

**PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS  
AGENDA ITEM SUMMARY**

**Meeting Date: June 4, 2024**

**Consent**                       **Regular**  
 **Workshop**                       **Public Hearing**

**Department: Facilities Development & Operations**

**I. EXECUTIVE BRIEF**

**Motion and Title: Staff recommends motion to approve:** Amendment No. 3 to extend the term of the contract (R2017-0773) with Jacobs Project Management Co. (Jacobs) to provide program management services for the General Government Capital Program (GGCP) from June 6, 2024 through June 5, 2025, and increase labor rates as allowed by contract provisions.

**Summary:** On June 6, 2017, the Board of County Commissioners (Board) approved the contract (R2017-0773) with Jacobs to provide program management services to assist the Facilities Development Operations Department (FDO)/Capital Improvements Division (CID) with the implementation of the GGCP, which includes the Infrastructure Sales Tax Program and general government 5-Year Capital Improvement Plan. The original contract term was five (5) years with an option to renew for five (5) additional one-year terms. On May 17, 2022, the Board approved Amendment No. 1 (R2022-0487) for the first renewal which authorized revisions to contract terms and conditions; set new hourly rates (labor rates and multiplier), incorporated the E-verify language, and added two staff members (i.e., an estimator and a project manager) to the personnel complement provided by Jacobs. On May 16, 2023, the Board approved Amendment No. 2 (R2023-0665) for the second renewal which authorized revisions to contract terms and conditions, and set new hourly rates (labor rates) for Jacobs' personnel and subconsultants performing services during the term of the contract. The contract is set to expire on June 5, 2024. Amendment No. 3 exercises the third renewal option to extend the contract through June 5, 2025. Additionally, Amendment No. 3 sets new hourly rates (labor rates) for Jacobs' personnel and subconsultants that will perform services during the term of the contract. The contract allows the raw labor rates to be adjusted for the Consumer Price Index (CPI) up to 3% after the first 2 years. Unlike typical consultant contracts, a Notice to Proceed (NTP) is issued annually by October 1<sup>st</sup> for approval as part of the annual GGCP in the upcoming budget year. The NTP will be issued administratively in an amount not to exceed the amount approved as part of the annual capital improvement program. If the NTP is not issued by October 1<sup>st</sup> of each fiscal year (FY), then the County may terminate the contract. The contract value under Amendment No. 3 is for a not to exceed amount of \$1,752,127.34. However, this item only authorizes expenses for the remainder of FY 2024 of \$584,311.11, which will be reflected in the NTP issued to Jacobs following the approval of this item. The Office of Equal Business Opportunity (OEBO) has reviewed the existing SBE participation and approved this extension request under the existing SBE contract terms. This contract was advertised according to the County's prior Small Business Enterprise (SBE) program where a 15% subcontracting goal was applied. To date, the overall SBE participation on this contract is 15.87%. Jacobs is not a certified SBE firm but has an office located in Palm Beach County. **All program management costs (Estimator, Project Executive, Sr. Project Manager, Program Controls Manager and project controls set-up) will be capitalized to the Infrastructure Sales Tax projects and the costs associated with the Project Managers and Field Inspectors will be charged to the applicable projects. (Capital Improvements Division) Countywide (MWJ)**

**Background and Justification: Continued on Page 3**

**Attachments:**

1. Budget Availability Statement
2. Amendment No. 3
3. Amendment-Proposed Budget for 2024/2025

Recommended by:  5/7/24  
Department Director Date

Approved by:  5/16/24  
County Administrator Date

**II. FISCAL IMPACT ANALYSIS**

**A. Five Year Summary of Fiscal Impact:**

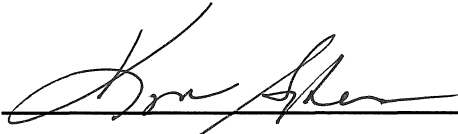
<b>Fiscal Years</b>	<b>2024</b>	<b>2025</b>	<b>2026</b>	<b>2027</b>	<b>2028</b>
Capital Expenditures	*\$584,312	\$1,167,817	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenues	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
<b>NET FISCAL IMPACT</b>	<b>*\$584,312</b>	<b>\$1,167,817</b>	_____	_____	_____
# ADDITIONAL FTE	_____	_____	_____	_____	_____
POSITIONS (Cumulative)	_____	_____	_____	_____	_____

