



TOWN OF GOLDEN BEACH

One Golden Beach Drive
Golden Beach, FL 33160

MEMORANDUM

Date: August 20, 2019

To: Honorable Mayor Glenn Singer &
Town Council Members

From: Alexander Diaz,
Town Manager

Subject: Resolution No. 2629.19 – Rescinding Resolution No. 2611.19 for a
Variance Request for 587 Ocean Boulevard, Golden Beach, FL
33160 (Usable Roof Top Area)

Item Number:

12

Recommendation:

It is recommended that the Town Council adopt the attached Resolution No. 2629.19 as presented.

Background and History:

The owners (applicant) of 587 Ocean Boulevard has withdrawn their variance request.

Financial Impact:

None

TOWN OF GOLDEN BEACH, FLORIDA

RESOLUTION NO. 2629.19

A RESOLUTION OF THE TOWN COUNCIL OF THE TOWN OF GOLDEN BEACH, FLORIDA, RESCINDING RESOLUTION NO. 2611.19 WHICH APPROVED A ROOFTOP SETBACK VARIANCE FOR THE PROPERTY AT 587 OCEAN BOULEVARD; PROVIDING FOR IMPLEMENTATION AND AN EFFECTIVE DATE.

WHEREAS, on May 21, 2019 the Town Council of the Town of Golden Beach (the “Council”) conducted a public hearing on a request for a variance for the property located at 587 Ocean Drive (“the Property”); and

WHEREAS, after considering all substantial competent evidence, the Council granted the requested variance as evidenced by Resolution No. 2611.19 a copy of which is attached as Exhibit “A”; and

WHEREAS, the owner of the Property, 587 Ocean Boulevard Trust, has notified the Town of its desire to withdraw the approvals granted by the Council; and

WHEREAS, the owner’s withdrawal is contained in the letter attached hereto as Exhibit “B”; and

WHEREAS, the Council wishes to vacate the approval of the variance.

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

Section 1. Recitals Adopted. Each of the above stated recitals are hereby adopted and confirmed.

Section 2. Rescission. Resolution 2611.19 is hereby rescinded, void and of no further force and effect.

Section 3. Implementation. The Town Manager and Town Mayor are hereby directed to take all steps necessary to implement this Resolution.

Section 4. Effective Date. This Resolution shall be effective immediately upon adoption.

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

Mayor Glenn Singer	_____
Vice Mayor Kenneth Bernstein	_____
Councilmember Judy Lusskin	_____
Councilmember Jaime Mendal	_____
Councilmember Bernard Einstein	_____

PASSED AND ADOPTED by the Town Council of the Town of Golden Beach, Florida, this 20th day August, 2019

MAYOR GLENN SINGER

ATTEST:

LISSETTE PEREZ
TOWN CLERK

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY:

STEPHEN J. HELFMAN
TOWN ATTORNEY

Alexander Diaz
Town Manager
1 Golden Beach Drive
Golden Beach, FL 33160

TOWN MANAGER

JUL 29 2019

RECEIVED

Subject: Withdrawal of variance request for 587 Ocean Boulevard, Golden Beach, FL 33160

Dear Alex,

We would like to withdraw the variance request for 587 Ocean Boulevard that was presented to the BUILDING REGULATION ADVISORY BOARD on May 14, 2019

The variance request which we would like to withdraw is as follows: TO PERMIT THE USABLE AREA OF THE ROOF TOP TERRACE SIDE SETBACKS TO BE SET AT A MINIMUM OF 7'-6" INSTEAD OF THE CODE'S CURRENT 10' ROOF TOP SIDE SETBACK REQUIREMENT.

Thank you,



By:

Andrew & Rita Rabin

Date: 7/17/19



By:

Jan A. Marks
Trustee
587 Ocean Boulevard Trust

Date: 7/17/19



TOWN OF GOLDEN BEACH

One Golden Beach Drive
Golden Beach, FL 33160

MEMORANDUM

Date: August 20, 2019

To: Honorable Mayor Glenn Singer &
Town Council Members

From: Alexander Diaz,
Town Manager

Subject: Resolution No. 2630.19 – Authorizing Budget Amendment #1
to Fiscal Year 2018/2019 Operating Budget

Item Number:

13

Recommendation:

It is recommended that the Town Council adopt the attached Resolution No. 2630.19 as presented.

Background:

We are asking to transfer \$200,000.00 from the Town's general Fund contingency to the Roads and Streets account to fund the Milling and Resurfacing project approved in June.

We are also asking to transfer \$275,187.00 from the Town's Debt Service Fund to the Town's General Fund.

Fiscal Impact:

Neutral impact; this Item reallocates previously budgeted items.

