DEP Contract Review Form

DEP Contract No.:	99BO2	Original Contract:		Amendment No.:	5
Prog Reference:		Change Order No:		Funding Increment Increase No.:	

CONTRACTOR INFORMATION	
Name (Primary):	Hillsboro Inlet District
Mailing Address:	907 Hillsboro Mile
City/State/Zip	Hillsboro Beach, FL 33062
Contact Person:	Jack Holland
Phone Number:	(954)782-4870 cell (561)479-5627
Contractor Fiscal Yr. End:	
FEID No.:	59-6044087
Name (Secondary):	Mr. Brian Pinnell, C.P.A., Proj. Financial Mgr.
Mailing Address:	Keefe, McCullough & Co.
	6550 N. Federal Highway, Ste. 410
City/State/Zip	Ft. Lauderdale, FL 33308
Contact Person:	Mr. Brian Pinnell
Phone Number:	(954)771-0896
Contractor Fiscal Yr. End:	
FEID No.:	

Type: Services [ ] Grant [X] Commodities [ ] Concession [ ] Other [ ]

DMS Class/Group: 991320 **Procurement Method:**

Are Federal Funds Supporting this Contract? [ ] If yes, specify federal grant and CFDA No. below.

If the answer to the above was "No", are the State funds supporting this Contract being used as match to a federal grant? NO If yes, specify the federal grant and CFDA below.

Federal Grant: CFDA:

Are equipment purchases authorized under this Contract? NO Will DEP retain ownership? [ ]

Are land purchases authorized under this Contract? NO Will DEP/BOT retain ownership? [ ]

Minority Business Utilization Information for the Contractor: Certified Minority Business? [ ] Category: Registered Minority Business? [ ] Category:

Contract Period: Begin Date: January 7, 2000 End Date: August 1, 2007

Method of Payment: ☐ Cost Reimbursement ☐ Cost Reimb./Fixed Fee ☐ Fixed Price ☐ Fee Schedule ☐ Advance Payment

Subject/ Brief Description of Contract:

Adds 05/06 funds and updates request for pay attachment.

Funding Information:

Ceiling Amount: $2,176,680 Current Funding Amt: $2,176,680 (increase of $510,000)

Note: For projects containing an object code of 75XXXX, the CSFA and Recipient Type must be completed.

Specify County where work is being performed:

Journal Transfer Information (29 digit account code, if applicable):

Org Code	EO	Fund/FID	Category	YR	GAA LI	Obj Code	CSFA #	Rec Type	Activ Code	Grant No.	Module	Project No.	Amount
37 35 60 10 000	3G	EMTF / 193001	088061	98/99	1358	750010	37.003	C				99BO2	$1,666,680
37 35 60 10 000	B6	EMTF / 193001	140126	05/06	1696	750010	37.003	C				99BO2	$510,000

Contract Management Information: Division/District: Water Resources Management Bureau/Office: Beaches and Coastal Systems

Contract/Project Manager: Dena VanLandingham/922-7711 Telephone No. of Manager: Greg Enterline/922-7721 MS#: 300

Contract Review	Approved By - Signature	Date Approved
Contract Manager:	Dena VanLandingham	12-15-06
Budget Representative:	Dena VanLandingham	12-15-06
Bureau Chief:	[signature]	12-20-06
Div/District Director:		
Quality Assurance:		
Contracts Administrator:		
General Counsel*:	BR Apple	12-19-06
Division/District IRM:		
Department CIO:		

Identify Delegation of Authority for Person Executing Contract:

Reviewer Comments:

*Review/approval by the Office of General Counsel not required for state funded activities which utilize DEP 55-205 and are not in excess of Purchasing Category Three.

AMENDMENT No: 5
DEP AGREEMENT No: 99BO2
FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF BEACHES AND COASTAL SYSTEMS
BEACH MANAGEMENT FUNDING ASSISTANCE PROGRAM
STATE OF FLORIDA
AMENDMENT TO GRANT AGREEMENT FOR
HILLSBORO INLET MANAGEMENT PLAN IMPLEMENTATION

THIS AGREEMENT as entered into on the 7th day of January, 2000, and amended on the 19th day of July, 2002, and on the 9th day of June, 2003, on the 25th day of August, 2005, and on the 20th day of June, 2006, between the FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION (hereinafter referred to as the "DEPARTMENT") and the HILLSBORO INLET DISTRICT, (hereinafter referred to as the "LOCAL SPONSOR") is hereby amended as follows:

- Paragraphs 6, 7, 10 and 16 are hereby revised to read as follows:

6. The DEPARTMENT and the LOCAL SPONSOR agree that the estimated costs of the PROJECT are identified in Table 1 below:

TABLE 1

Task #	Eligible Project Tasks	Estimated Project Costs			
		Federal	DEP	Local	Total
2.0	**Design and Permitting**	$0	$155,555	$210,457	$366,012
3.0	**Construction**				
3.1	Dredge	$0	$1,447,500	$1,958,382	$3,405,882
3.2	Mitigation	$0	$573,625	$776,081	$1,349,706
	Construction Subtotal:	**$0**	**$2,021,125**	**$2,734,463**	**$4,755,588**
4.0	**Monitoring**	$0	$0	$18,200	$18,200
	TOTAL PROJECT COSTS	**$0**	**$2,176,680**	**$2,963,120**	**$5,139,800**

7. The DEPARTMENT 's financial obligation shall not exceed the sum of $2,176,680 for this PROJECT or up to 42.5 percent of the non-federal PROJECT cost, if applicable, for the specific eligible PROJECT items listed above, whichever is less. Fifteen percent (15%) of this project is considered to be related to navigation improvements, and therefore is ineligible to receive State funding (42.5% = 0.85 X 50%). The DEPARTMENT and the LOCAL SPONSOR agree that any and all activities associated with the PROJECT that are not shown in Table 1 are the responsibility of the LOCAL SPONSOR and are not a part of this Agreement. The LOCAL SPONSOR agrees that any costs for the specific eligible PROJECT items which exceed the estimated PROJECT costs for that item shall be the responsibility of the LOCAL SPONSOR. Any modifications to the estimated TOTAL PROJECT COSTS shall be provided through formal amendment to this Agreement.

10. As consideration for the eligible work performed by the LOCAL SPONSOR under the terms of this Agreement, the DEPARTMENT shall pay the LOCAL SPONSOR as specified herein. For satisfactory performance, the DEPARTMENT agrees to compensate the LOCAL SPONSOR on a cost reimbursement basis for services rendered. All requests for reimbursement shall be made in accordance with Attachment B-1 (Contract Payment Requirements), attached hereto and made a part hereof, and State guidelines for allowable costs found in the Department of Financial Services' Reference Guide for State Expenditures at http://www.fldfs.com/aadir/reference%5Fguide. The LOCAL SPONSOR shall submit a request for reimbursement of funds on the forms provided as Attachment C-2 (Request For Payment, PARTS I – III), attached hereto and made a part hereof. These forms may be submitted on a quarterly basis. The term "quarterly" shall reflect the calendar quarters ending March 31, June 30,

September 30, and December 31; the request shall be submitted no later than thirty (30) days following the completion date of the quarterly reporting period, of each year in which the project is underway. These forms shall be certified as accurate by the LOCAL SPONSOR'S Project Manager and the LOCAL SPONSOR's Project Financial Officer and submitted to the DEPARTMENT as a payment request. All requests for the reimbursement of travel expenses shall be based on the travel limits established in Section 112.061, Florida Statutes. A final invoice shall be due no later than thirty (30) days following the completion date of this Agreement. The DEPARTMENT will not release funds for payment until such time as all requisite authorizations and environmental permits, including those required pursuant to Chapters 161, 253, 258 and 373, Florida Statutes, have been obtained. In such cases where no reimbursement is sought for a given quarter, all applicable portions of Part III Project Progress Report must be completed and submitted.

Effective with the execution of Amendment No. 2, for any eligible work performed by the LOCAL SPONSOR under this Agreement for which the LOCAL SPONSOR has not previously requested reimbursement, and for all retained funds currently payable the LOCAL SPONSOR, it is understood and agreed that reimbursement and payment of remaining funds shall be conditional as follows:

1) That upon the DEPARTMENT's receipt of properly completed Request for Payment Form (Attachment C-2), and a Project Completion Certification Form (Attachment D-1), the DEPARTMENT agrees to remit the appropriate state cost share (as established under paragraph 6 of the Agreement), and all retained funds due and payable to the LOCAL SPONSOR, provided that upon remittance of the funds, that such funds shall be placed by the LOCAL SPONSOR in an interest bearing escrow account established for such purpose;
2) That the LOCAL SPONSOR agrees it shall maintain the funds in escrow, and the funds shall remain unspent, until such time as the DEPARTMENT's Consent Order is issued, final and received by the LOCAL SPONSOR; and,
3) That the LOCAL SPONSOR agrees it shall not utilize such funds for any purpose other than for mapping and injury analysis, mitigation, repair, and/or monitoring of the offshore resources, until fully restored in accordance with the DEPARTMENT's Consent Order.
4) That the LOCAL SPONSOR shall provide statements of account for the escrowed funds on a quarterly basis, or as requested by the DEPARTMENT, until such time as the mitigation and repair is completed in accordance with the DEPARTMENT's Consent Order;
5) That the LOCAL SPONSOR's failure to complete the prescribed mitigation and repair to the offshore resources in accordance with the DEPARTMENT's Consent Order and to the DEPARTMENT's satisfaction, shall result in the LOCAL SPONSOR returning the escrowed funds, including interest accrued, to the DEPARTMENT;
6) That the DEPARTMENT shall not cost share, nor reimburse the LOCAL SPONSOR for, expenses associated with mitigation and repair of the offshore resources; and,
7) That the DEPARTMENT reserves the right to extend this Agreement, if necessary, until such time as the LOCAL SPONSOR reaches full compliance with DEPARTMENT's Consent Order.

16. The LOCAL SPONSOR's Project Manager for all matters is Jack Holland, Phone: 954/782-4870. The DEPARTMENT's Project Manager for all technical matters is Greg Enterline, Phone: 850/922-7721 and the DEPARTMENT's Grant Program Administrator for all administrative matters is Dena VanLandingham, Phone: 850/922-7711 or their successor(s). All matters shall be directed to the appropriate persons for action or disposition.

- All references to Attachment C-1are hereby deleted and replaced with references to Attachment C-2.
- Attachment C-1 is hereby deleted in its entirety.
- Attachment C-2 as attached hereto is hereby added to the Agreement.

- In accordance with Paragraph No. 22, a revised copy of Exhibit 1 to Attachment E-1 is herein provided to identify the additional funds included under this Agreement.

- Exhibit 1 to Attachment E-1 is hereby deleted in its entirety and replaced with Exhibit 1A, attached hereto and made a part hereof.

IN WITNESS WHEREOF, the parties have caused these presents to be duly executed, the day and year last written below.

HILLSBORO INLET DISTRICT

By: _____
Title: *Commission Chair

Date: 12/26/06

FEID No. 59-6044087

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

By: _____
Secretary or designee

Date: 12/20/06

_____
DEP Grant Program Administrator

APPROVED as to form and legality:

_____
DEP Attorney

*If someone other than the Commission Chair signs this Agreement, a resolution, statement or other documentation authorizing that person to sign the Agreement on behalf of the County/City must accompany the agreement.

List of Attachments/Exhibits included as part of this Agreement:

Specify Type	Letter/ Number	Description (include number of pages)
Attachment	C-2	Request For Payment (3 pages)
Attachment	E-1	Exhibit 1A (Page 5 of 5)

ATTACHMENT C-2

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
BEACH MANAGEMENT FUNDING ASSISTANCE PROGRAM
REQUEST FOR PAYMENT – PART I

PAYMENT SUMMARY

Name of Project: HILLSBORO INLET MANAGEMENT PLAN IMPLEMENTATION

Grantee: HILLSBORO INLET DISTRICT DEP Contract Number: 99BO2

Billing Number: _____ Billing Period: _____
Billing Type: ☐ Interim Billing ☐ Final Billing

Costs Incurred This Payment Request:

Federal Share*	State Share	Local Share	Total
$_____	$_____	$_____	$_____

*if applicable

Cost Summary:

State Funds Obligated	$_____	Local Funds Obligated	$_____
Less Advance Pay	$_____	Less Advance Pay	$_____
Less Previous Payment	$_____	Less Previous Credits	$_____
Less Previous Retained	$_____		
Less This Payment	$_____	Less This Credit	$_____
Less This Retainage (10%)	$_____	Local Funds Remaining	$_____
State Funds Remaining	$_____		

Certification: I certify that this billing is correct and is based upon actual obligations of record by the grantee; that payment from the State Government has not been received; that the work and/or services are in accordance with the Department of Environmental Protection, Bureau of Beaches and Coastal Systems approved Project Agreement including any amendments thereto; and that progress of the work and/or services are satisfactory and are consistent with the amount billed.