**Is Item Included in Current Budget:** Yes   X   No \_\_\_\_\_  
**Is this item using Federal Funds?** Yes \_\_\_\_\_ No   X    
**Is this item using State Funds?** Yes \_\_\_\_\_ No   X  

**Budget Account No:** Fund 3950 Dept Various Unit Various Object Various


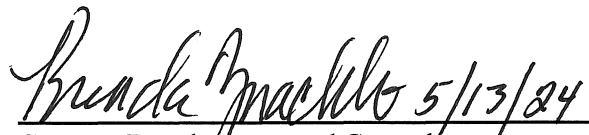
**B. Recommended Sources of Funds/Summary of Fiscal Impact:**

\*Costs will be charged to various Infrastructure Sales Tax (IST) and capital project budgets for each applicable project. With the approval of this item, the total cost for the remainder of FY24 is \$584,311.11.

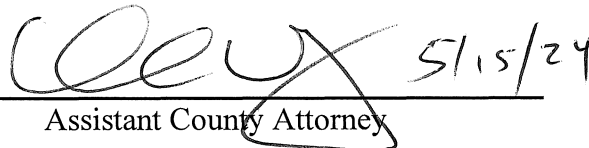
**C. Departmental Fiscal Review:** 

**III. REVIEW COMMENTS:**

**A. OFMB Fiscal and/or Contract Development and Control Comments:**

<u></u> 5/10/24 OFMB GA 5/9 [initials] 5-10-24	<u></u> 5/13/24 Contract Development and Control [initials] 5/13/24
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**B. Legal Sufficiency:**

 5/15/24  
 Assistant County Attorney

**C. Other Department Review:**

\_\_\_\_\_  
 Department Director

**This summary is not to be used as a basis for payment.**

**Background and Justification:** In order to address backlogged County infrastructure, a discretionary one-cent local government Infrastructure Sales Tax (IST) was approved by the voters in 2017. The proceeds of the IST have been used to finance the renewal and replacement (R&R) of: 1) existing capital investments including roadway surfaces, bridges, drainage improvements, canals, parks amenities and government buildings that were deferred during the recession and remain outstanding, and 2) other projects identified by the Board as health, safety and welfare priorities. Proposals for these program management services were requested in order to assist staff with management of the GGCP. On December 15, 2016, proposals were received from three firms and on January 27, 2017, each firm made a presentation to the Final Selection Committee. The Committee reviewed and evaluated the firms based on predetermined selection criteria and ranked the vendors based on that criteria. The results of the Selection Committee meeting were posted on January 27, 2017, and the Board ratified the Committee's unanimous selection of Jacobs on February 7, 2017.

Jacobs provided a proposed budget that illustrates the anticipated administrative and management costs for the entire year under of the GGCP. Since each FY's costs will be capped at the amount included in the not to exceed NTP, this item will be capped at \$584,311.11 for the remainder of FY 2024. Expenses for FY 25 will be reviewed and adjusted as the County's needs are determined and the adjusted amounts will be included in the annual capital budget recommendations. Subsequently, a NTP will be issued administratively in an amount not to exceed the amount approved as part of the annual capital improvement program.

It is the consensus of FDO/CID that Jacobs has successfully provided the professional program management services required for this contract, and is in good standing. It is the desire of Jacobs and FDO/CID that the consultant continues to provide said services.

