

**Lee County Board Of County
Commissioners
Agenda Item Summary**

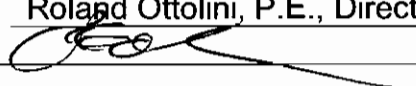
Blue Sheet No. 20060682

1. ACTION REQUESTED/PURPOSE: Approve Supplemental Task Authorization No. 8 to Lee County Contract No. 3341 with Water Resource Solutions under CN-05-22 COUNTY-WIDE ENVIRONMENTAL CONTRACT (Hydrological Impacts, Site Assessments, Site Remediation) for Phase II of the Lee County Well Replacement Project in the amount of \$143,092.00. Authorize chairwoman to execute the STA upon receipt.

2. WHAT ACTION ACCOMPLISHES: Provides well sight geology and consulting services for the installation of 48 approximately 20 foot deep wells throughout Lee County pursuant to the attached Cost Proposal Worksheet.

3. MANAGEMENT RECOMMENDATION: Staff recommends approval.

4. Departmental Category: 08 **C8B** **5. Meeting Date:** 06-06-2006

| | | | |
|--|---|--------|---|
| 6. Agenda: <input checked="" type="checkbox"/> Consent <input type="checkbox"/> Administrative Appeals <input type="checkbox"/> Public Walk-On | 7. Requirement/Purpose: (specify) | | 8. Request Initiated: Commissioner _____ Department Public Works Division Natural Resources By: Roland Ottolini, P.E., Director  |
| | <input type="checkbox"/> Statute | _____ | |
| | <input type="checkbox"/> Ordinance | _____ | |
| | <input checked="" type="checkbox"/> Admin. Code | AC-4-4 | |
| | <input type="checkbox"/> Other | _____ | |

9. BACKGROUND:

On December 18, 2005, the Board entered into a Contract with Water Resource Solutions and seven (7) other firms under CN-05-22 County-Wide Environmental Contract (Hydrological Impacts, Site Assessments, Site Remediation) for a contract period of two (2) years with an option for a one (1) year renewal.

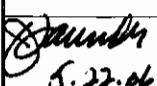

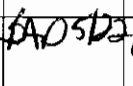
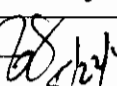
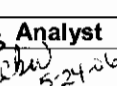
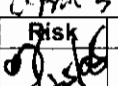
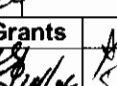
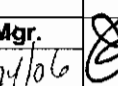
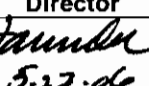
The purpose of this Supplemental Task Authorization is to provide professional services required for Phase II of the Lee County Well Replacement.

At this time we are requesting Board approval and execution of Supplemental Task Authorization no. 8 so that Water Resource Solutions can proceed with well replacement, in the amount of \$143,092.00.

Funds will be available in account #20858230100.503190.



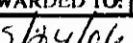

Attachments: Three (3) original Supplemental Task Authorizations for execution.

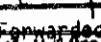
10. Review for Scheduling:

| Department Director | Purchasing or Contracts | Human Resources | Other | County Attorney | Budget Services | | | | County Manager/P.W. Director |
|--|---|-----------------|---|---|---|--|---|---|---|
| | | | | | Analyst | Risk | Grants | Mgr. | |
|  5-22-06 |  | N/A |  |  |  |  |  |  |  5-22-06 |

11. Commission Action:

- Approved
- Deferred
- Denied
- Other

| |
|---|
| RECEIVED BY COUNTY ADMIN:  |
| 5-23-06 |
| 4:10 |
| COUNTY ADMIN FORWARDED TO:  |
|  |
|  |

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|---|
| Rec. by CoAtty |
| Date: 5/22/06 |
| Time: 4:15pm |
| Forwarded To:  |
| 5/23/06 |