_____	_____	_____
Name of Project Administrator	Signature of Project Administrator	Date
_____	_____	_____
Name of Project Financial Officer	Signature of Project Financial Officer	Date

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
BEACH MANAGEMENT FUNDING ASSISTANCE PROGRAM
REQUEST FOR PAYMENT – PART II

REIMBURSEMENT DETAIL

Name of Project:					Billing#	Billing Period:	DEP CONTRACT NUMBER		Invoice Adjustments (To be completed by DEP: Reasons for changes noted below)		
Grantee:											
Item #	Date OF INVOICE	Invoice #	Amount Paid Vendor (1)	Eligible Project Item (2)	SOW/BID # (3)	Vendor Name	Check or Debit#	Total Amount Eligible for State Share (4)	Changes per BBCS Project Manager (5,6)	Changes per BBCS Accountant (5,6)	Approved Eligible Cost (5)
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
						Totals for all items on page:					

Item #	Notes and invoice adjustment explanations per item # (5)

Certification: I certify that the purchases noted above were used in accomplishing the project; and that invoices, check vouchers, copies of checks, and other purchasing documentation are maintained as required to support the cost reported above and are available for audit upon request.

Name/Signature of Project Administrator — Date

Name/Signature of Project Financial Officer — Date

Form Instructions:

(1) Grantee: enter exact amount of check or debit.

(2) Grantee: enter the subtask ID# from the Eligible Project Item table of the DEP Grant.

(3) Scopes of work and bids that have been approved for DEP cost share may be assigned a tracking identifier number. Grantee: Insert this tracking number when applicable.

(4) Grantee: insert only the amount of vender payment that is assumed to be eligible for DEP cost share.

(5) Grantee: DEP Project Managers and accountants will make necessary corrections or adjustments within the terms of the contract and in accordance with state rule.

(6) DEP staff: Enter the total amount of line item increase or decrease: if the adjustment is a decrease, preceed the amount with the "-" (minus) sign.

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
BEACH MANAGEMENT FUNDING ASSISTANCE PROGRAM

REQUEST FOR PAYMENT - PART III
PROJECT PROGRESS REPORT

Name of Project: HILLSBORO INLET MANAGEMENT PLAN IMPLEMENTATION

Grantee: HILLSBORO INLET DISTRICT DEP Agreement Number: 99BO2

Report Period: _____

Status of Eligible Project Items: (Describe progress accomplished during report period, including statement(s) regarding percent of task completed to date. Describe any implementation problems encountered, if applicable.)

Task No:	Eligible Project Item:
2.0	DESIGN AND PERMITTING
	_____
	_____
	_____
3.0	CONSTRUCTION
	3.1 DREDGE
	_____
	_____
	3.2 MITIGATION
	_____
	_____
4.0	MONITORING
	_____
	_____
	_____

EXHIBIT – 1A

FUNDS AWARDED TO THE RECIPIENT PURSUANT TO THIS AGREEMENT CONSIST OF THE FOLLOWING:

Federal Resources Awarded to the Recipient Pursuant to this Agreement Consist of the Following:					
Federal Program Number	Federal Agency	CFDA Number	CFDA Title	Funding Amount	State Appropriation Category

State Resources Awarded to the Recipient Pursuant to this Agreement Consist of the Following Matching Resources for Federal Programs:					
Federal Program Number	Federal Agency	CFDA	CFDA Title	Funding Amount	State Appropriation Category

State Resources Awarded to the Recipient Pursuant to this Agreement Consist of the Following Resources Subject to Section 215.97, F.S.:						
State Program Number	Funding Source	State Fiscal Year	CSFA Number	CSFA Title or Funding Source Description	Funding Amount	State Appropriation Category
Original Agreement	Ecosystem Management Trust Fund GAA Line Item 1358	1998-1999	37.003	Beach Erosion Control Program	$1,666,680	140126
Amendment No 5	Ecosystem Management Trust Fund GAA Line Item 1696	2005-2006	37.003	Beach Management Funding Assistance Program	$510,000	140126

Total Award	$2,176,680	

For each program identified above, the recipient shall comply with the program requirements described in the Catalog of Federal Domestic Assistance (CFDA) [http://12.46.245.173/cfda/cfda.html] and/or the Florida Catalog of State Financial Assistance (CSFA) [http://state.fl.us/fsaa/catalog]. The services/purposes for which the funds are to be used are included in the Contract scope of services/work. Any match required by the recipient is clearly indicated in the Contract.