED:**

**BUDGET LINE ITEM:**

**You are directed to perform the following work and make the following charges to the applicable allowance accounts:**

**1.**

**Total: \_\_\_\_\_**

---

**NOT VALID UNTIL SIGNED BY BOTH OWNER AND ENGINEER. SIGNATURE OF THE CONTRACTOR INDICATES HIS AGREEMENT HEREWITH INCLUDING ANY ADJUSTMENT IN THE CONTRACT SUM OR CONTRACT TIME, AND NO ADDITIONAL COST OR TIME INDICATED HEREIN WILL BE RELATED TO THIS CHARGE.**

---

Total of Original Contract Allowances .....	\$ _____
Contract Allowances previously granted .....	\$ _____
The Allowance Balance prior to this Charge Authorization was .....	\$ _____
Amount Allowance Accounts will be increased/decreased by this Charge Authorization	\$ _____
The Allowance Balance after this Charge Authorization will be .....	\$ _____

**Execution of this Charge Authorization acknowledges final settlement of, and releases, all claims for costs and time associated, directly or indirectly, with the above stated modification(s), including all claims for cumulative delays or disruptions resulting from, caused by, or incident to such modification(s), and including any claim that the above stated modification(s) constitutes, in whole or part, a cardinal change to the contract.**

Palm Beach County  
**ENGINEER**  
8100 Forest Hill Blvd.

\_\_\_\_\_  
**CONTRACTOR**  
\_\_\_\_\_

Palm Beach County  
**OWNER**  
8100 Forest Hill Blvd.

W. Palm Beach, FL 33413  
**Address**

\_\_\_\_\_  
**Address**

West Palm Beach, FL 33413  
**Address**

BY \_\_\_\_\_

BY \_\_\_\_\_

BY \_\_\_\_\_

DATE \_\_\_\_\_

DATE \_\_\_\_\_

DATE \_\_\_\_\_

**CERTIFICATE OF SUBSTANTIAL COMPLETION**

**FOR THE Lift Station Rehabilitation Continuing Construction Contract 2020**

**WUD Project Number: 20-009R**

**WORK AUTHORIZATION NUMBER: \_\_\_\_\_**

**CONTRACTOR: \_\_\_\_\_**

**CONTRACT DATE: \_\_\_\_\_, 20\_\_**

This Certificate of Substantial Completion applies to all Work under the Contract Documents or to the following specified parts thereof:

**TO: \_\_\_\_\_**  
**(County)**

**AND**  
**TO: \_\_\_\_\_**  
**(Contractor)**

The Work to which this Certificate applies has been inspected by authorized representatives of the ENGINEER, along with the CONTRACTOR and that Work is hereby declared to be Substantially Complete in accordance with the Contract Documents on:

\_\_\_\_\_  
**(Date of Substantial Completion)**

A tentative list of items to be completed or corrected is attached hereto. This list may not be all-inclusive, and failure to include an item in the list does not alter the responsibility of the CONTRACTOR to complete all the Work in a good and workmanlike manner in accordance with the Contract Documents. The items in the tentative list shall be completed or corrected by the CONTRACTOR within \_\_\_\_\_ days of the above date of Substantial Completion.

The responsibilities between the County and the CONTRACTOR for security, operation, safety, maintenance, heat, utilities, insurance and warranties shall be as follows:

**County: \_\_\_\_\_**

**CONTRACTOR: \_\_\_\_\_**

The following documents are attached to and made a part of this Certificate:

\_\_\_\_\_

This Certificate does not constitute an acceptance of any Work not in accordance with the Contract Documents nor is it a release of CONTRACTOR'S obligation to complete the Work in a good and workmanlike manner in accordance with the Contract Documents.

Recommended by the ENGINEER:

By: \_\_\_\_\_  
**Professional Engineer**

\_\_\_\_\_ **Print Name**      \_\_\_\_\_ **Date**

**CONTRACTOR hereby accepts this Certificate of Substantial Completion:**

By: \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Title)

Date: \_\_\_\_\_

**County acknowledges receipt of this Certificate of Substantial Completion:**

By: \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

Director of Engineering Division  
(Title)

Date: \_\_\_\_\_

**CONTRACTOR'S CERTIFICATION OF FINAL COMPLETION**

TO: \_\_\_\_\_

PROJECT NAME: Lift Station Rehabilitation Continuing Construction Contract 2020

WUD PROJECT # 20-009R

JOB NO. \_\_\_\_\_

CONTRACT NO. \_\_\_\_\_

ATTN: \_\_\_\_\_

COUNTY: \_\_\_\_\_

ENGINEER \_\_\_\_\_

FROM: \_\_\_\_\_  
(Firm or Corporation)

This is to certify that I, \_\_\_\_\_ am an authorized official of  
\_\_\_\_\_ working in the capacity of \_\_\_\_\_ and have

been properly authorized by said firm or corporation to sign the following statements pertaining to the subject Contract:

I know of my own personal knowledge, and do hereby certify, that the work of the Contract described above has been performed, and materials used and installed in every particular, in accordance with, and in conformity to, the Contract Documents and approved changes thereto.

The contract work is now complete in all parts and requirements, and ready for your final inspection.

I understand that neither the determination by the Engineer that the work is complete, nor the acceptance thereof by the County, shall operate as a bar to claim against the Contractor under the terms of the guarantee provisions of the Contract Documents.

