

**Name Engineering Services for Water, Wastewater, Drainage, Stormwater, Roadway & Parks      AMENDMENT NO. 2**

THIS AMENDMENT made and entered into this \_\_21st\_\_ day of \_\_April\_\_, 2023 by and between THE CITY OF GREEN COVE SPRINGS, FLORIDA, a political subdivision of Florida, by and through its City Council, hereinafter referred to as OWNER, and CPH, Inc., whose address is 5200 Belfort Road, Suite 220

Jacksonville, FL 32256, hereinafter referred to as CONTRACTOR;

**WHEREAS**, both parties agreed to the Professional Services Agreement for Engineering Services entered into effective April 21, 2021;

**NOW, THEREFORE**, in consideration of the mutual promises contained in the Professional Services Agreement, both parties agree to Amendment No. 2 as set forth below:

**TERM**

The OWNER and CONTRACTOR have mutually agreed to renew the Professional Services Agreement for the following services:

Agreement term for an additional one (1) year period, through April 20, 2024.

Rates as shown in Exhibit "A" attached. (Known as Exhibit "D" in original agreement)

Agreement will be eligible for two additional one (1) year period extensions.

Remainder of Page Intentionally Left Blank

IN WITNESS WHEREOF, the parties hereto have signed this Amendment No. 2 in duplicate. One (1) counterpart each has been delivered to OWNER, and CONTRACTOR.

**OWNER: CITY OF GREEN COVE SPRINGS, FLORIDA**

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

Daniel M. Johnson, Mayor

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

Steve Kennedy, City Manager

ATTEST:

APPROVED AS TO FORM:

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

Erin West, City Clerk

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

L.J. Arnold III, City Attorney

**CONTRACTOR:**

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

Name & Title: David E. Mahler, P.E., Chief Operating Officer – Public Services

ATTEST:

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

Printed Name: Scott A Breitenstein

# HOURLY BILLING RATES

Effective: February 20, 2023

Category	Rate <sup>1</sup>
Principal	\$325
Program Manager	\$300
Senior Project Manager	\$250
Project Manager	\$200
Senior Project Engineer	\$200
Project Engineer	\$180
Principal Traffic Engineer	\$280
Senior Traffic Engineer	\$200
Traffic Engineer	\$180
Traffic Analyst	\$135
Principal Environmental Scientist	\$280
Senior Environmental Scientist	\$200
Lead Environmental Scientist	\$145
Environmental Scientist	\$125
GIS Analyst	\$125
Principal Planner	\$280
Senior Planner	\$180
Planner	\$140
Principal Architect	\$325
Senior Architect	\$225
Architect	\$180
Senior Architectural Manager	\$180
Architectural Manager	\$160
Senior Architectural Designer	\$155
Architectural Designer	\$135
Interior Designer	\$135
Principal Structural Engineer	\$300
Senior Structural Engineer	\$240
Structural Engineer	\$180
Principal MEP Engineer	\$280
Senior MEP Project Engineer	\$220
MEP Project Engineer	\$180
Principal Landscape Architect	\$280
Senior Landscape Architect	\$200
Landscape Architect	\$150

Category	Rate <sup>1</sup>
Project Coordinator	\$135
Senior Project Designer	\$180
Project Designer	\$155
Senior Design Technician	\$135
Design Technician	\$120
CADD Technician	\$100
Graphic Designer	\$160
Administrative	\$120
Clerical	\$100
Network Admin. (I)	\$160
Senior Construction Manager	\$200
Construction Manager	\$180
Construction Field Representative II	\$160
Construction Field Representative I	\$125
Principal Surveyor	\$280
Senior Professional Surveyor	\$200
Professional Surveyor and Mapper	\$160
Field Technician/Designer	\$135
Surveyor in Training	\$125
Survey Project Manager/CADD	\$150
Field Crew Coordinator	\$140
Survey Party Chief	\$110
Survey Instrument Man	\$100
Senior Survey CADD Technician	\$140
Survey CADD Technician	\$105
Survey Crew (2 Man)	\$200
Survey Crew (Construction Staking -	\$245
Survey Crew (3 Man)	\$285
GPS (1 Man) / Robotics	\$180
GPS (2 Man)	\$245
1 Man Scanner/Laser Survey Crew	\$315
2 Man Scanner/Laser Survey Crew	\$350

1 - Hourly rates include all labor; overhead; margins and profit. Travel over 100 miles will be charged at the current IRS Rates. Expenses for airfare, hotel, car rental, and meals will be invoiced as a reimbursable expense. Outside Reimbursable markup will be 10% over actual cost. Subconsultant markup will be 10% of the total subconsultant costs





# CERTIFICATE OF LIABILITY INSURANCE

7/1/2023

DATE (MM/DD/YYYY)

3/15/2023

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).

<b>PRODUCER</b> Lockton Companies 444 W. 47th Street, Suite 900 Kansas City MO 64112-1906 (816) 960-9000 kcasu@lockton.com	<b>CONTACT NAME:</b>	<b>FAX (A/C, No):</b>	
	<b>PHONE (A/C, No, Ext):</b>	<b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> 1521250 CPH CONSULTING, LLC DBA CPH, LLC 500 WEST FULTON STREET SANFORD FL 32771	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A:</b> Contractors Bonding and Insurance Company		37206
	<b>INSURER B:</b> RLI Insurance Company		13056
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
<b>INSURER F:</b>			

**COVERAGES****CERTIFICATE NUMBER:** 19410927**REVISION NUMBER:** XXXXXXXX

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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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 OTHER:	N	N	CKB0200150	4/1/2022	7/1/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	PSA0003057	4/1/2022	7/1/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
A	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	N	N	CKB0200157	4/1/2022	7/1/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ XXXXXXXX
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	N	N	PSW0002907 EXCEPT FOR OH, ND, WY, WA	1/1/2023	1/1/2024	<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
B	<b>PROFESSIONAL LIABILITY</b>	N	N	RDP0046508	4/1/2022	7/1/2023	\$5,000,000 PER CLAIM; \$5,000,000 AGGREGATE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
30 DAY NOTICE OF CANCELLATION, EXCEPT FOR 10 DAYS FOR NON-PAYMENT.

**CERTIFICATE HOLDER****CANCELLATION****19410927**CITY OF GREEN COVE SPRINGS  
321 WALNUT STREET  
GREEN COVE SPRINGS FL 32043

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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