



Department of Public Utilities
Inter-Office Memorandum

DATE: September 11, 2023 **FILE:** PU-23-115

TO: George R. Keller, Jr., CPPT
City Manager

VIA: Adam Reichbach ^{DS}AR
Assistant City Manager for Finance and Administration

VIA: Gus Zambrano ^{DS}GL
Assistant City Manager for Sustainable Development

FROM: Vincent Morello, PE. ^{DS}VH
Director, Department of Public Utilities

SUBJECT: Recommendation to Approve and Execute the Resilient Florida Grant Program
Welcome Package Related to Hollywood Lakes Exfiltration – Phase 1 Project.

ISSUE:

The Department of Public Utilities applied for the Florida Department of Environmental Protection (FDEP) Resilient Florida Grant Program (RFGP) for the Lakes Exfiltration – Phase 1 project and was awarded a grant in the amount of \$3,255,000.00. As part of the grant award process, the FDEP requires the execution of several forms contained within the "Grant Welcome Package" enclosed.

EXPLANATION:

A selection of RFGP grants is available to counties, municipalities, water management districts, flood control districts, and regional resilience entities. The Department of Public Utilities applied for RFGP grants for two drainage projects with the commitment of matching fifty percent of the project cost.

The Storm Water Master study recommends the design and construction of exfiltration pipes west of 16th Avenue, which is upstream to the Lakes, to capture as much stormwater runoff as possible so that flooding in the area could be alleviated to the desired level of service, the evacuation route along US1 could be protected, and the required water quality improvement goal could be achieved. Lakes Exfiltration – Phase 1 is the initial phase of drainage improvements in the northwestern Lakes neighborhood, which consists of approximately 4,500 linear feet of exfiltration pipes to be installed in the streets east of Federal Highway, west of N. 16th Court between Roosevelt Street and Johnson Street.

The Department of Public Utilities, on behalf of the City, submitted a grant application to RFGP for funding of the Lakes Neighborhood Exfiltration – Phase 1 Project and was awarded the

grant in the amount of \$3,255,000.00, with a committed matching grant in the amount of \$3,255,000.00.

RECOMMENDATION:

The Department of Public Utilities recommends the City Manager approve and execute the attached Resilient Florida Grant Program Welcome Package.

DS
FJ

DocuSigned by:

George R. Keller Jr., CPPT

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APPROVED BY: George R. Keller, Jr., CPPT
City Manager

9/13/2023

Date

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Attachments: Grantee Welcome Package

DocuSigned by:
Wilhelmina Montero
00C858F8F535425

Grantee Checklist

Initial Documents (Return to DEP)

- ☒ Agreement Contact Information Form
- ☒ Exhibit J- Common Carrier Attestation Form
- ☒ Grantee Match Form
- ☒ W-9
- ☒ Certificate of Insurance

Helpful Documents & Reminders

- W-9 Registration Information Instructions
- FY 23-24 Insurance Requirements
- Submit Quarterly Progress Reports by the 20th following the completion of each quarter in accordance with Attachment 1, Section 10.
- Payment Requests may be submitted after the acceptance of a partial or full deliverable. See Attachment 3, Grant Work Plan, Performance Measures for definition of deliverable completion status. Payment requests may be submitted to ResilientFloridaGrants@FloridaDEP.gov.

AGREEMENT CONTACT INFORMATION

PROJECT TITLE: District 1 - Hollywood Lakes Neighborhood Exfiltration

GRANTEE:

Organization Name (i.e., city of or county) City of Hollywood - Public Utilities

Mailing Address: P.O. Box 229045

City: Hollywood State: FL Zip: 33022-9045

Physical Address (if different from mailing): 1621 N 14th Ave

City: Hollywood State: FL Zip: 33020

Phone Number: 954-921-3920

Grant agreement number (will be assigned):

Federal Employer ID Number: 59-6000338

Award Amount: \$3,255,000

Match Amount (if required):