TOWN OF GOLDEN BEACH, FLORIDA

RESOLUTION NO. 2630.19

A RESOLUTION OF THE TOWN COUNCIL OF THE TOWN OF GOLDEN BEACH, FLORIDA, APPROVING AMENDMENT #1 TO THE 2018-2019 FISCAL YEAR OPERATING BUDGET; PROVIDING FOR IMPLEMENTATION; AND PROVIDING FOR AN EFFECTIVE DATE.

WHEREAS, the Town Council of the Town of Golden Beach, Florida (the "Town") adopted an Operating Budget for the 2018-2019 Fiscal Year; and

WHEREAS, the Town Manager has recommended certain amendments as described in the August 20, 2019 Memorandum attached to this Resolution as Exhibit "A"; and

WHEREAS, the amendments pertain to the funding of the Milling and Resurfacing Project and transferring of revenues from the Debt Service Fund to the General Fund; and

WHEREAS, the Town Council finds that the proposed amendments are in the best interest of the Town.

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

Section 1. Recitals Adopted. That each of the above-stated recitals is hereby adopted and confirmed.

Section 2. Amendment. The 2018-2019 Fiscal Year Operating Budget is hereby amended as reflected in Exhibit "A" to this Resolution and the funds are appropriated for the purposes therein.

Section 3. Implementation. That the Mayor is authorized to take any and all action, which is necessary to implement this Resolution.

Section 4. Effective Date. This Resolution shall be effective immediately upon adoption.

Sponsored by the **Town Administration.**

The Motion to adopt the foregoing resolution was offered by _____,
seconded by _____, and on roll call the following vote ensued:

Mayor Glenn Singer	_____
Vice Mayor Kenneth Bernstein	_____
Councilmember Judy Lusskin	_____
Councilmember Jaime Mendal	_____
Councilmember Bernard Einstein	_____

PASSED AND ADOPTED by the Town Council of the Town of Golden Beach,
Florida, this 20th day of August, 2019.

MAYOR GLENN SINGER

ATTEST:

LISSETTE PEREZ
TOWN CLERK

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY:

STEPHEN J. HELFMAN
TOWN ATTORNEY



Authorization of Budget Transfer
Fiscal Year 2018 - 2019

REQUEST DATE 14-Aug-19

Account No.	Description	Council Approved Budget	Transfer	Amended Budget
All Departments			OUT	
001-519-581000-00-000	Contingency	\$ 220,000.00	\$ 200,000.00	\$ 20,000.00
			IN	
001-541-465000-00-000	Repair & Maintenance -Streets	\$ 80,000.00	\$ 200,000.00	\$ 280,000.00
			OUT	
210-519-910000-000	Reserved	\$	\$ 275,187.00	\$
			IN	
001-519-581000-000	Contingency	\$	\$ 275,187.00	\$

1. Budget Transfer from the General Fund Contingency account to fund Milling & Resurfacing approved by Resolution # 2619.19 at the June 2019 Council Meeting.

2. Transfer revenue budgeted in Debt Fund to General Fund contingency.

Request by:
Finance Director: _____

Approved by Town Manager _____



TOWN OF GOLDEN BEACH

One Golden Beach Drive
Golden Beach, FL 33160

MEMORANDUM

Date: August 20, 2019

To: Honorable Mayor Glenn Singer &
Town Council Members

From: Alexander Diaz, *Alex B*
Town Manager

Subject: **Resolution No. 2631.19 – A Resolution Renewing
Comprehensive Health Insurance through the Florida League
of Cities who has indicated their agent of record will be Florida
Municipal Insurance Trust**

Item Number:

14

Recommendation:

It is recommended that the Town Council adopt the attached Resolution No. 2631.19 as presented.

Background:

This past year we once again took a comprehensive approach in determining what kind of health insurance we offer our employees and the level of coverage. In doing so, we compiled a number of quotes from different insurance providers and compared them to the variety of plans offered by our current provider the Florida League of Cities (attached).

Our findings- we offer a competitive and fair plan compared to the other providers. In relation to the plan we currently offer, we found that keeping the current plan serves the Town well (financially) and the employees.

As you may recall, last year we self-funded the additional out of pocket costs from switching the Town's offering from Plan 2 to Plan 3 as offered by the Florida League of Cities (the employees have been very appreciative). To date, we have reimbursed employees approximately \$3,000.00.

For the coming year, I recommend that the Town's comprehensive group health insurance be awarded to the Florida League of Cities Florida Municipal Insurance

Trust (FMIT) as the agent of record. Because of the competitive nature of FMIT's renewal, the Town finds staying with its current agent and carrier the most fiscally prudent course of action to take. I am also recommending the Town continue to cover all employee out of pocket costs in excess of that between Plan 2 as found in the attached.

The renewal premium in comparison to the Town's current premium has increased by 6.8% from \$55,276.83 to \$59,035.89.

We will continue to offer the "Buy-Up" option; Plan 1 (Cadillac Plan) at no additional cost to the Town. For employees that elect to choose Plan 1, the Town will only cover the cost for Plan 3 and the employees will have to pay the difference in the increase in cost. In addition, the Town will not cover out of pocket costs, because they will already be covered in the Plan.

