

**WORK ASSIGNMENT NO. 2016-01 PURSUANT TO  
THE SEPTEMBER 13, 2016 AGREEMENT BETWEEN THE  
CITY OF VENICE, FLORIDA AND  
TAYLOR ENGINEERING, INC.**

WHEREAS, on September 13, 2016, the City of Venice, Florida ("OWNER") and ***Taylor Engineering, Inc.*** ("CONSULTANT"), entered into an Agreement whereby the CONSULTANT would perform professional services for the OWNER pursuant to an executed Work Assignment; and

WHEREAS, the OWNER wishes to authorize the CONSULTANT to perform professional services concerning ***the Venice Beach Renourishment Project*** as more particularly described in the Scope of Services herein; and

WHEREAS, the CONSULTANT wishes to perform such professional services,

NOW THEREFORE, in consideration of the premises and mutual covenants contained in the September 13, 2016, Agreement and this Work Assignment, the parties agree as follows:

1. General description of the Project. CONSULTANT will provide Professional Services as required for the Venice Beach Renourishment Project permit compliance and grant programs.
2. Scope of services to be performed. CONSULTANT shall perform the services described in the Scope of Services attached hereto as Attachment "A".
3. Compensation to be paid. OWNER shall pay the CONSULTANT not to exceed ***Seventy-four thousand five hundred forty-six dollars and zero cents*** (\$74,546.00) for performance of the professional services specified in this Work Assignment.
4. Time for completion. CONSULTANT shall complete the professional services specified in this Work Assignment **by October 31, 2017**.
5. The terms and conditions of the September 13, 2016, Agreement shall remain in full force and effect until the completion of this Work Assignment

**IN WITNESS WHEREOF**, the parties have executed this Work Assignment on the \_\_\_\_ day of 2016.

  
\_\_\_\_\_  
**Taylor Engineering, Inc.**

**ATTEST:**

**CITY OF VENICE, FLORIDA**

\_\_\_\_\_  
City Clerk

\_\_\_\_\_  
Mayor

## **ATTACHMENT A**

### **Scope of Services**

**INTRODUCTION:** Taylor Engineering (CONSULTANT) was selected by City of Venice (OWNER) pursuant to Request for Qualifications #3033-16, which OWNER advertised pursuant to Section 287.055, Florida Statutes (F.S.) and the applicable procedures of the OWNER. OWNER desires that Consultant perform certain on-going and necessary services as described in the following Work Assignment. CONSULTANT agrees to perform the following tasks through a combination of in-house and subcontracted labor:

#### **TASK 1: Professional Services**

Periodically, the OWNER requires professional engineering and/or environmental science consultation to address issues and questions that arise in the course of implementing the OWNER's federal shore protection project, associated required mitigation/monitoring and other OWNER coastal management, waterways and water quality programs. Examples include, but are not limited to providing periodic project updates and status reports to the City Council, OWNER staff and/or resident groups; researching various options or design alternatives for applicability to OWNER programs; providing input on concerns such as climate and sea level change as might affect OWNER projects; or, immediate post-storm response to assist OWNER staff with impact assessments in support of disaster declarations. Services will be provided on an hourly basis as requested by the OWNER up to the not-to-exceed amount estimated in the attached fee estimate. (Work performed pursuant to this task is not typically eligible for USACE cost sharing and/or FDEP cost reimbursement although this can vary on a case-by-case basis).

#### **TASK 2: Grant and In-kind Services Support**

The intent of this task is to assist OWNER staff with developing grant applications, funding requests and 'back up' information for USACE /matching Work in Kind as described below:

**FDEP Funding:** CONSULTANT will prepare a draft annual Beach Management Funding Assistance Program application to reflect additional funds required to monitor the OWNER's shoreline as required by FDEP Joint Coastal Permit No. 0211217-005-JC and the USFWS Statewide Programmatic Biological Opinion (Revised February 27, 2015) Terms and Conditions. CONSULTANT will advise the OWNER on FDEP funding policies and requirements to obtain a FDEP-OWNER contract amendment for state matching funds appropriated by the State legislature. CONSULTANT will review the DRAFT application and attachments with FDEP funding staff to ensure submittal of a complete application. CONSULTANT will attend follow-up meetings and provide required coordination with FDEP staff. CONSULTANT will work with OWNER staff to secure resulting funding contracts/amendments. CONSULTANT will prepare FDEP draft quarterly Project Status Reports and compile FDEP reimbursement requests in compliance with the FDEP-OWNER Funding Contract provisions. Drafts will be provided to OWNER staff in a timely manner to allow for review, signature and submittal by OWNER.

**USACE Coordination:** CONSULTANT will assist the OWNER in obtaining USACE approval for Work-In-Kind (WIK) credits submitted to the USACE for the period September 30, 2005 through January 15, 2015. CONSULTANT will meet with the USACE and OWNER to review the submitted WIK request. On a quarterly basis, beginning with the 2016 third quarter, CONSULTANT will compile documentation of expenditures by the OWNER, using OWNER-provided financial reports and other information, to obtain USACE approval of WIK credits as required by the Local Cooperative Agreement. CONSULTANT will provide additional federal funding and reimbursement coordination as requested by the OWNER.