AUTHORIZED REPRESENTATIVE (person to sign agreement)

Name : George R. Keller, Jr. CPPT

Mailing Address: P.O. Box 229045

City: Hollywood State: FL Zip: 33020-9045

Physical Address (if different from mailing): 2600 Hollywood Blvd. Room 419

City: Hollywood State: FL Zip: 33020

Phone Number: 9549213201

E-mail Address: gkeller@hollywoodfl.org

GRANT MANAGER:

Name: Wilhelmina Montero

Employer: City of Hollywood

Title: City Manager

Mailing Address: P.O. Box 229045

City: Hollywood State: FL Zip: 33020-9045

Phone Number: 954-921-3920

E-mail Address: wmontero@hollywoodfl.org

FISCAL AGENT:

Name: David Keller

Employer: City of Hollywood

Title: Director of Financial Services

Mailing Address: P.O. Box 229045

City: Hollywood State: FL Zip: 33020

Phone Number: 954 921 -3231

E-mail Address: dkeller@hollywoodfl.org

AGREEMENT CONTACT INFORMATION

CONTRACTOR (if applicable & known):

Organization Name: _____

Contact Person Name: _____

Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

E-mail Address: _____

ADDITIONAL CONTACTS:

Name: Giselle Hipolito

Phone Number: 954-921-3920

Email Address: ghipolito@hollywoodfl.org

Name: Ken Caban

Phone Number: (305) 908-1441

Email Address: ken.caban@tetrattech.com

Name: Phyllis shaw

Phone Number: 954 967 4455

Email Address: pshaw@hollywoodfl.org

**COMMON CARRIER OR CONTRACTED CARRIER ATTESTATION
FORM
(PUR 1808)**

Exhibit J


This form must be completed by a Common Carrier or contracted carrier and submitted to the Governmental Entity with which a Contract being is executed, amended, or renewed. Capitalized terms used herein have the definitions ascribed in section 908.111, F.S.

City of Hollywood is not willfully providing and will not willfully provide any service during the Contract term in furtherance of transporting a person into this state knowing that the person is an Unauthorized Alien, except to facilitate the detention, removal, or departure of the person from this state or the United States.

Under penalties of perjury, I declare that I have read the foregoing statement and that the facts stated in it are true.

Printed Name: George R. Keller, Jr. CPPT

Title: City Manager

Signature:  662500053647405...

Date: 9/13/2023





FLORIDA DEPARTMENT OF Environmental Protection

Bob Martinez Center
2600 Blair Stone Road-2400

Ron DeSantis
Governor

Jeanette Nuñez
Lt. Governor

Shawn Hamilton
Secretary

Resilient Florida Program Match Funding Source Documentation

Form required for all grant agreements with match expenditures.

Grant Agreement Number: 24SRP10

Grantee Name: City of Hollywood

For the Resilient Florida Program grant listed, match funds may be required, pursuant to Attachment 2, Section 7. If required, complete the following table to identify the match funding source(s) and amounts and provide applicable supporting documentation for verification of funding source(s), pursuant to Attachment 1.

Match Funding Source Type (Expenditure Category)	Match Funding Amount	Specify the Funding Source	Match Documentation Provided
Contractual Services	\$ 3,255,000	Stormwater Enterprise	<input type="checkbox"/>
	\$		<input type="checkbox"/>
	\$		<input type="checkbox"/>
	\$		<input type="checkbox"/>
Total Match Amount:	\$ 3,255,000		

Add additional rows, if needed.

Note: Supporting documentation to substantiate match requirements for specific budget categories, as identified in Attachment 3, is required to be submitted with each payment request to document all match funds provided during the period covered by that request. Refer to Attachment 1 for the documentation required to satisfy match documentation for payment requests.