Fiscal Impact:

Because we have not completed our Open Enrollment, it is difficult to provide an exact cost.

TOWN OF GOLDEN BEACH, FLORIDA

RESOLUTION NO. 2631.19

A RESOLUTION OF THE TOWN OF GOLDEN BEACH, FLORIDA, AWARDED A COMPREHENSIVE HEALTH INSURANCE PLAN FOR THE BENEFIT OF THE TOWN OF GOLDEN BEACH EMPLOYEES AND ELIGIBLE DEPENDENTS; PROVIDING FOR IMPLEMENTATION; AND PROVIDING FOR AN EFFECTIVE DATE.

WHEREAS, the Town's wishes to renew its current insurance agreement with the Florida League of Cities who has indicated their agent of record to be the Florida Municipal Insurance Trust (FMIT); and

WHEREAS, the Town's current comprehensive health insurance plan with FMIT came in at a 6.8% increase: and

WHEREAS, this year, the Town would like to also offer a buy up option to a higher tier plan at the employee's own expense, causing no increase in cost to the Town; and

WHEREAS, the Town Council finds that entering into this Contract is in the best interest of the Town.

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

Section 1. Recitals Adopted. Each of the above recitals are hereby adopted, confirmed and incorporated herein.

Section 2. Proposal Accepted. The proposal to go into a Contract with the Florida League of Cities as described and set forth in the Agenda Item Report attached hereto and incorporated herein, and are hereby accepted.

Section 3. Implementation. The Mayor and Town Manager are hereby authorized to take any and all action necessary to implement this Resolution in accordance with its terms and conditions including, but not limited to, the designation of a new agent of record.

Section 4. Effective Date. That this Resolution shall become effective immediately upon approval of the Town Council.

Sponsored by the Town Administration.

The Motion to adopt the foregoing resolution was offered by _____,
seconded by _____, and on roll call the following vote ensued:

Mayor Glenn Singer	_____
Vice Mayor Kenneth Bernstein	_____
Councilmember Judy Lusskin	_____
Councilmember Jaime Mendal	_____
Councilmember Bernard Einstein	_____

PASSED AND ADOPTED by the Town Council of the Town of Golden Beach,
Florida, this 20th day of August, 2019.

ATTEST:

MAYOR GLENN SINGER

LISSETTE PEREZ
TOWN CLERK

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY:

STEPHEN J. HELFMAN
TOWN ATTORNEY

Florida Municipal Insurance Trust
Town of Golden Beach
Rate Quote for Medical and Prescription Drug Benefit Coverage

Current Rates - UnitedHealthcare Choice Plus Plan 1				
Contract Type	Enrollment	10/1/2018 -		
		9/30/2019	Monthly Premium	Annual Premium
Single	1	\$889.55	\$889.55	\$10,674.60
EE + Spouse	1	\$1,912.53	\$1,912.53	\$22,950.36
EE + Children	3	\$1,645.67	\$4,937.01	\$59,244.12
Family	0	\$2,668.65	\$0.00	\$0.00
Total	5		\$7,739.09	\$92,869.08

Renewal Rates - UnitedHealthcare Choice Plus Plan 1				
Contract Type	Enrollment	10/1/2019 -		
		9/30/2020	Monthly Premium	Annual Premium
Single	1	\$967.83	\$967.83	\$11,613.96
EE + Spouse	1	\$2,080.84	\$2,080.84	\$24,970.08
EE + Children	3	\$1,790.49	\$5,371.47	\$64,457.64
Family	0	\$2,903.50	\$0.00	\$0.00
Total	5		\$8,420.14	\$101,041.68

Percent Change	8.80%
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Medicare Exchange Available	
Prescription Drug Copays	
Retail:	\$10/\$35/\$60
Mail Order:	\$25/\$87.50/\$150

Florida Municipal Insurance Trust
Town of Golden Beach
Rate Quote for Medical and Prescription Drug Benefit Coverage

Current Rates - UnitedHealthcare Choice Plus Plan 3				
Contract Type	Enrollment	10/1/2018 -		
		9/30/2019	Monthly Premium	Annual Premium
Single	31	\$818.31	\$25,367.61	\$304,411.32
EE + Spouse	4	\$1,759.37	\$7,037.48	\$84,449.76
EE + Children	7	\$1,513.87	\$10,597.09	\$127,165.08
Family	5	\$2,454.93	\$12,274.65	\$147,295.80
Total	47		\$55,276.83	\$663,321.96

Renewal Rates - UnitedHealthcare Choice Plus Plan 3				
Contract Type	Enrollment	10/1/2019 -		
		9/30/2020	Monthly Premium	Annual Premium
Single	31	\$873.96	\$27,092.76	\$325,113.12
EE + Spouse	4	\$1,879.01	\$7,516.04	\$90,192.48
EE + Children	7	\$1,616.82	\$11,317.74	\$135,812.88
Family	5	\$2,621.87	\$13,109.35	\$157,312.20
Total	47		\$59,035.89	\$708,430.68

Percent Change	6.80%
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Medicare Exchange Available	
Prescription Drug Copays	
Retail:	\$10/\$35/\$60
Mail Order:	\$25/\$87.50/\$150



The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately.