LEE COUNTY PROFESSIONAL SERVICE/SERVICE PROVIDER AGREEMENT
CHANGE ORDER/SUPPLEMENTAL TASK AUTHORIZATION

Change Order
 Supplemental Task Authorization

NO.: 8

(A Change Order or Supplemental Task Authorization Requires Approval by the Department Director for Expenditures Under \$25,000 or Approval by the County Manager for Expenditures Between \$25,000 and \$50,000 or Approval by the Board of County Commissioners for Expenditures over \$50,000)

CONTRACT/PROJECT: ^{Case} ENVIRONMENTAL CONTRACT/ LEE CO WELL REPLACEMENT PHASE II
CONSULTANT: WATER RESOURCE SOLUTIONS PROJECT NO. 8582
SOLICIT NO.: CN-05-22/ CONTRACT NO.: #3341 ACCOUNT NO. 208582 30100. 503190
REQUESTED BY: ANURA KARUNA-MUNI, PE, LEE DIV. NAT. RES. MGNT. DATE OF REQUEST: 3/28/06

Upon the completion and execution of this Change Order or Supplemental Task Authorization by both parties the Consultant/Provider is authorized to and shall proceed with the following:

EXHIBIT "CO/STA-A: SCOPE OF PROFESSIONAL SERVICE: DATED: 3/28/06
EXHIBIT "CO/STA-B: COMPENSATION & METHOD OF PAYMENT: DATED: 3/28/06
EXHIBIT "CO/STA-C: TIME AND SCHEDULE OF PERFORMANCE: DATED: 3/28/06
EXHIBIT "CO/STA-D: CONSULTANT'S/PROVIDERS ASSOCIATED
SUB-CONSULTANT(S)/SUB-CONTRACTORS: DATED: 3/28/06
EXHIBIT "CO/STA-E: PROJECT GUIDELINES AND CRITERIA: DATED: 3/28/06

It is understood and agreed that the acceptance of this modification by the CONSULTANT/PROVIDER constitutes an accord and satisfaction.

RECOMMENDED:
By: [Signature]
Department Director Date

ACCEPTED:
By: [Signature]
Consultant/Provider
(Print Name) Don Mayne

COUNTY APPROVAL:
By: _____
Department Director
(Print Name) _____
(Under ~~\$25,000~~
50,000)

By: [Signature] 5/5/06
Contracts Mgmt Date

Date Accepted: 3/28/06

Date Approved: _____

APPROVED:
By: _____
*County Attorney's Office Date

Corporate Seal

By: _____
County Manager (Between
~~\$25,000~~ and under ~~\$50,000~~)
Date Approved: _____
50,000 100,000

*County Attorney signature needed
for over Board level expenditures only.

By: _____
Chairwoman
Board of County Commissioners
Date Approved: _____

CHANGE ORDER AGREEMENT No. _____

or

SUPPLEMENTAL TASK AUTHORIZATION No. 8

EXHIBIT "CO/STA-A"

Date: 3/28/06

SCOPE OF PROFESSIONAL SERVICES

For LEE CO WELL REPLACEMENT PHASE II

SECTION 1.00 CHANGE(S) TO PROFESSIONAL SERVICES

The "Scope of Professional Services" as set forth in Exhibit "A" of the Professional Services Agreement, or Service Provider Agreement, referred to hereinbefore is hereby supplemented, changed or authorized, so that the CONSULTANT or SERVICE PROVIDER, shall provide and perform the following professional services, tasks, or work as a supplement to, change to, or authorized to, the scope of services previously agreed to and authorized:

Provide wellsight geology and consulting services for the installation of 48 approximately 20 foot deep wells throughout Lee County pursuant to the attached Cost Proposal Worksheet.

*Attach additional pages, if needed.