**BUDGET AVAILABILITY STATEMENT**

REQUEST DATE: 0424/2024

REQUESTED BY: Fernando Del Dago

PHONE: 233-5276

PROJECT TITLE: Jacobs Program Management Contract for the General Government Capital Program (GGCP)  
(Same as CIP or IST, if applicable)

ORIGINAL CONTRACT AMOUNT: \$199,800.24  
EFDO #

IST PLANNING NO.:

REQUESTED AMOUNT: \$584,311.11

BCC RESOLUTION#: R2017-0773  
DATE: 06/06/17

CSA or CHANGE ORDER NUMBER: Amendment #3

LOCATION:

BUILDING NUMBER:

DESCRIPTION OF WORK/SERVICE LOCATION:

PROJECT/W.O. NUMBER: 17200

CONSULTANT/CONTRACTOR: Jacobs Project Management Co. (Program Management)

PROVIDE A BRIEF STATEMENT OF THE SCOPE OF SERVICES TO BE PROVIDED BY THE CONSULTANT/CONTRACTOR:

Extension of contract term for program management services for the remainder of FY 24

CONSTRUCTION	\$
PROFESSIONAL SERVICES	\$584,311.11
STAFF COSTS*	\$
EQUIP. / SUPPLIES/ADVERTISING	\$
CONTINGENCY	\$
TOTAL	\$584,311.11

\* By signing this BAS your department agrees to these CID staff charges and your account will be charged upon receipt of this BAS by FD&O. Unless there is a change in the scope of work, no additional staff charges will be billed. If this BAS is for construction costs of \$250,000 or greater, staff charges will be billed as actual and reconciled at the end of the project. If the project requires Facilities Management or ESS staff your department will be billed actual hours worked upon project completion.

**BUDGET ACCOUNT NUMBER(S) (Specify distribution if more than one and order in which funds are to be used):**

FUND:	DEPT:	UNIT:	OBJ:
3950	VAR	VAR	VAR

**IDENTIFY FUNDING SOURCE FOR EACH ACCOUNT: (check and provide detail for all that apply)**

Ad Valorem (Amount \$ _____)	<input checked="" type="checkbox"/> Infrastructure Sales Tax (Amount \$ <u>584,311.11</u> )
State (source/type: _____ Amount \$ _____)	Federal (source/type: _____ Amount \$ _____)
Grant (source/type: _____ Amount \$ _____)	Impact Fees: (Amount \$ _____)
Other (source/type: _____ Amount \$ _____)	

Department: FD&O

BAS APPROVED BY: [Signature]

DATE 4/24/2024

ENCUMBRANCE NUMBER: \_\_\_\_\_

Project Name: Jacobs Program Management Contract for the GGCP  
Project No.: 17200

**AMENDMENT NO. 3 TO THE JACOBS PROGRAM MANAGEMENT CONTRACT  
FOR THE GENERAL GOVERNMENT CAPITAL PROGRAM (GGCP)**

This is Amendment No. 3 dated \_\_\_\_\_, to the Program Management Contract (R2017-0773) dated June 6, 2017, as previously amended by Amendment No. 2 dated May 16, 2023 (R2023-0665) (collectively the “Contract”) by and between **Palm Beach County**, a political subdivision of the State of Florida, by and through its Board of County Commissioners, hereinafter referred to as the COUNTY and **Jacobs Project Management Co.**, a corporation authorized to do business in the State of Florida, whose Federal Tax ID# is 35-2321289, hereinafter referred to as the PROGRAM MANAGER.

W I T N E S S E T H

**WHEREAS**, the parties have entered into the Contract under which the PROGRAM MANAGER provides certain program management services to the COUNTY for various projects; and

**WHEREAS**, the parties hereto desire to amend the Contract to extend it for an additional one (1) year period and to update certain contract terms.