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-844-518-8079 or visit welcometouhc.com. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary/ or call 1-866-487-2365 to request a copy.

Important Questions	Answers	Why This Matters:
<p>What is the overall deductible?</p>	<p><u>Network</u>: \$250 Individual / \$500 Family <u>Non-Network</u>: \$500 Individual / \$1,000 Family Per calendar year.</p>	<p>Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u>, each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u>.</p>
<p>Are there services covered before you meet your deductible?</p>	<p>Yes. <u>Preventive care</u> and categories with a <u>copay</u> are covered before you meet your <u>deductible</u>.</p>	<p>This <u>plan</u> covers some items and services even if you haven't yet met the annual <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost-sharing</u> and before you meet your <u>deductible</u>. See a list of covered services at www.healthcare.gov/coverage/preventive-care-benefits/.</p>
<p>Are there other deductibles for specific services?</p>	<p>No.</p>	<p>You don't have to meet <u>deductibles</u> for specific services.</p>
<p>What is the out-of-pocket limit for this plan?</p>	<p><u>Network</u>: \$2,000 Individual / \$4,000 Family <u>Non-Network</u>: \$4,000 Individual / \$8,000 Family Per calendar year.</p>	<p>The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u>, they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.</p>
<p>What is not included in the out-of-pocket limit?</p>	<p><u>Premiums</u>, <u>balance-billing</u> charges, health care this <u>plan</u> doesn't cover and penalties for failure to obtain <u>preauthorization</u> for services.</p>	<p>Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u>.</p>
<p>Will you pay less if you use a network provider?</p>	<p>Yes. See myuhc.com or call 1-844-518-8079 for a list of <u>network providers</u>.</p>	<p>This <u>plan</u> uses a <u>provider network</u>. You will pay less if you use a <u>provider</u> in the <u>plan's network</u>. You will pay the most if you use an <u>out-of-network provider</u>, and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's charge</u> and what your <u>plan</u> pays (<u>balance billing</u>). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.</p>
<p>Do you need a referral to see a specialist?</p>	<p>No.</p>	<p>You can see the <u>specialist</u> you choose without a <u>referral</u>.</p>



All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$15 copay per visit, deductible does not apply.	30% coinsurance	Virtual visits (Telehealth) - \$5 copay per visit by a Designated Virtual Network Provider , deductible does not apply. If you receive services in addition to office visit, additional copays , deductibles or coinsurance may apply e.g. surgery.
	Specialist visit	\$30 copay per visit, deductible does not apply.	30% coinsurance	If you receive services in addition to office visit, additional copays , deductibles or coinsurance may apply e.g. surgery.
	Preventive care/screening/Immunization	No Charge	Not Covered	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for. No coverage non- network
If you have a test	Diagnostic test (x-ray, blood work)	No Charge	30% coinsurance	Preauthorization is required non- network for certain services or benefit reduces to 50% of allowed amount .
	Imaging (CT/PET scans, MRIs)	\$100 copay per service, deductible does not apply.	30% coinsurance	Preauthorization is required non- network or benefit reduces to 50% of allowed amount .
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at welcometouhc.com	Tier 1 – Your Lowest Cost Option	Retail: \$10 copay , deductible does not apply. Mail-Order: \$25 copay , deductible does not apply.	Retail: \$10 copay , deductible does not apply.	Provider means pharmacy for purposes of this section. Retail: Up to a 31 day supply. Mail-Order: Up to a 90 day supply. You may need to obtain certain drugs, including certain specialty drugs , from a pharmacy designated by us. Certain drugs may have a preauthorization requirement or may result in a higher cost. If you use a non- network pharmacy (including a mail order pharmacy), you may be responsible for any amount over the allowed amount . Certain preventive medications (including certain contraceptives) are covered at No Charge. See the website listed for information on drugs covered by your plan . Not all drugs are covered. You may be required to use a lower-cost drug(s) prior to benefits under your policy being available for certain prescribed drugs. If a dispensed drug has a chemically equivalent drug at a lower tier, the cost difference between drugs in addition to any applicable copay and/or coinsurance maybe applied.
	Tier 2 – Your Mid-Range Cost Option	Retail: \$35 copay , deductible does not apply. Mail-Order: \$87.50 copay , deductible does not apply.	Retail: \$35 copay , deductible does not apply.	
	Tier 3 – Your Mid-Range Cost Option	Retail: \$60 copay , deductible does not apply. Mail-Order: \$150 copay , deductible does not apply.	Retail: \$60 copay , deductible does not apply.	
	Tier 4 – Your Highest Cost Option	Not Applicable	Not Applicable	

* For more information about limitations and exceptions, see the [plan](#) or policy document at [welcometouhc.com](#).