CHANGE ORDER AGREEMENT No.
 or
 SUPPLEMENTAL TASK AUTHORIZATION No. 8

EXHIBIT "CO/STA-B"

Date: 3/28/06

COMPENSATION AND METHOD OF PAYMENT

for LEE CO WELL REPLACEMENT PHASE II

(Enter Project Name from Page 1 of the
 Change Order or Supplemental Task Authorization)

SECTION 1.00 CHANGE(S) IN COMPENSATION

The compensation the CONSULTANT, or SERVICE PROVIDER, shall be entitled to receive for providing and performing the supplemented, changed or authorized services, tasks, or work as set forth and enumerated in the Scope of Services set forth in this CHANGE ORDER OR SUPPLEMENTAL TASK AUTHORIZATION AGREEMENT, Exhibit "CO/STA-A", attached hereto shall be as follows:

NOTE: A Lump Sum (L.S.) or Not-to-Exceed (N.T.E.) amount of compensation to be paid the CONSULTANT should be established and set forth below for each task or sub-task described and authorized in Exhibit "S/COA-A". In accordance with Professional Services Agreement Article 6.03(2) "Method of Payment", tasks to be paid on a Work-in-Progress payment basis should be identified (WIPP).

| Task Number | Task Title | Amount of Compensation | Indicate Basis of Compensation LS or NTE | If Applicable Indicate (W.I.P.P.) |
|-------------|-------------------------|------------------------|--|-----------------------------------|
| 10 | OTHER RELATED ENV TASKS | 143,092.00 | NTE | |
| TOTAL | | 143,092.00 | | |

(Unless list is continued on next page)

CHANGE ORDER AGREEMENT No. _____

SUPPLEMENTAL TASK AUTHORIZATION No. 8

SECTION 2.00 SUMMARY OF CHANGE(S) IN COMPENSATION

Pursuant to and in consideration of the change(s) in the Scope of Professional Services set forth in the CHANGE ORDER or AGREEMENT, Exhibit "CO/STA-A", the compensation the COUNTY has previously agreed to pay to the CONSULTANT, or SERVICE PROVIDER, as set forth in Exhibit "B" of the Professional Services Agreement, or Service Provider Agreement, shall be changed to be as follows:

| Section/Task Number | Section/Task Name | Compensation In the Basic Agreement | Adjustment(s) by Previous CO or STA Nos. _____ | Adjustment(s) Due to this CO or STA | Summary of Changed Compensation |
|---------------------|-------------------|-------------------------------------|--|-------------------------------------|---------------------------------|
| STA #1 | | | VOID | | VOID |
| STA #2 | | | 14,955.00 | | 14,955.00 |
| STA #3 | | | 9,290.00 | | 9,290.00 |
| STA #4 | | | 43,925.00 | | 43,925.00 |
| STA #5 | | | 2,000.00 | | 2,000.00 |
| STA #6 | | | 3,000.00 | | 3,000.00 |
| STA #7 | | | 26,222.00 | | 26,222.00 |
| STA #8 | | | | 143,092.00 | 143,092.00 |
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| TOTAL | | | 99,392.00 | 143,092.00 | 242,484.00 ✓ |

CHANGE ORDER AGREEMENT No. _____

SUPPLEMENTAL TASK AUTHORIZATION No. 8 EXHIBIT "CO/STA-C"

Date: 3/28/06

TIME AND SCHEDULE OF PERFORMANCE

for LEE CO WELL REPLACEMENT PHASE II

(Enter Project Name from Page 1 of the
Change Order or Supplemental Task Authorization Agreement)

SECTION 1.00 CHANGES FOR THIS CHANGE ORDER OR SUPPLEMENTAL TASK AUTHORIZATION AGREEMENT

The time and schedule of completion for the various phases or tasks required to provide and perform the services, tasks, or work set forth in this CHANGE ORDER or SUPPLEMENTAL TASK AUTHORIZATION AGREEMENT, Exhibit "CO/STA-A", entitled "Scope of Professional Services" attached hereto is as follows:

| Phase and/or Task Reference As Enumerated in EXHIBIT "A" | Name or Title of Phase and/or Task | Number of Calendar Days For Completion of Each Phase and/or Task | Cumulative Number of Calendar Days For Completion from Date of Notice to Proceed For this CO or STA |
|--|------------------------------------|--|---|
| 10 | OTHER RELATED ENV TASKS | 200 | 200 |
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CHANGE ORDER AGREEMENT No. _____

or

SUPPLEMENTAL TASK AUTHORIZATION No. 8

EXHIBIT "CO/STA-C"