**NOW, THEREFORE**, in consideration of the premises and of the mutual covenants hereinafter set forth and for such other good and valuable consideration, the receipt of which the parties hereto expressly acknowledge, the parties covenant and agree to the following terms and conditions:

- 1. Term.** The term of this Contract is renewed for one (1) additional year to June 5, 2025.
- 2. Labor Rates.** Under Section 5.3.3, the Labor Rates (raw hourly rates) and Estimated Hours for this renewal term are attached hereto and incorporated herein as **Exhibit A**.
- 3. Scrutinized Companies.** PROGRAM MANAGER certifies that it is still in compliance with the requirements pertaining to scrutinized companies under Florida Statutes Section 287.135.
- 4. Confirmation.** Except as specifically modified above, the terms and conditions of the Contract are hereby confirmed and remain in full force and effect.

Project Name: Jacobs Program Management Contract for the GGCP  
Project No.: 17200

**IN WITNESS WHEREOF**, the Board of County Commissioners of Palm Beach County, Florida has made and executed this Amendment on behalf of the COUNTY; and an authorized official of the PROGRAM MANAGER has made and executed this Amendment on behalf of the PROGRAM MANAGER.

**ATTEST:**

**JOSEPH ABRUZZO, Clerk & Comptroller**

**PALM BEACH COUNTY, a political subdivision of the State of Florida, BOARD OF COUNTY COMMISSIONERS**

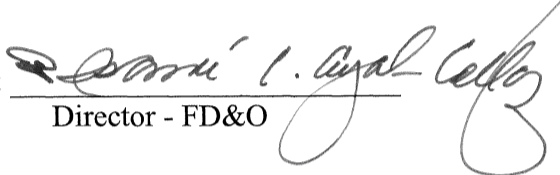
By: \_\_\_\_\_  
Deputy Clerk

By: \_\_\_\_\_  
Maria Sachs, Mayor

**APPROVED AS TO LEGAL SUFFICIENCY**

**APPROVED AS TO TERMS AND CONDITIONS**

By:   
Assistant County Attorney

By:   
Director - FD&O

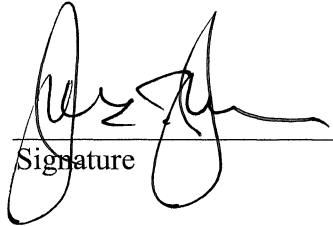
Project Name: Jacobs Program Management Contract for the GGCP  
Project No.: 17200

**WITNESS:**

  
\_\_\_\_\_  
Signature

*Carlo Tamayo*  
\_\_\_\_\_  
Name (type or print)

**PROGRAM MANAGER:  
JACOBS PROJECT MANAGEMENT CO.**

  
\_\_\_\_\_  
Signature

*Jonathan E. Jordan*  
\_\_\_\_\_  
Name (type or print)

*Florida Business Leader*  
\_\_\_\_\_  
Title

(Corporate Seal)





## SECRETARY CERTIFICATE

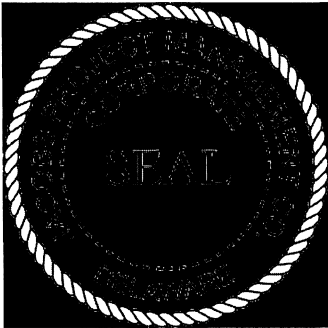
I, Justin Johnson, Secretary of Jacobs Project Management Co. (the "Company"), hereby certify that:

Jonathan Jordan is Manager of Projects of the Company and has been granted authority, by the board of directors to execute documents on behalf of the Company.

Dated this 24th day of April 2024.

A handwritten signature in black ink, appearing to read "Justin Johnson", written over a horizontal line.