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$100 <u>copay</u> /service, <u>deductible</u> does not apply.	30% <u>coinsurance</u>	<u>Preauthorization</u> is required non- <u>network</u> for certain services or benefit reduces to 50% of <u>allowed amount</u> .
	Physician/surgeon fees	0% <u>coinsurance</u>	30% <u>coinsurance</u>	None
If you need immediate medical attention	Emergency room care	\$125 <u>copay</u> per visit, <u>deductible</u> does not apply.	\$125 <u>copay</u> per visit, <u>deductible</u> does not apply.	None
	Emergency medical transportation	0% <u>coinsurance</u>	*0% <u>coinsurance</u>	* <u>Network deductible</u> applies
	Urgent care	\$50 <u>copay</u> per visit, <u>deductible</u> does not apply.	30% <u>coinsurance</u>	If you receive services in addition to <u>Urgent care</u> visit, additional <u>copays</u> , <u>deductibles</u> , or <u>coinsurance</u> may apply e.g. surgery.
If you have a hospital stay	Facility fee (e.g., hospital room)	0% <u>coinsurance</u>	30% <u>coinsurance</u>	<u>Preauthorization</u> is required non- <u>network</u> or benefit reduces to 50% of <u>allowed amount</u> .
	Physician/surgeon fees	0% <u>coinsurance</u>	30% <u>coinsurance</u>	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$15 <u>copay</u> per visit, <u>deductible</u> does not apply.	30% <u>coinsurance</u>	<u>Network</u> Partial hospitalization/intensive outpatient treatment: 0% <u>coinsurance</u> <u>Preauthorization</u> is required non- <u>network</u> for certain services or benefit reduces to 50% of <u>allowed amount</u> .
	Inpatient services	0% <u>coinsurance</u>	30% <u>coinsurance</u>	<u>Preauthorization</u> is required non- <u>network</u> or benefit reduces to 50% of <u>allowed amount</u> .
If you are pregnant	Office visits	No Charge	30% <u>coinsurance</u>	<u>Cost sharing</u> does not apply for <u>preventive services</u> . Depending on the type of service a <u>copayment</u> , <u>coinsurance</u> or <u>deductible</u> may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.)
	Childbirth/delivery professional services	0% <u>coinsurance</u>	30% <u>coinsurance</u>	
	Childbirth/delivery facility services	0% <u>coinsurance</u>	30% <u>coinsurance</u>	Inpatient <u>preauthorization</u> applies non- <u>network</u> if stay exceeds 48 hours (C-Section: 96 hours) or benefit reduces to 50% of <u>allowed amount</u> .

* For more information about limitations and exceptions, see the [plan](#) or policy document at welcometouhc.com.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	Home health care	0% <u>coinsurance</u>	30% <u>coinsurance</u>	Limited to 60 visits per calendar year. <u>Preauthorization</u> is required non- <u>network</u> or benefit reduces to 50% of <u>allowed amount</u> .
	Rehabilitation services	\$15 <u>copay</u> per visit, <u>deductible</u> does not apply.	30% <u>coinsurance</u>	Limits per calendar year: Physical, Speech, Occupational, Pulmonary: 20 visits each; Cardiac: 36 visits <u>Preauthorization</u> required non- <u>network</u> for certain services or benefit reduces to 50% of <u>allowed amount</u> .
	Habilitative services	\$15 <u>copay</u> per visit, <u>deductible</u> does not apply.	30% <u>coinsurance</u>	Services are provided under and limits are combined with <u>Rehabilitation Services</u> above. <u>Preauthorization</u> required non- <u>network</u> for certain services or benefit reduces to 50% of <u>allowed amount</u> .
	Skilled nursing care	0% <u>coinsurance</u>	30% <u>coinsurance</u>	Limited to 60 days per calendar year (combined with inpatient rehabilitation). <u>Preauthorization</u> is required non- <u>network</u> or benefit reduces to 50% of <u>allowed amount</u> .
	Durable medical equipment	0% <u>coinsurance</u>	30% <u>coinsurance</u>	Covers 1 per type of DME (including repair/replacement) every 3 years. <u>Preauthorization</u> is required non- <u>network</u> for DME over \$1,000 or no coverage.
	Hospice services	0% <u>coinsurance</u>	30% <u>coinsurance</u>	<u>Preauthorization</u> is required non- <u>network</u> before admission for an Inpatient Stay in a hospice facility or benefit reduces to 50% of <u>allowed amount</u> .
If your child needs dental or eye care	Children's eye exam	\$15 <u>copay</u> per visit, <u>deductible</u> does not apply.	30% <u>coinsurance</u>	One routine vision exam, including refraction, to detect vision impairment. Routine eye exam is limited to 1 every other year.
	Children's glasses	Not Covered	Not Covered	No coverage for Children's glasses.
	Children's dental check-up	Not Covered	Not Covered	No coverage for Children's Dental check-up.