Date of Final Completion: \_\_\_\_\_

BY \_\_\_\_\_ TITLE \_\_\_\_\_

(Printed Name) \_\_\_\_\_ FOR \_\_\_\_\_

Recommended by the ENGINEER:

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Professional Engineer (Printed Name)

County acknowledges receipt of this Certificate of Final Completion:

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Director of Engineering Division (Printed Name)

**STATEMENT OF UNRESOLVED CLAIMS**

FOR WUD PROJECT NUMBER 20-009R

WORK AUTHORIZATION NUMBER: \_\_\_\_\_

RESOLUTION NO. R- \_\_\_\_\_

PAYMENT APPLICATION NUMBER \_\_\_\_\_

Contractor shall list, in detail, on this page and any required additional pages all outstanding, unresolved claims which Contractor has on this project.

**CONSENT OF SURETY FOR FINAL PAYMENT**

PROJECT NAME: Lift Station Rehabilitation Continuing Construction Contract 2020

PROJECT LOCATION: System-Wide

WUD PROJECT NO.: 20-009R RESOLUTION NO.: R- \_\_\_\_\_

CONTRACT DATE: \_\_\_\_\_

WORK AUTHORIZATION NUMBER: \_\_\_\_\_

CONTRACT TYPE: \_\_\_\_\_

CONTRACT AMOUNT: \_\_\_\_\_ ENGINEER'S PROJECT  
NO.: \_\_\_\_\_

ENGINEER: \_\_\_\_\_

In accordance with the provisions of the above named Contract between the County and the Contractor, the following named Surety:

\_\_\_\_\_ on the PUBLIC CONSTRUCTION BOND of the following named Contractor: \_\_\_\_\_

hereby approves of final payment by County to the Contractor, and further agrees that said final payment to the Contractor shall not relieve the Surety Company named herein of any of its obligations to the following named County, as set forth in said Surety Company's bond:

IN WITNESS WHEREOF, the Surety Company has hereunto set its hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Attest)

\_\_\_\_\_  
(Name of Surety Company)

\_\_\_\_\_  
(Printed Name)

(Affix corporate seal)

\_\_\_\_\_  
(Signature of Authorized Representative)

\_\_\_\_\_  
(Printed Name)

TITLE: \_\_\_\_\_

**FINAL WARRANTY OF TITLE**

STATE OF FLORIDA \_\_\_\_\_ )

COUNTY OF \_\_\_\_\_ )

WUD PROJECT NO.: 20-009R

WORK AUTHORIZATION NUMBER: \_\_\_\_\_

Before me, the undersigned authority, personally appeared \_\_\_\_\_, who was duly sworn and says:

1. Affiant is the \_\_\_\_\_ of \_\_\_\_\_ a \_\_\_\_\_ (hereinafter called the "Contractor").

2. Contractor entered into a Contract dated the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ (hereinafter called the "Contract") with the PALM BEACH COUNTY, a political subdivision of the State of Florida (hereinafter called the "County"), being Contract No. 20-009R for the construction of certain improvements and the performance of certain Work more particularly described in the Contract Documents (such construction and performance being hereinafter collectively referred to as the "Work"), on property owned and or controlled by the County, located in System-Wide.

3. Contractor has fully completed the Work and all individuals, firms, and corporations furnishing materials, labor, equipment, tools, supplies, manufactured articles and services incident to the completion of the Work, and all payrolls, bills for materials, equipment, tools, supplies, manufactured articles, and all other indebtedness connected with the Work, have been paid in full, except for the following:

None, unless set forth below:

Name	Address	Amount Due or to Become Due and Unpaid
_____		
_____		

(Attach additional sheets, if more space is needed)

4. Receipt by Contractor of the Final Payment from County in the amount of \$ \_\_\_\_\_ shall constitute a full release and discharge by Contractor to said County of all claims and liens of the Contractor against said County arising out of, connected with, or resulting from performance of the Contract or the Work.

5. The undersigned further certifies that all non-exempt taxes imposed by Chapter 212, Florida Statutes (Sales and Use Tax Act), as amended, have been paid and discharged.

6. Contractor agrees to forever indemnify, defend, and hold said County harmless from and against all costs and expenses, including reasonable attorney's fees, including fees on appeal, resulting from individuals, firms, or corporations who claim to have not been paid for material, labor, equipment, tools, supplies, manufactured articles or services furnished incident to the Work.

7. This Affidavit is made for the purpose of inducing Final Payment from the County to the Contractor under the Contract in compliance with the Contract Documents.

8. Affiant has full authority to execute this Affidavit and to execute a full and final release of all claims and liens on behalf of the Contractor.

Signed and Sealed in the presence of:

\_\_\_\_\_  
(Contractor)

(CORPORATE SEAL)

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

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Printed Name)

State of \_\_\_\_\_

County of \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me on \_\_\_\_\_ (date) by \_\_\_\_\_ (name).

The foregoing instrument was acknowledged before me by means of ( ) physical presence or ( ) online notarization, this \_\_\_ day of \_\_\_\_\_, 2020, by \_\_\_\_\_, who is ( ) personally known to me or ( ) has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public Signature and Seal

\_\_\_\_\_  
Print Notary Name and Commission Number



**PALM BEACH COUNTY  
WATER UTILITIES DEPARTMENT**

**WORK DIRECTIVE**

To: \_\_\_\_\_  
Contractors Name

\_\_\_\_\_  
Address

Project Name: Lift Station Rehabilitation Continuing Construction Contract 2020  
WUD Project No.: 20-009R Resolution No. R-\_\_\_\_\_  
Work Directive No.: \_\_\_\_\_

WORK AUTHORIZATION NUMBER: \_\_\_\_\_

Work Directive No.: \_\_\_\_\_

In accordance with your proposal dated \_\_\_\_\_ you are authorized to perform the following scope of work

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Time and materials as specified in the Contract Documents

\_\_\_\_\_ Lump Sum Price of \_\_\_\_\_.

Note: This Work Directive will be incorporated into a Work Supplement that will be submitted to the Contract Review Committee, Board of County Commissioners or Palm Beach County Water Utilities Director for approval.

Authorized by:

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date