Justin Johnson, Secretary





**Exhibit A - Revised June 2024**

**Palm Beach County Program Management - Contract Rates**

3/12/2024

TITLE	MAXIMUM HOURLY RATE – raw (\$/HR)	X	MULTIPLIER	=	MAXIMUM BILLING RATE (\$/HR)
Principal/Project Exec.	\$125.73	X	2.1	=	\$264.04
Sr. Project Mgr	\$93.52	X	2.1	=	\$196.40
Project Manager 2	\$81.96	X	2.1	=	\$172.11
Project Manager 1	\$74.26	X	2.1	=	\$155.95
Project Controls Mgr.	\$63.90	X	2.1	=	\$134.19
Project Controls Specialist	\$50.90	X	2.1	=	\$106.90
Project Controls Director	\$133.90	X	2.1	=	\$281.19
Technical Support 1	\$74.26	X	2.1	=	\$155.95
Technical Support 2	\$97.60	X	2.1	=	\$204.97
Project Scheduler 1	\$95.48	X	2.1	=	\$200.51
Project Scheduler 2	\$68.96	X	2.1	=	\$144.81
Public Outreach Mgr./Proj. Assist.	\$119.41	X	1.5	=	\$179.11
Field Inspector 1	\$40.20	X	2.1	=	\$84.42
Field Inspector 2	\$47.80	X	2.1	=	\$100.38
Estimator	\$90.18	X	2.1	=	\$189.37

Palm Beach County General Government Capital Program  
 Amendment - Proposed Budget for 2024/2025  
 4/3/24

	Months	2024												2025												Hours	Multiplier	With Mutliplier		months	cost/month
		Hours												2024	2025	Total	2024	2025	2.1	(Per FY)											
		J	J	A	S	O	N	D	J	F	M	A	M							2024	2025	2024	2025	2024	2025						
1	Proj Exec	\$ 125.73	5	5	5	5	5	5	5	5	5	5	5	5	20	40	60	\$ 2,514.64	\$ 5,029.28	\$ 15,842.24	*	\$ 5,280.75	\$ 10,561.50								
2	Sr. PM	\$ 93.52	80	80	80	80	80	80	80	80	80	80	80	80	320	640	960	\$ 29,927.68	\$ 59,855.36	\$ 188,544.38	*	\$ 62,848.13	\$ 125,696.26								
3	PM 2	\$ 81.96	480	480	480	480	480	480	480	480	480	480	480	480	1920	3840	5760	\$ 157,357.63	\$ 314,715.26	\$ 991,353.08	*	\$ 330,451.03	\$ 660,902.05								
4	PM 1	\$ 74.26	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	\$ -	\$ -	\$ -	*	\$ -	\$ -								
5	Estimator	\$ -	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	\$ -	\$ -	\$ -	*	\$ -	\$ -								
6	Proj Controls Director	\$ 133.90	21	21	21	21	21	21	21	21	21	21	21	21	84	168	252	\$ 11,247.60	\$ 22,495.20	\$ 70,859.88	*	\$ 23,619.96	\$ 47,239.92								
7	Proj Controls Specialist	\$ 50.90	13	13	13	13	13	13	13	13	13	13	13	13	52	104	156	\$ 2,646.94	\$ 5,293.87	\$ 16,675.69	*	\$ 5,558.56	\$ 11,117.13								
8	Tech Support 1	\$ 74.26	10	10	10	10	10	10	10	10	10	10	10	10	40	80	120	\$ 2,970.52	\$ 5,941.04	\$ 18,714.28	*	\$ 6,238.09	\$ 12,476.18								
9	Field Inspector 1	\$ 40.20	160	160	160	160	160	160	160	160	160	160	160	160	640	1280	1920	\$ 25,728.58	\$ 51,457.15	\$ 162,090.03	*	\$ 54,030.01	\$ 108,060.02								
	Jacobs Mhrs	769	769	769	769	769	769	769	769	769	769	769	769	769	3076	6152	9228	\$ 232,393.59	\$ 464,787.17	\$ 1,464,079.59	*	\$ 488,026.53	\$ 976,053.06	12	\$ 122,006.63						
	total mhrs																9228														
	Estimator	\$ 90.18	30	30	30	30	30	30	30	30	30	30	30	30	120	240	360	\$ 10,821.18	\$ 21,642.36	\$ 68,173.43	*	\$ 22,724.48	\$ 45,448.96								
10	Field Inspector 2	\$ 47.80	160	160	160	160	160	160	160	160	160	160	160	160	640	1280	1920	\$ 30,593.47	\$ 61,186.94	\$ 192,738.87	*	\$ 64,246.29	\$ 128,492.58								
11	Public Outreach	\$ 119.41	13	13	13	13	13	13	13	12.5	12	12	12	12	52	100	152	\$ 6,209.21	\$ 11,881.09	\$ 27,135.45	**	\$ 9,313.82	\$ 17,821.63								
	Mgr./Project Assist.	Sub Mhrs	173	173	173	173	173	173	173	172	172	172	172	692	1380	2072	\$ 36,802.68	\$ 73,068.03	\$ 288,047.75	*	\$ 96,284.59	\$ 191,763.17	12	\$ 24,003.98							
	Total Mhrs	942	942	942	942	942	942	942	942	941	941	941	941	3768	7532	11300								SBE Participation							
	Total Budget																	\$ 1,752,127.34	\$ 584,311.11	\$ 1,167,816.23					\$ 146,010.61						