* For more information about limitations and exceptions, see the [plan](#) or policy document at welcometouhc.com.

Excluded Services & Other Covered Services:

Services Your [Plan](#) Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other [excluded services](#).)

- Acupuncture
- Bariatric surgery
- Cosmetic surgery
- Dental care
- Glasses
- Infertility treatment
- Long-term care
- Non-emergency care when travelling outside - the U.S.
- Private duty nursing
- Routine foot care – Except as covered for Diabetes
- Weight loss programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

- Chiropractic (Manipulative care) – 20 visits per calendar year
- Hearing aids - \$2,500 per calendar year
- Routine eye care (adult) - 1 exam per 2 years

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance [Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: the Member Service number listed on the back of your ID card or myuhc.com.

Additionally, a consumer assistance program may help you file your appeal. Contact dol.gov/ebsa/healthreform.

Does this plan provide Minimum Essential Coverage? **Yes**

If you don't have [Minimum Essential Coverage](#) for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet the Minimum Value Standards? **Yes**

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-844-518-8079.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-844-518-8079.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-844-518-8079.

Navajo (Dine): Dine'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-844-518-8079.

————— *To see examples of how this plan might cover costs for a sample medical situation, see the next section.* —————

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The plan's overall deductible	\$250
■ Specialist copay	\$30
■ Hospital (facility) coinsurance	0%
■ Other coinsurance	0%

Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The plan's overall deductible	\$250
■ Specialist copay	\$30
■ Hospital (facility) coinsurance	0%
■ Other coinsurance	0%

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The plan's overall deductible	\$250
■ Specialist copay	\$30
■ Hospital (facility) coinsurance	0%
■ Other coinsurance	0%

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
 Diagnostic tests (*ultrasounds and blood work*)
 Specialist visit (*anesthesia*)

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
 Diagnostic tests (*blood work*)
 Prescription drugs
 Durable medical equipment (*glucose meter*)

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
 Diagnostic test (*x-ray*)
 Durable medical equipment (*crutches*)
 Rehabilitation services (*physical therapy*)

Total Example Cost	\$12,800
---------------------------	-----------------

Total Example Cost	\$7,400
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Total Example Cost	\$1,900
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In this example, Peg would pay:

Cost Sharing	
<u>Deductibles</u>	\$250
<u>Copayments</u>	\$30
<u>Coinsurance</u>	\$0
What isn't covered	
Limits or exclusions	\$60
The total Peg would pay is	\$340

In this example, Joe would pay:

Cost Sharing	
<u>Deductibles</u>	\$200
<u>Copayments</u>	\$1,200
<u>Coinsurance</u>	\$0
What isn't covered	
Limits or exclusions	\$30
The total Joe would pay is	\$1,430

In this example, Mia would pay:

Cost Sharing	
<u>Deductibles</u>	\$250
<u>Copayments</u>	\$300
<u>Coinsurance</u>	\$0
What isn't covered	
Limits or exclusions	\$0
The total Mia would pay is	\$550

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.

We do not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator.

Online: UHC_Civil_Rights@uhc.com

Mail: Civil Rights Coordinator. UnitedHealthcare Civil Rights Grievance. P.O. Box 30608 Salt Lake City, UTAH 84130

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.

If you need help with your complaint, please call the toll-free number listed within this Summary of Benefits and Coverage (SBC), TTY 711, Monday through Friday, 8 a.m. to 8 p.m.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

Online: <https://ocrportal.hhs.gov/ocr/porta/lobby.jsf>

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Phone: Toll-free 1-800-368-1019, 800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services. 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the number contained within this Summary of Benefits and Coverage (SBC), TTY 711, Monday through Friday, 8 a.m. to 8 p.m.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número gratuito que aparece en este Resumen de Beneficios y Cobertura (Summary of Benefits and Coverage, SBC).

請注意：如果您說中文 (**Chinese**)，我們免費為您提供語言協助服務。請撥打本福利和承保摘要(Summary of Benefits and Coverage, SBC) 內所列的免付費電話號碼。

XIN LƯU Ý: Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ghi trong bản Tóm lược về quyền lợi và đài thọ bảo hiểm (Summary of Benefits and Coverage, SBC) này.

알림: 한국어(**Korean**)를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 본 혜택 및 보장 요약서(Summary of Benefits and Coverage, SBC)에 기재된 무료전화번호로 전화하십시오.

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numerong nakalista sa Buod na ito ng Mga Benepisyo at Saklaw (Summary of Benefits and Coverage o SBC).