Date: 3/28/06

TIME AND SCHEDULE OF PERFORMANCE

for LEE CO WELL REPLACEMENT PHASE II

(Enter Project Name from Page 1 of the
Change Order or Supplemental Task Authorization Agreement)

**SECTION 2.00 SUMMARY OF THE IMPACT OF CHANGE(S) IN PROFESSIONAL SERVICES ON THE
OVERALL PROJECT TIME AND SCHEDULE OF PERFORMANCE**

Pursuant to and in consideration of the changes in the Scope of Professional Services in this CHANGE ORDER or SUPPLEMENTAL TASK AUTHORIZATION AGREEMENT, Exhibit "CO/STA-A", the time and schedule the COUNTY and the CONSULTANT, or SERVICE PROVIDER, has previously agreed to for all of the work to be done under this Professional Services Agreement, or Service Provider Agreement, shall be changed to be as follows:

| Phase and/or Task Reference As Enumerated in EXHIBIT 'A' and EXHIBIT 'CO/STA-A' | Name or Title of Phase and/or Task | Number of Calendar Days For Completion of Each Phase and/or Task | Cumulative Number Of Calendar Days For Completion From Date of Notice to Proceed |
|---|------------------------------------|--|--|
| 10 | OTHER RELATED ENV TASKS | 200 | 200 |
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CHANGE ORDER AGREEMENT No. _____
or
 SUPPLEMENTAL TASK AUTHORIZATION No. 8

EXHIBIT "CO/STA-D"

Date: 3/28/06

CONSULTANT'S, OR SERVICE PROVIDER'S, ASSOCIATED SUB-CONSULTANT(S) AND SUBCONTRACTOR(S)

for LEE CO WELL REPLACEMENT PHASE II

(Enter Project Name from Page 1 of the
Change Order or Supplemental Task Authorization Agreement)

CONSULTANT, or SERVICE PROVIDER, intends to engage the following sub-consultant(s) and/or sub-contractor(s) to assist the CONSULTANT, or SERVICE PROVIDER, in providing and performing the services, tasks, or work required under this CHANGE ORDER, or SUPPLEMENTAL TASK AUTHORIZATION AGREEMENT.

(If none, enter the word "none" in the space below.)

| Service and/or Work to be Provided or Performed | Name and Address of Individual or Firm | Disadvantaged, Minority or Women Business Enterprise, (If Yes, Indicate Type) | | | Sub-Consultant Services Are Exempted From Prime Consultant's Insurance Coverage | |
|---|--|---|----|------|---|----|
| | | Yes | No | Type | Yes | No |
| | NONE | | | | | |

CHANGE ORDER AGREEMENT No. _____

or

SUPPLEMENTAL TASK AUTHORIZATION No. 8

EXHIBIT "CO/STA-E"

Date: 3/28/06

PROJECT GUIDELINES AND CRITERIA

for LEE CO WELL REPLACEMENT PHASE II

(Enter Project Name from Page 1 of the
Change Order or Supplemental Task Authorization Agreement)

As a supplement, or change, to the Project Guidelines and Criteria set forth in the Professional Services Agreement, or Service Provider Agreement, Exhibit "E", the COUNTY has established the following Guidelines, Criteria, Goals, Objectives, Constraints, Schedule, Budget, and/or Requirements which shall serve as a guide to the CONSULTANT, or SERVICE PROVIDER, in performing the professional services, tasks, or work to be provided pursuant to the professional services set forth hereinbefore in CHANGE ORDER or SUPPLEMENTAL TASK AUTHORIZATION AGREEMENT, Exhibit "CO/STA-A", attached hereto:

(If none, enter the word "None" in the space below.)

ITEM No. 1

NONE

CMO:029
09/25/01

Cost Proposal WORKSHEET

Date: 3/24/2006

Project Number: tbd

Site Name: Lee County Well Replace - Phase II

Contractor: WRS

Proj. Mgr: Anora Karuna-Muni, P.E.