Notes: Dollar amounts shown for the renewal term are the maximum; Hours shown are estimates, actual time will be billed

**OEBO SCHEDULE 1**

SOLICITATION/PROJECT/BID NAME: General Government Capital Plan

SOLICITATION/PROJECT/BID NO.: #17200

SOLICITATION OPENING/SUBMITTAL DATE: 4/22/24

COUNTY DEPARTMENT: FD&O

**Section A** PLEASE LIST THE DOLLAR AMOUNT OR PERCENTAGE OF WORK TO BE COMPLETED BY THE PRIME CONTRACTOR/CONSULTANT\* ON THE PROJECT:

NAME OF PRIME RESPONDENT/BIDDER: Jacobs Project Management Company ADDRESS: 550 W. Cypress Creek Rd., Suite 400, Fort Lauderdale, FL 33309

CONTACT PERSON: Jonathan E. Jordan PHONE NO.: 954 668 8840 E-MAIL: jonathan.jordan@jacobs.com

PRIME'S DOLLAR AMOUNT OR PERCENTAGE OF WORK: \$ 1,464,079.59

\*SMWBE Primes must include their percentage or dollar amount in the Total Participation line under section B.

Non-SBE   
  MBE   
  WBE   
  SBE

**Section B** PLEASE LIST THE DOLLAR AMOUNT OR PERCENTAGE OF WORK TO BE COMPLETED BY ALL SUBCONTRACTORS/SUBCONSULTANTS ON THE PROJECT BELOW:

Subcontractor/Sub consultant Name <small>DIRECTION: List Firm Name, Address, &amp; Provide PBC Vendor ID#. (https://www.pbcgov.org/pbcvendors)</small>	(Check all Applicable Categories)				DOLLAR AMOUNT OR PERCENTAGE OF WORK					
	Non-SBE	MBE Minority Business	WBE Women Business	SBE Small Business	Black	Hispanic	Women	Caucasian	Asian	Other
1. L.B. Limited & Associates, Inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$288,047.75					
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

(Please use additional sheets if necessary)

Total \_\_\_\_\_

Total Bid/Offer Price \$ 1,752,127.34

Total Certification Participation \$ 288,047.75

I hereby certify that the above information is accurate to the best of my knowledge: Jonathan E. Jordan  Florida Business Leader  
 Name & Authorized Signature Title

- Note:**
- The amount listed on this form for a Subcontractor/sub consultant must be supported by price or percentage listed on the properly executed Schedule 2 or attached signed proposal.
  - Only those firms certified by Palm Beach County at the time of solicitation opening or due date are eligible to meet the established OEBO Affirmative Procurement Initiative (API). Please check the applicable box and list the dollar amount or percentage under the appropriate demographic category.
  - Modification of this form is not permitted and will be rejected upon submittal.