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русском (Russian)**. Позвоните по бесплатному номеру телефона, указанному в данном «Обзоре льгот и покрытия» (Summary of Benefits and Coverage, SBC).

تنبيه: إذا كنت تتحدث **العربية (Arabic)**، فإن خدمات المساعدة اللغوية المجانية متاحة لك. يُرجى الاتصال برقم الهاتف المجاني المدرج داخل مخلص المزايا والتغطية هنا. (Summary of Benefits and Coverage, SBC)

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki nan Rezime avantaj ak pwoteksyon sa a (Summary of Benefits and Coverage, SBC).

ATTENTION : Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro sans frais figurant dans ce Sommaire des prestations et de la couverture (Summary of Benefits and Coverage, SBC).

UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer podany w niniejszym Zestawieniu świadczeń i refundacji (Summary of Benefits and Coverage, SBC).

ATENÇÃO: Se você fala **português (Portuguese)**, contate o serviço de assistência de idiomas gratuito. Ligue para o número gratuito listado neste Resumo de Benefícios e Cobertura (Summary of Benefits and Coverage - SBC).

ATTENZIONE: in caso la lingua parlata sia l'**italiano (Italian)**, sono disponibili servizi di assistenza linguistica gratuiti. Chiamate il numero verde indicato all'interno di questo Sommario dei Benefit e della Copertura (Summary of Benefits and Coverage, SBC).

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die in dieser Zusammenfassung der Leistungen und Kostenübernahmen (Summary of Benefits and Coverage, SBC) angegebene gebührenfreie Rufnummer an.

注意事項：日本語 (**Japanese**) を話される場合、無料の言語支援サービスをご利用いただけます。本「保障および給付の概要」(Summary of Benefits and Coverage, SBC)に記載されているフリーダイヤルにてお電話ください。

توجه: اگر زبان شما فارسی (Farsi) است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً با شماره تلفن رایگان ذکر شده در این خلاصه مزایا و پوشش (Summary of Benefits and Coverage- SBC) تماس بگیرید.

ध्यान दें: यदि आप हिंदी (Hindi) बोलते हैं, आपको भाषा सहायता सेवाएं, निःशुल्क उपलब्ध हैं। लाभ और कवरेज (Summary of Benefits and Coverage, SBC) के इस सारांश के भीतर सूचीबद्ध टोल फ्री नंबर पर कॉल करें।

CEEB TOOM: Yog koj hais Lus Hmoob (Hmong), muaj kev pab txhais lus pub dawb rau koj. Thov hu rau tus xov tooj hu dawb teev muaj nyob ntawm Tsab Ntawv Nthuav Qhia Cov Txiaj Ntsim Zoo thiab Kev Kam Them Nqi (Summary of Benefits and Coverage, SBC) no.

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយភាសាខ្មែរ (Khmer) សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតចេញថ្លៃ ដែលមានកត់នៅក្នុង សេចក្តីសង្ខេបអត្ថប្រយោជន៍ និងការរ៉ាប់រង (Summary of Benefits and Coverage, SBC) នេះ។

PAKDAAR: Nu saritaem ti Ilocano (Ilocano), ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Maidawat nga awagan ti awan bayad na nu tawagan nga numero nga nakalista iti uneg na daytoy nga Dagup dagiti Benipisyo ken Pannakasakup (Summary of Benefits and Coverage, SBC).

DÍÍ BAA'ÁKONÍNÍZIN: Diné (Navajo) bizaad bee yániliti'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shòqdí Naaltsoos Bee 'Aa'áhayání dóó Bee 'Ak'é'asti' Bee Baa Hane'í (Summary of Benefits and Coverage, SBC) biyi' t'áá jíík'ehgo béesh bee hane'í biká'ígíí bee hodíilnih.

OGOW: Haddii aad ku hadasho Soomaali (Somali), adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka bilaashka ah ee ku yaalla Soo-koobitaanka Dheefaha iyo Caymiska (Summary of Benefits and Coverage, SBC).



The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately.

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-844-518-8079 or visit welcometouhc.com. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary/ or call 1-866-487-2365 to request a copy.