Certification: By signing below, I certify that, on behalf of the Grantee listed above, the matching funds provided with this form are available for use with the Resilient Florida Program Grant Agreement Number, 24SRP10

Name: George R. Keller, Jr. CPPT

Title: City Manager

Signature: George R. Keller Jr., CPPT
BB25DD053647405...

Date: 9/13/2023

1/30/2023

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Substitute W-9 Registration Information Instructions

The Florida Department of Financial Services has initiated a Web-based Substitute Form W-9 that allows vendors to register and submit their electronic Substitute Form W-9. The Form W-9 ensures that the State's vendor records are accurate, which results in accurate tax reporting as required by the Internal Revenue Service (IRS).

Effective March 5, 2012, vendors who do not have a verified Substitute Form W-9 on file will experience delays in processing purchase orders or payments from the State of Florida.

Your ability to do business with the State of Florida is very important to us and all of State government. Therefore, we strongly encourage you to go to <https://flvendor.myfloridacfo.com> to register and complete your Substitute Form W-9 as soon as possible.

Instructions and Information for completing a Florida Substitute Form W-9

Use the Department of Financial Services (DFS) Substitute Form W-9 Web site, <https://flvendor.myfloridacfo.com>, to submit your Substitute Form W-9 electronically.

Submitting your Form W-9 is a two-step process:

Step 1 - Create your security profile (User ID and password)

Step 2 - Create and submit your Substitute Form W-9

Step 1 – Create your security profile (User ID and password)

1. Click on “Click Here to Register”.
2. Complete the Profile Registration Form (do not use commas or periods in the IRS Name).
3. Click the Register button
4. Obtain your User ID from your email

Immediately, after you complete the Profile Registration, you will receive a User ID via email. Once you have your User ID, you can complete and submit your Substitute Form W-9.

Step 2 - Complete and submit your Substitute Form W-9

1. Click on “Click Here to Sign On”.
2. Enter the User ID that you received via email.
3. Enter the password you created during the Profile Registration.
4. Click the Sign On button.
5. Click on “Form W-9 Main Menu”.
6. Click on “Complete New Substitute Form W-9”.
7. Complete the Substitute Form W-9. The red asterisks indicate required fields. Please only select the radio button “I am” subject to backup withholding if you have been informed by the IRS that you are subject to backup withholding.

8. Certify the information you are providing by entering the password you created during the Profile Registration and click the submit button.

After you have submitted your Substitute Form W-9, your IRS Name and TIN (Taxpayer Identification Number) will be sent to the IRS for verification. Our office will send you an email with the results. If the email indicates your IRS name and TIN match, you will have no further action. If the email indicates your IRS Name and TIN do not match you will need to return to the DFS W-9 Web site to correct your information.

The site also contains additional information and answers to frequently asked questions. If you have any questions regarding the Substitute Form W-9, please contact:

Florida Department of Financial Services
Vendor Management Section
FLW9@MyFloridaCFO.com
(850) 413-5519

Fiscal Year 2023-2024 Grant Agreement Insurance Language and Requirements

Attachment 2, Section 8. Insurance Requirements

Certificates must be addressed to and list the Florida Department of Environmental Protection as a certificate holder.

Address for Certificate of Insurance:

Florida Department of Environmental Protection
3900 Commonwealth Boulevard
Tallahassee, Florida 32399

Required Coverage.

At all times during the Agreement the Grantee, at its sole expense, shall maintain insurance coverage of such types and with such terms and limits described below. The limits of coverage under each policy maintained by the Grantee shall not be interpreted as limiting the Grantee's liability and obligations under the Agreement. All insurance policies shall be through insurers licensed and authorized to issue policies in Florida, or alternatively, Grantee may provide coverage through a self-insurance program established and operating under the laws of Florida. Additional insurance requirements for this Agreement may be required elsewhere in this Agreement, however the minimum insurance requirements applicable to this Agreement are:

- a. Commercial General Liability Insurance.
The Grantee shall provide adequate commercial general liability insurance coverage and hold such liability insurance at all times during the Agreement. The Department, its employees, and officers shall be named as an additional insured on any general liability policies. The minimum limits shall be \$250,000 for each occurrence and \$500,000 policy aggregate.
- b. Commercial Automobile Insurance.
If the Grantee's duties include the use of a commercial vehicle, the Grantee shall maintain automobile liability, bodily injury, and property damage coverage. Insuring clauses for both bodily injury and property damage shall provide coverage on an occurrence basis. The Department, its employees, and officers shall be named as an additional insured on any automobile insurance policy. The minimum limits shall be as follows:

\$200,000/300,000	Automobile Liability for Company-Owned Vehicles, if applicable
\$200,000/300,000	Hired and Non-owned Automobile Liability Coverage
- c. Workers' Compensation and Employer's Liability Coverage.
The Grantee shall provide workers' compensation, in accordance with Chapter 440, F.S. and employer liability coverage with minimum limits of \$100,000 per accident, \$100,000 per person, and \$500,000 policy aggregate. Such policies shall cover all employees engaged in any work under the Grant.
- d. Other Insurance. None.

Requirements for Self-Insured Governmental Entities

Required Coverage. At all times during the Agreement the Grantee, at its sole expense, shall maintain insurance coverage of such types and with such terms and limits described below. The limits of coverage under each policy maintained by the Grantee shall not be interpreted as limiting the Grantee's liability and obligations under the Agreement. Grantee shall provide coverage through a self-insurance program established and operating under the laws of Florida. Additional insurance requirements for this Agreement may be required elsewhere in this Agreement, however the minimum insurance requirements applicable to this Agreement are:

- a. Comprehensive General Liability Insurance.
The Grantee shall provide adequate comprehensive general liability insurance coverage and hold such liability insurance at all times during the Agreement. The minimum limits shall be \$200,000 for each person and \$300,000 per occurrence.
- b. Commercial Automobile Insurance.

If the Grantee's duties include the use of a commercial vehicle, the Grantee shall maintain automobile liability, bodily injury, and property damage coverage. Insuring clauses for both bodily injury and property damage shall provide coverage on an occurrence basis. The minimum limits shall be as follows:

\$200,000/300,000	Automobile Liability for Company-Owned Vehicles, if applicable
\$200,000/300,000	Hired and Non-owned Automobile Liability Coverage

c. Workers' Compensation.

The Grantee shall comply with the workers' compensation requirements of Chapter 440, F.S.

d. Other Insurance. None.

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. City of Hollywood, Florida	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input checked="" type="checkbox"/> Other (see instructions) ► City Government	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) <u>3</u> Exemption from FATCA reporting code (if any) <u>C</u> <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions. 2600 Hollywood Blvd	Requester's name and address (optional)
6 City, state, and ZIP code Hollywood, FL	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
or									
Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ► 

Date ► 02/01/2022

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

August 17, 2023

DEP - Resilient Florida Program Grant Award

Re: Self Insurance Letter

To Whom It May Concern:

As requested, this is the City's letter of self-insurance for your records.

The City of Hollywood is a municipality of the State of Florida and is self-insured for liability and workers' compensation as permitted under section 768.28 of the Florida Statutes regarding Sovereign Immunity. Further, in this regard, the City has established a formal funded self-insurance program created by Ordinance.

The City has a self-insured retention of \$400,000 per occurrence for liability (general & auto). The City has purchased excess coverage that covers up to \$1,000,000 per occurrence with an aggregate of \$5,000,000 over the City's self-insured retention.

The City has a self-insured retention of \$600,000 per occurrence for workers' compensation. The City has purchased excess coverage that covers up to \$1,000,000 per occurrence. The City is in compliance with Chapter 440, F.S. .

Please contact me at 954-921-3341 should you have any questions.

Sincerely,



Stacy Myers, Loss Control Officer