## TOWN OF GOLDEN BEACH, FLORIDA

## **RESOLUTION NO. 2596.19**

A RESOLUTION OF THE MAYOR AND THE TOWN COUNCIL OF THE TOWN OF GOLDEN BEACH, FLORIDA APPROVING THE AGREEMENT BETWEEN THE DEPARTMENT OF HEALTH AND THE TOWN OF GOLDEN BEACH FOR QUALITY WATER TESTING; PROVIDING FOR IMPLEMENTATION AND PROVIDING FOR AN EFFECTIVE DATE.

WHEREAS, monitoring water quality is essential for a beachfront community like our Town; and

WHEREAS, Miami-Dade County's water quality testing program is unreliable and underfunded; and

WHEREAS, the Town wishes to formalizes our relationship with the Department of Health to provide water testing and monitoring; and

WHEREAS, the agreement calls for weekly testing of our waters.

NOW THEREFORE, BE IT RESOLVED BY THE MAYOR AND TOWN COUNCIL OF THE TOWN OF GOLDEN BEACH, FLORIDA, AS FOLLOWS:

<u>Section 1.</u> Recitals. The above recitals are true and correct and are incorporated herein by this reference.

Section 2. Agreement Approved. The Agreement between State of Florida, Department of Health and the Town of Golden Beach for environmental services to identify and evaluate significant problems and sources for potential disease outbreaks or disease-causing microorganisms at the beach is approved in the form attached as Exhibit "A" ("Agreement").

<u>Section 3</u>. <u>Implementation</u>. The Town Mayor is authorized to execute the Agreement on behalf of the Town.

<u>Section 4</u>. <u>Effective Date</u>. This Resolution shall be effective immediately upon approval by the Town Council.

The Motion to adopt the foregoing Resolution was offered by Councilmember Lusskin, seconded by Councilmember Rojas and on roll call the following vote ensued:

Mayor Glenn Singer	Aye
Vice Mayor Jaime Mendal	Aye
Councilmember Kenneth Bernstein	Aye
Councilmember Amy Isackson-Rojas	Aye
Councilmember Judy Lusskin	Aye

PASSED AND ADOPTED by the Town Council of the Town of Golden

Beach, Florida, this 22nd day of January, 2019.

ATTEST:

SSETTE PEREZ

TOWN CLERK

APPROVED AS TO FORM AND LEGAL SUFFICIENCY:

STEPHEN J. HELFMAN TOWN ATTORNEY

# CONTRACT SUMMARY

This contract action has completed the Department's routing process and has received the required approvals for execution.



Division/CHD/Office: Miami-Dade

Provider Name: The Town of Golden Beach, FL

Contract Number: 13G34
Original Contract Amount: \$5,580.00
Total Contract Amount (executed actions): \$5,580.00
Original Contract Start Date: 12/13/2018
Contract End Date (executed actions): 05/31/2019

#### DESCRIPTION OF CONTRACTUAL SERVICES:

The FDOH-Miami-Dade Environmental Health and Engineering Services shall conduct beach water testing/sampling at the Town of Golden Beach, FL ("Designated Site") at least one (1) time per week to identify and evaluate any significant problems and sources for potential disease outbreaks, contaminants and/or pathogens during the effective period of this Agreement.

#### CONTRACT ACTION:

CONTRACT ACTION:			
AMENDMENT(Y/N):	AMENDMENT AMOU	NT:	
CHANGE TO TERM(Y/N):	START DATE:	END DATE:	
RENEWAL:	RENEWAL AMOUNT:		
START DATE:	END DATE:		

## DESCRIPTION OF CONTRACT AMENDMENT ACTION:

## This contract complies with all of the following requirements:

- · A statement of work
- Quantifiable and measurable deliverables
- · Performance measures
- Financial consequences for non-performance
- Terms and conditions which protect the interest of the state
- All requirements of law have been met regarding the contract
- Documentation in the contract file is sufficient to support the contract and the attestation (examples: business case; directive to establish contract; subject research and analysis, etc.)
- If the contract is established by way of a competitive solicitation as identified in section 287.057(1), Florida Statutes, the costs of the contract are the most advantageous to the state or offer the best value