**OEBO LETTER OF INTENT – SCHEDULE 2**

**A completed Schedule 2 is a binding document between the Prime Contractor/consultant and a Subcontractor/subconsultant (for any tier) and should be treated as such. The Schedule 2 shall contain bolded language indicating that by signing the Schedule 2, both parties recognize this Schedule as a binding document.** All Subcontractors/subconsultants, including any tiered Subcontractors/subconsultants, must properly execute this document. Each properly executed Schedule 2 must be submitted with the bid/proposal.

SOLICITATION/PROJECT NUMBER: **#17200**  
 SOLICITATION/PROJECT NAME: **General Government Capital Plan - Amendment #3**

Prime Contractor: **Jacobs Project Management Co.** Subcontractor: **L.B. Limited & Associates, Inc.**

**(Check box(s) that apply)**

SBE    WBE    MBE    M/WBE    Non-S/M/WBE   Date of Palm Beach County Certification (if applicable): \_\_\_\_\_

The undersigned affirms they are the following (select one from each column **if applicable**):

<b>Column 1</b>	<b>Column 2</b>	<b>Column 3</b>
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input checked="" type="checkbox"/> African-American/Black <input type="checkbox"/> Asian American <input type="checkbox"/> Caucasian American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Native American	<input type="checkbox"/> Supplier

**S/M/WBE PARTICIPATION** – S/M/WBE Primes must document all work to be performed by their own work force on this form. Failure to submit a properly executed Schedule 2 for any S/M/WBE participation may result in that participation not being counted. Specify in detail, the scope of work to be performed or items supplied with the dollar amount and/or percentage for each work item. S/M/WBE credit will only be given for the areas in which the S/M/WBE is certified. A detailed proposal may be attached to a properly executed Schedule 2.

Line Item	Item Description	Unit Price	Quantity/ Units	Contingencies/ Allowances	Total Price/Percentage
1	Estimating				\$68,173.43
2	Field Inspections/Observations				\$192,738.87
3	Outreach/Project Assistance				\$27,135.45

The undersigned Subcontractor/subconsultant is prepared to self-perform the above-described work in conjunction with the aforementioned project at the following total price or percentage: **\$ 288,047.75**

**If the undersigned intends to subcontract any portion of this work to another Subcontractor/subconsultant, please list the business name and the amount below accompanied by a separate properly executed Schedule 2.**

Name of 2<sup>nd</sup>/3<sup>rd</sup> tier Subcontractor/subconsultant \_\_\_\_\_ Price or Percentage: \_\_\_\_\_

**Jacobs Project Management Co.**

Print Name: **Jonathan E. Jordan**  
 By: **E. Jordan**  
 Authorized Signature

**Jonathan E. Jordan**

Print Name  
**Business Leader**

Title

Date: **4/24/24**

Digitally signed by Jonathan E. Jordan  
 DN: cn=Jonathan E. Jordan, o=US,  
 ou=Jacobs Engineering, ou=Jacobs  
 Project Management Co., PU 010116,  
 email=jonathan.jordan@jacobs.com  
 Date: 2024.04.24 16:50:22 -04'00'

**L.B. Limited & Associates, Inc.**

Print Name of Subcontractor/subconsultant  
 By: *Bruce Lewis*  
 Authorized Signature