Other Grant Submittals: CONSULTANT will assist OWNER staff in preparation of other grant applications (e.g. EPA /SWFWMD stormwater. FBIP; WCIND; FRDAP; RESTORE) as requested by the OWNER. CONSULTANT will draft the applications and compile the required grant descriptions, assessments, designs, and exhibits. CONSULTANT will coordinate with each grant entity as required to facilitate a complete and thorough review of the grant request.

**TAYLOR ENGINEERING, INC. (CONSULTANT) TIME  
& MATERIALS COST SUMMARY BY TASK WA #2016-  
01 — Professional Services and Grant Support**

**TASK 1: Professional Services**

	<i>Labor</i>	Hours	Cost	Task Totals
	Principal	10.0	2,070.00	
	Senior Advisor	48.0	10,416.00	
	Project Professional	132.0	16,500.00	
	Total Man-Hours	190.0		
	Labor Cost			28,986.00
<i>Total Task 1</i>				<b>\$ 28,986.00</b>

**TASK 2: Grant and In-Kind Services Support**

	<i>Labor</i>	Hours	Cost	Task Totals
	Senior Advisor	10.0	2,170.00	
	Project Professional	20.0	2,500.00	
	Environmental Tech	435.0	40,890.00	
	Total Man-Hours	465.0		
	Labor Cost			45,560.00
<i>Total Task 2</i>				<b>\$ 45,560.00</b>

**Project Total     \$ 74,546.00**

**Billing to be on Time and Material Basis — Based on Agreement Rates**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/09/2016

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

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

<b>PRODUCER</b> Marsh Sponsored Programs a division of Marsh USA Inc. PO Box 14404 Des Moines IA 50306	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> 800-338-1391 <b>E-MAIL ADDRESS:</b> acecclientrequest@marsh.com <b>FAX (A/C, No):</b> 888-621-3173														
<b>INSURED</b> Taylor Engineering Inc. P.O. Box 550510 Jacksonville, FL 32255-0510	<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: Hartford Accident &amp; Indemnity Co</td><td>22357</td></tr><tr><td>INSURER B: Hartford Fire Insurance Company</td><td>19682</td></tr><tr><td>INSURER C: Hartford Underwriters Insurance Co</td><td>30104</td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Hartford Accident & Indemnity Co	22357	INSURER B: Hartford Fire Insurance Company	19682	INSURER C: Hartford Underwriters Insurance Co	30104	INSURER D:		INSURER E:		INSURER F:	
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## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Y		84SBWNA6176 Prof. Liab. Excl.	11/01/2015	11/01/2016	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMPOP AGG \$2,000,000 \$
C	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Y		84UEGLP0627	11/01/2015	11/01/2016	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$10,000	Y		84SBWNA6176	11/01/2015	11/01/2016	EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000 \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input checked="" type="checkbox"/> N		Y	84WBGBN0954	11/01/2015	11/01/2016	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

## DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

RE: Coastal Engineering / Professional Consulting Services  
The City of Venice is included as additional insured for the above coverages except WC when required by written contract. Waiver of Subrogation is included when required by written contract. 30 day notice of cancellation will be given to the certificate holder per policy endorsement.

## CERTIFICATE HOLDER

The City of Venice  
401 W. Venice Avenue  
Venice, FL 34285

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

*Brenda Vincent*

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**ACORD**<sup>TM</sup>**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

8/09/2016

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<b>PRODUCER</b> <b>USI Insurance Services, LLC</b> <b>1715 N. Westshore Blvd. Suite 700</b> <b>Tampa, FL 33607</b>	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext): 813 321-7500</b> <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b>																					
<b>INSURED</b> <b>Taylor Engineering, Inc</b> <b>10151 Deerwood Park Blvd</b> <b>Bldg 300, Suite 300</b> <b>Jacksonville, FL 32256</b>	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr> <tr> <td colspan="2"><b>INSURER A : XL Specialty Insurance Company</b></td><td><b>37885</b></td></tr> <tr> <td colspan="2"><b>INSURER B :</b></td><td></td></tr> <tr> <td colspan="2"><b>INSURER C :</b></td><td></td></tr> <tr> <td colspan="2"><b>INSURER D :</b></td><td></td></tr> <tr> <td colspan="2"><b>INSURER E :</b></td><td></td></tr> <tr> <td colspan="2"><b>INSURER F :</b></td><td></td></tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	<b>INSURER A : XL Specialty Insurance Company</b>		<b>37885</b>	<b>INSURER B :</b>			<b>INSURER C :</b>			<b>INSURER D :</b>			<b>INSURER E :</b>			<b>INSURER F :</b>		
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	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
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<b>A</b>	<b>Professional Liability</b>			<b>DPR9805824</b>	<b>06/01/2016</b>	<b>06/01/2017</b>	<b>\$2,000,000 per claim</b> <b>\$2,000,000 annl aggr.</b>

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

**Professional Liability coverage is written on a claims-made basis.**

**RE: Coastal Engineering / Professional Consulting Services**

**CERTIFICATE HOLDER****CANCELLATION**

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