#### MEMORANDUM OF AGREEMENT

#### BETWEEN

## STATE OF FLORIDA, DEPARTMENT OF HEALTH MIAMI-DADE COUNTY HEALTH DEPARTMENT

#### AND

## THE TOWN OF GOLDEN BEACH, FLORIDA

THIS MEMORANDUM OF AGREEMENT is made and entered into by and between the <u>Town of Golden Beach</u>, <u>Florida</u>, a municipality located in the northeast corner of Miami-Dade County, Florida, between the Intracoastal Waterway and Atlantic Ocean, hereafter referred to as "Golden Beach", and the <u>State of Florida</u>, <u>Department of Health, Miami-Dade County Health Department</u>, hereafter referred to as the "Provider" (collectively referred to as "Parties").

WHEREAS, Golden Beach desires to engage the Provider to perform environmental services to identify and evaluate significant problems and sources for potential disease outbreaks or disease-causing microorganism at its beach ("Designated Site").

WHEREAS, Golden Beach, realizes that the Provider has the necessary components in place to carry out environmental services to ensure that the water quality at the Designated Site meets any and all local, state and federal water standards; therefore, ensuring that all residents and visitors that utilize the Designated Site are safe from pathogens, waterborne diseases or pollutants that may propose harm to humans and the environment.

NOW, THEREFORE, in consideration of the mutual covenants and considerations set forth herein, the Parties execute this Memorandum of Agreement so same becomes binding and enforceable by and through the Parties, their heirs and assigns, and agree heretofore:

#### I. TERMS AND DEFINITIONS

- Memorandum of Agreement (MOA): The MOA contains and constitutes the legal and binding language between the Provider and Golden Beach including, but not limited to, all Attachments, Exhibits, and Amendments, when applicable.
- 2. Clean Water Act (CWA): The CWA, 33 U.S.C. §1251 et seq., is the primary federal law in the United States governing water pollution. Passed in 1972, the objective of the CWA is to restore and maintain the chemical, physical, and biological integrity of the nation's waters by preventing point and nonpoint pollution sources, providing assistance to publicly owned treatment works for the improvement of wastewater treatment, and maintaining the integrity of wetlands.
- Invoice: A mechanism by which the Provider requests payment from the City for services rendered for a specific cost and period.
- Designated Site: The section of Miami-Dade County, Florida identified and located in the northeast corner of and between the Intracoastal Waterway and Atlantic Ocean.
- 5. Period: The time frames outlined in section III.5 (a).

#### II. RECITALS

The Parties mutually agree that the foregoing recitals are true and correct and incorporated herein by reference.

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#### BETWEEN

## STATE OF FLORIDA, DEPARTMENT OF HEALTH MIAMI-DADE COUNTY HEALTH DEPARTMENT

#### AND

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- Invoice: A mechanism by which the Provider requests payment from the City for services rendered for a specific cost and period.
- Designated Site: The section of Miami-Dade County, Florida identified and located in the northeast corner of and between the Intracoastal Waterway and Atlantic Ocean.
- Period: The time frames outlined in section III.5 (a).

#### II. RECITALS

The Parties mutually agree that the foregoing recitals are true and correct and incorporated herein by reference.

## III. The Provider agrees to the following:

- 1. To conduct water testing/sampling at the Designated Site at least one (1) time per week to identify and evaluate any significant problems and sources for potential disease outbreaks, contaminants and/or pathogens during the effective period of this Agreement. Beach water samplings must be analyzed for Enterococci microbiological fecal indicators recommended by the Florida Department of Health and the United States Environmental Protection Agency to evaluate water quality to protect human health.
- To perform beach water sampling at the Designated Site in accordance with section V.2 of this Agreement.
- 3. To adhere to and conduct water sampling services applicable to and within federal and state rules, regulations, guidelines, standards and laws.
- 4. To provide and maintain sufficient staffing to timely carry out the required activity specified in herein.
- To invoice Golden Beach on a quarterly basis through submission of a properly completed invoice, Exhibit A, within 30 calendar days following the end of the quarter for which payment is requested.
  - (a) Golden Beach quarters will consist of the time frames listed below:

Quarter:	Covered Period:
1st.	June 1, 2018 - August 31, 2018
2nd.	September 1, 2018 - November 30, 2018
3rd.	December 1, 2018 - February 28, 2019
4th.	March 1, 2019 - May 31, 2019

- (b) To invoice the Town of Golden Beach quarterly only for water samplings completed during each quarter.
- To notify Golden Beach and elected officials of any beach advisories, clearances (re-openings) and/or updates (advisories) using email, telephone call, media outlets and DOH Website: miamidade.floridahealth.gov.
- 7. To provide all staff, supplies and equipment necessary to perform, conduct, and complete the activity in section III.1.
- 8. The State of Florida, Department of Health, Miami-Dade County Health Department is a state agency or political subdivision as defined in Chapter 768.28, Florida Statutes, and agrees to be fully responsible for acts and/or omission of its agents and/or employees during the performance or operation of this Agreement, to the extent permitted by law. Nothing herein is intended to serve as a waiver of sovereign immunity by any party to which sovereign immunity may be applicable. Nothing herein shall be construed as consent by as state agency or political subdivision of the State of Florida to be sued by third party in any matter arising out of this Agreement, any other contract or any subsequent modifications thereof, whether direct or indirect and whether to any person or tangible or intangible property.

## IV. The Town of Golden Beach agrees to the following:

1. To provide the Provider with access to the Designated Site for sampling or testing for water

contaminants or pollutants during the periods outlined in section III.5 (a) of this MOA.

- To notify the public of any beach advisories and rescission advisories through the utilization of various local media networks (e.g., TV and Radio) and/or social media (e.g., Twitter, Instagram, Facebook).
- To compensate the Provider within 30 calendar days of receipt of a properly completed invoice, attached as Exhibit A hereto, for the performance of all work completed at the Designated Site during the effective period.
- 4. To be fully responsible for its acts, actions, omissions, and negligence of its agents, officers, and employees during the performance or operation of this Agreement. Nothing herein shall be construed as consent by as state agency or political subdivision of the State of Florida to be sued by third party in any matter arising out of this Agreement, any other contract or any subsequent modifications thereof, whether direct or indirect and whether to any person or tangible or intangible property.

## V. Parties mutually agree:

- 1. The total cost for the services set forth in section III.1 of this Agreement is estimated at \$5,580.00 during the effective period specified in section VIII of this Agreement. If the total cost for the services set forth in section III.1 of this Agreement may exceed \$5,580.00, Provider must obtain Golden Beach prior written authorization before it continues said services.
- 2. During the effective period of this MOA, the Provider shall complete no less than one (1) water sampling per week and no more than sixty-two (62) samplings (including any repeat samplings that may be required) during the effective period of this Agreement. If Golden Beach requests additional sampling beyond the sixty-two (62) water samplings, the Provider will invoice Golden Beach for each additional water sampling completed at the rate of \$90.00 per sampling.

Town of Golden Beach Water Sampling Fee Schedule

Sampling Performed	Minimum	Maximum	Unit* Rate
Weekly	1	52	\$90.00
Repeat	1	10	\$90.00

<sup>\*</sup>The Environmental Fees will increase automatically by 3%, or the current inflation rate, whichever is higher, annually, beginning the 1<sup>st</sup> of October of each year as approved by the Assistant County Manager.

#### VI. Termination at Will:

This Memorandum of Agreement shall be terminated by either Party upon no less than thirty (30) calendar days' notice in writing to the other Party, without cause, unless a lesser time is mutually agreed upon in writing by both Parties. Said notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery. Notices sent/addressed to persons other than who is stated below shall be deemed "undelivered". All notices must be addressed, respectively, as follow:

The Town of Golden Beach Alexander Diaz Town Manager Town of Golden Beach One Golden Beach Drive Golden Beach, FL 33160 Florida Department of Health in Miami-Dade 1725 NW 167 Street Miami, Florida 33056 Attention: Elmir Samir, Ph.D. Director of Environmental Health & Engineering Services

#### Modification:

Any modifications to this MOA shall only be valid when they have been reduced to writing and duly signed by the Parties.