**Bruce Lewis**

Print Name  
**President**

Title

Date: **4/24/24**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/15/2023

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

PRODUCER LIC #0437153 Marsh Risk & Insurance Services CIRTS_Support@jacobs.com 633 W. Fifth Street Los Angeles, CA 90071	1-212-948-1306	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: ACE AMER INS CO	FAX (A/C, No): 1-212-948-1306 NAIC # 22667
INSURED Jacobs Project Management Co. C/O Global Risk Management 555 South Flower Street, Suite 3200 Los Angeles, CA 90071		INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES CERTIFICATE NUMBER: 68956188 REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CONTRACTUAL LIABILITY GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			HDO G47339273	07/01/23	07/01/24	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			ISA H10736262	07/01/23	07/01/24	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$						<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N/A	WLR C50711481 (AOS) WCU C50711559 (OH) * SCF C5071164A (WI)	07/01/23	07/01/24	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	<input checked="" type="checkbox"/> PROFESSIONAL LIABILITY			EON G21655065 014	07/01/23	07/01/24	PER CLAIM/PER AGG 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
PROJECT MGR: Jonathan Jordan. CONTRACT MGR: Kimberly Poole. RE: Palm Beach County, FL Program Management Services. CONTRACT NUMBER: 93115. CONTRACT END DATE: 4/4/2022. PROJECT NUMBER: 17200. SECTOR: Public. Palm Beach County Board of County Commissioners, a Political Subdivision of the State of Florida, its Officers, Employees and Agents are added as an additional insured for general liability as respects the negligence of the insured in the performance of insured's services to cert holder under contract for captioned work. Coverage is primary and certificate holder's insurance is excess and non-contributory. Waiver of subrogation is hereby granted in favor of cert holder for GL, AL and WC. \*THE TERMS, CONDITIONS, AND LIMITS PROVIDED UNDER THIS CERTIFICATE OF INSURANCE WILL NOT EXCEED OR BROADEN IN ANY WAY THE

CERTIFICATE HOLDER Palm Beach County C/O Insurance Tracking Services, Inc. (ITS) P.O. Box 20270 Long Beach, CA 90801 USA	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 
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ACORD 25 (2016/03)  
Cert Renewal  
68956188

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# SUPPLEMENT TO CERTIFICATE OF INSURANCE

DATE  
06/15/2023

NAME OF INSURED: Jacobs Project Management Co.

Additional Description of Operations/Remarks from Page 1:

TERMS, CONDITIONS, AND LIMITS AGREED TO UNDER THE APPLICABLE CONTRACT.\*

Additional Information:

\*\$2,000,000 SIR FOR STATE OF: OHIO

**ADDITIONAL INSURED - AUTOMATIC STATUS**

Named Insured Jacobs Solutions Inc.			Endorsement Number
Policy Symbol HDO	Policy Number G47339273	Policy Period 07/01/2023 TO 07/01/2024	Effective Date of Endorsement
Issued By (Name of Insurance Company) ACE American Insurance Company			

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**THIS ENDORSEMENT MODIFIES INSURANCE PROVIDED UNDER THE FOLLOWING:**

**COMMERCIAL GENERAL LIABILITY COVERAGE FORM**

**SCHEDULE**

**Name of Person or Organization:** Any person or organization for whom any Named Insured is required by written contract or agreement to provide insurance, entered into prior to the loss, where such written contract or agreement does not expressly identify a particular Insurance Service Organization Form to be applied to their additional insured status.

Who Is An Insured (Section II) includes as an additional insured the person or organization shown in the Schedule, but the insurance shall not exceed the scope of coverage and/or limits of this policy. Notwithstanding the foregoing sentence, in no event shall the insurance provided such additional insured exceed the scope of the coverage and/or limits required by said contract or agreement; and, if such additional insured's scope of coverage is not expressly stated in such contract or agreement, then such coverage is limited to the additional insured's vicarious liability to the extent directly caused by the Named Insured's negligence during the Named Insured's ongoing operations. This insurance shall be primary insurance to the extent required by said contract or agreement, and any other insurance or self-insurance maintained by such person or organization shall be noncontributory with the insurance provided hereunder to the extent specified in said contract agreement.

Where the contract or agreement provides that the additional insured's scope of coverage is for the Named Insured's indemnity obligations under such contract or agreement, then such coverage shall be limited to the extent such indemnity obligations are enforceable under applicable law.

Notwithstanding the foregoing sentence, in no event shall the insurance provided such additional insured exceed the scope of coverage required by said contract or agreement

Notwithstanding anything to the contrary, the coverage provided an additional insured under this endorsement shall be limited to the minimum coverage limits required to be provided by the Named Insured under the written contract or agreement.