Project Description: Shallow Well Installation & Geology

Project Totals: \$143,092.00

Subtask A Project Coordination and Well Prognosis

Subtask B Well Installations

Subtask C Well Completion Report

Subtask D

Subtask E

| <u>Labor Rate</u> | <u>Personnel Category</u> | <u>Totals</u> | <u>A</u> | <u>B</u> | <u>C</u> | <u>D</u> | <u>E</u> |
|--------------------|--|---------------------|-----------------|-------------------|-----------------|-------------|-------------|
| \$150.00 | Principal/President | 0 | 0 | 0 | 0 | 0 | 0 |
| \$140.00 | Sr. Project Director | 0 | 0 | 0 | 0 | 0 | 0 |
| \$140.00 | Sr. Hydrogeologist | 4 | 0 | 0 | 4 | 0 | 0 |
| \$88.00 | Hydrogeologist II | 112 | 12 | 96 | 4 | 0 | 0 |
| \$90.00 | Project Manager | 0 | 0 | 0 | 0 | 0 | 0 |
| \$72.00 | Environmental Scientist | 764 | 50 | 672 | 42 | 0 | 0 |
| \$68.00 | Hydrogeologist I | 4 | 0 | 0 | 4 | 0 | 0 |
| \$62.00 | CADD | 6 | 0 | 0 | 6 | 0 | 0 |
| \$58.00 | Secreterial | 8 | 4 | 0 | 4 | 0 | 0 |
| TOTAL HOURS | | 898 | 66 | 768 | 64 | 0 | 0 |
| | 1) Bare Labor Cost | \$66,532.00 | 4,888.00 | 56,832.00 | 4,812.00 | 0.00 | 0.00 |
| | 2) Project Management (line 1) | 0.0% | \$0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 3) Indirect, Overhead, G&A, Fee (lines 1 & 2) | 0.0% | \$0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 4) Total Labor Cost | <u>\$66,532.00</u> | <u>4,888.00</u> | <u>56,832.00</u> | <u>4,812.00</u> | <u>0.00</u> | <u>0.00</u> |
| | 5) Equipment Rental (OVA) | \$0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 6) Per Diem | \$0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 7) Other Direct Costs(fuel, filters, etc.) | 0.0% | \$0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 8) Mileage | <u>\$1,200.00</u> | <u>0.00</u> | <u>1,200.00</u> | <u>0.00</u> | <u>0.00</u> | <u>0.00</u> |
| | 9) CONTRACTOR SUBTOTAL | <u>\$67,732.00</u> | <u>4,888.00</u> | <u>58,032.00</u> | <u>4,812.00</u> | <u>0.00</u> | <u>0.00</u> |
| | 10) Laboratory Analysis | \$0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 11) Drilling Subcontractors(Allied) | \$75,360.00 | 0.00 | 75,360.00 | 0.00 | 0.00 | 0.00 |
| | 12) Construction Subcontractors | \$0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 13) Other Subcontractors | \$0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 14) Sub Handling Fee (lines 10 -13) | 0.0% | \$0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 15) Additional Equip. | \$0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 16) Additional Equip. Markup | 10.0% | \$0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 17) SUBCONTRACTOR SUBTOTAL | <u>\$75,360.00</u> | <u>0.00</u> | <u>75,360.00</u> | <u>0.00</u> | <u>0.00</u> | <u>0.00</u> |
| | 18) TOTAL PRICE (less retainage) | <u>\$143,092.00</u> | <u>4,888.00</u> | <u>133,392.00</u> | <u>4,812.00</u> | <u>0.00</u> | <u>0.00</u> |
| | 19) RETAINAGE | 0.0% | \$0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | 20) TOTAL PRICE (including retainage) | <u>\$143,092.00</u> | <u>4,888.00</u> | <u>133,392.00</u> | <u>4,812.00</u> | <u>0.00</u> | <u>0.00</u> |