#### VII. Renewal:

This MOA may be renewed on a yearly basis for no more than three years beyond the initial MOA or for the term of the original MOA, whichever is longer. Such renewals shall be in writing, made by mutual agreement, and shall be contingent upon satisfactory performance and evaluations as determined by the Town of Golden Beach, Florida. Any renewals shall be in writing no less than sixty (60) calendar days' notice in writing to the other Party.

#### VIII. Effective Period:

This Memorandum of Agreement shall begin on the date on which it has been signed by both Parties, or the latest date of signature by the Parties, whichever is later. This MOA shall end May 31, 2019.

## IX. Independent Capacity of the Contractor:

In the performance of this MOA, it is agreed between the Parties that the Provider is an independent contractor and that the Provider is solely liable for the performance of all tasks contemplated by this MOA.

#### X. Governing Law and Venue:

The validity and construction of this agreement, and of the rights and duties of the parties, shall be governed in accordance with the laws of the State of Florida. Venue to address any dispute arising between the Parties from this Agreement shall lie in the jurisdiction of Miami-Dade County, Florida.

### XI. Dispute Resolution:

In event a dispute arises regarding this Agreement, both parties agree that a representative of each entity shall be appointed for the purpose of meeting and conferring to achieve a mutually acceptable resolution of such dispute. Should such representatives fail to reach a resolution within sixty (60) days of their appointment, then the Administrator, Director, City Manager, Chief Executive Officer, Designee or Chairperson of each entity shall meet and negotiate a resolution.

#### XII. Benefit/Assignment:

Subject to provisions herein to the contrary, this MOA shall inure to the benefit of and be binding upon the Parties hereto and their respective legal representatives, successors and permitted assigns. No Party may assign this MOA without the prior written consent of the other Party, the consent of which shall be given at that Party's sole discretion.

#### XIII. Waiver of Breach:

Waiver of breach of any provisions of this MOA shall not be deemed to be a waiver of any other breach and shall not be construed to be a modification of the terms of this MOA. The provisions herein do not limit any Party's right to remedies at law or in equity.

#### XIV. Severability:

This MOA contains all the terms and conditions agreed upon by the Parties. There are no provisions, terms, conditions or obligations other than those contained herein, and this MOA shall supersede all previous

communications, representations, or agreements, either verbal or written between the Parties. If any term or provision of this MOA is found to be illegal or unreasonable, the remainder of the MOA shall remain in full force and effect, and such term or provision shall be stricken.

## XV. Execution in Counterparts:

This Agreement may be executed in counterparts, each of which shall be an original and all of which shall constitute but one and the same instrument.

## XVI. Entire Agreement:

This MOA represents the entire understanding of the Parties with respect to the matters covered herein and supersedes all prior and contemporary agreements, representations, and discussion, whether oral or written. This MOA may only be altered, amended, or modified in a writing signed by both Parties. All prior agreements pertaining to the subject matter of this MOA entered into between the Town of Golden Beach and the Florida Department of Health-Miami-Dade or any of its subdivisions are hereby terminated commencing on the effective date of this agreement. Said prior agreements shall be replaced by this agreement.

IN WITNESS WHEREOF, the Parties hereto have caused this 6-page Memorandum of Agreement to be executed by their officials thereunto duly authorized.

The Town of Golden Beach, Florida	State of Florida, Department of Health Miami-Dade County Health Department
Name: Alexander Diaz	Name: Yesenia Villalta, ARNP, MSN, DNP
Signature:	Signature:
Title: Town Manager	Title: Administrator
Date: 01-31-2019	Date:

END OF TEXT

				Exhibit A
Mission:	<b>到</b> 气			
o protect, promote & improve the health	i bi			
of all people in Florida through Integrated	70	YIOR		
state, county & community efforts.	HE	ΔΙΤΗ	(基本性)。全节基础	CHEMINA SHAPE
	Vision: To b	the Healthtest State in the Nation		
			Date	Invoice
Він то:		Bill From:		J-
Alexander Diaz Town Manager		Milda Belette Operations Analyst II		
Town of Golden Beach		Accounts Payable	*	
One Golden Beach Drive Golden Beach, FL 33160		Miami-Dade County Health D 8175 NW 12th Street, #306 Doral, Florida 33126	epartment	
SERVICES PROVIDED	BILLING PERIOD	TOTAL SERVICES PROVIDED	PRICE PER SERVICES	TOTAL AMOUNT REQUESTED FOR PAYMENT
Payment requested for services compl	eted.			
Total amount requested for payme	nt:			\$
Please make check payable to:				
Florida Department of Health in Mi	ami Dade County			
8175 NW 12th Street, Suite 306 Miami, Florida 33126				
Florida Department of Health				www.FloridasHealth.co
Division of Administration • Bureau of Financial & Accounting				TWITTER: HealthyF
175 North West 12 <sup>th</sup> Street, Suite 311 • Milanii, Ft. 33125-182 PHONE: 786-845-0140 • FAX 305-470-5068	8			FACEBOOK:FLDepartmentofHea
PHONE: 188-845-0140 * FAX 305-470-5088		6		



**Certificate Of Completion** 

Envelope Id: 6C2C74625F574C818582388201E9BB3B

Subject: 13G34: Please DocuSign this contract from the Florida Department of Health

Source Envelope:

**Document Pages: 8** Certificate Pages: 2 Signatures: 0 Initials: 0

Envelope Originator: Jason Roland

Status: Sent

AutoNav: Enabled

Envelopeld Stamping: Enabled

Time Zone: (UTC-05:00) Eastern Time (US & Canada)

Jason.Roland@flhealth.gov IP Address: 167.78.4.20

Record Tracking

Status: Original

Holder: Jason Roland

Location: DocuSign

1/8/2019 7:59:43 AM

Jason.Roland@flhealth.gov

Signer Events

**Signature** 

**Timestamp** 

JD Shingles

J.D.Shingles@flhealth.gov

Security Level: Email, Account Authentication

(None)

**Electronic Record and Signature Disclosure:** 

Not Offered via DocuSign

Yesenia Villalta, ARNP, MSN, DNP

Yesenia. Villalta@flhealth.gov

Security Level: Email, Account Authentication

**Electronic Record and Signature Disclosure:** 

Not Offered via DocuSign

In Person Signer Events

Signature

Status

**Timestamp** 

**Timestamp** 

Sent: 1/8/2019 8:02:14 AM

**Editor Delivery Events** 

Jason Roland

jason.roland@flhealth.gov

Contract Analyst

Florida Department of Health

Security Level: Email, Account Authentication

(None)

**Electronic Record and Signature Disclosure:** 

Not Offered via DocuSign

**Agent Delivery Events** 

Status

**Timestamp** 

Intermediary Delivery Events

Status

**Timestamp** 

**Certified Delivery Events** 

Status

**Timestamp** 

**Carbon Copy Events** 

Status

**Timestamp** 

JD Shingles

J.D.Shingles@flhealth.gov

Security Level: Email, Account Authentication

(None)

COPIED

Sent: 1/8/2019 8:02:13 AM

Viewed: 1/8/2019 9:11:17 AM

**Electronic Record and Signature Disclosure:** 

Not Offered via DocuSign

**Timestamp Carbon Copy Events** Status Sent: 1/8/2019 8:02:13 AM Mercedes Batista COPIED Mercedes.Batista@flhealth.gov Security Level: Email, Account Authentication Electronic Record and Signature Disclosure: Not Offered via DocuSign Sent: 1/8/2019 8:02:14 AM Lissette Perez COPIED Viewed: 1/8/2019 10:44:32 AM lperez@goldenbeach.us Security Level: Email, Account Authentication Electronic Record and Signature Disclosure: Not Offered via DocuSign Frederick Villari Sent: 1/8/2019 8:02:14 AM COPIED Frederick.Villari@flhealth.gov Security Level: Email, Account Authentication Electronic Record and Signature Disclosure:

Notary Events	Signature	Timestamp	
Envelope Summary Events	Status	Timestamps	
Envelope Sent	Hashed/Enc:rypted	1/8/2019 8:02:14 AM	
Payment Events	Status	Timestamps	

Not Offered via DocuSign