Important Questions	Answers	Why This Matters:
<p>What is the overall deductible?</p>	<p><u>Network</u>: \$250 Individual / \$500 Family <u>Non-Network</u>: \$500 Individual / \$1,000 Family Per calendar year.</p>	<p>Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u>, each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u>.</p>
<p>Are there services covered before you meet your deductible?</p>	<p>Yes. <u>Preventive care</u> and categories with a <u>copay</u> are covered before you meet your <u>deductible</u>.</p>	<p>This <u>plan</u> covers some items and services even if you haven't yet met the annual <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost-sharing</u> and before you meet your <u>deductible</u>. See a list of covered services at www.healthcare.gov/coverage/preventive-care-benefits/.</p>
<p>Are there other deductibles for specific services?</p>	<p>No.</p>	<p>You don't have to meet <u>deductibles</u> for specific services.</p>
<p>What is the out-of-pocket limit for this plan?</p>	<p><u>Network</u>: \$2,500 Individual / \$5,000 Family <u>Non-Network</u>: \$5,000 Individual / \$10,000 Family Per calendar year.</p>	<p>The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u>, they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.</p>
<p>What is not included in the out-of-pocket limit?</p>	<p><u>Premiums</u>, <u>balance-billing</u> charges, health care this <u>plan</u> doesn't cover and penalties for failure to obtain <u>preauthorization</u> for services.</p>	<p>Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u>.</p>
<p>Will you pay less if you use a network provider?</p>	<p>Yes. See myuhc.com or call 1-844-518-8079 for a list of <u>network providers</u>.</p>	<p>This <u>plan</u> uses a <u>provider network</u>. You will pay less if you use a <u>provider</u> in the <u>plan's network</u>. You will pay the most if you use an <u>out-of-network provider</u>, and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's charge</u> and what your <u>plan</u> pays (<u>balance billing</u>). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.</p>
<p>Do you need a referral to see a specialist?</p>	<p>No.</p>	<p>You can see the <u>specialist</u> you choose without a <u>referral</u>.</p>



All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$15 copay per visit, deductible does not apply.	30% coinsurance	Virtual visits (Telehealth) - \$5 copay per visit by a Designated Virtual Network Provider , deductible does not apply. If you receive services in addition to office visit, additional copays , deductibles or coinsurance may apply e.g. surgery.
	Specialist visit	\$30 copay per visit, deductible does not apply.	30% coinsurance	If you receive services in addition to office visit, additional copays , deductibles or coinsurance may apply e.g. surgery.
	Preventive care/screening/Immunization	No Charge	Not Covered	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for. No coverage non- network
If you have a test	Diagnostic test (x-ray, blood work)	No Charge	30% coinsurance	Preauthorization is required non- network for certain services or benefit reduces to 50% of allowed amount .
	Imaging (CT/PET scans, MRIs)	\$100 copay per service, deductible does not apply.	30% coinsurance	Preauthorization is required non- network or benefit reduces to 50% of allowed amount .
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at welcometouhc.com	Tier 1 – Your Lowest Cost Option	Retail: \$10 copay , deductible does not apply. Mail-Order: \$25 copay , deductible does not apply.	Retail: \$10 copay , deductible does not apply.	Provider means pharmacy for purposes of this section. Retail: Up to a 31 day supply. Mail-Order: Up to a 90 day supply. You may need to obtain certain drugs, including certain specialty drugs , from a pharmacy designated by us. Certain drugs may have a preauthorization requirement or may result in a higher cost. If you use a non- network pharmacy (including a mail order pharmacy), you may be responsible for any amount over the allowed amount . Certain preventive medications (including certain contraceptives) are covered at No Charge. See the website listed for information on drugs covered by your plan . Not all drugs are covered. You may be required to use a lower-cost drug(s) prior to benefits under your policy being available for certain prescribed drugs. If a dispensed drug has a chemically equivalent drug at a lower tier, the cost difference between drugs in addition to any applicable copay and/or coinsurance maybe applied.
	Tier 2 – Your Mid-Range Cost Option	Retail: \$35 copay , deductible does not apply. Mail-Order: \$87.50 copay , deductible does not apply.	Retail: \$35 copay , deductible does not apply.	
	Tier 3 – Your Mid-Range Cost Option	Retail: \$60 copay , deductible does not apply. Mail-Order: \$150 copay , deductible does not apply.	Retail: \$60 copay , deductible does not apply.	
	Tier 4 – Your Highest Cost Option	Not Applicable	Not Applicable	

* For more information about limitations and exceptions, see the [plan](#) or policy document at welcometouhc.com.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$100 <u>copay</u> /service, <u>deductible</u> does not apply.	30% <u>coinsurance</u>	<u>Preauthorization</u> is required non-network for certain services or benefit reduces to 50% of <u>allowed amount</u> .
	Physician/surgeon fees	10% <u>coinsurance</u>	30% <u>coinsurance</u>	None
If you need immediate medical attention	Emergency room care	\$125 <u>copay</u> per visit, <u>deductible</u> does not apply.	\$125 <u>copay</u> per visit, <u>deductible</u> does not apply.	None
	Emergency medical transportation	10% <u>coinsurance</u>	*10% <u>coinsurance</u>	* <u>Network deductible</u> applies
	Urgent care	\$50 <u>copay</u> per visit, <u>deductible</u> does not apply.	30% <u>coinsurance</u>	If you receive services in addition to <u>Urgent care</u> visit, additional <u>copays</u> , <u>deductibles</u> , or <u>coinsurance</u> may apply e.g. surgery.
If you have a hospital stay	Facility fee (e.g., hospital room)	10% <u>coinsurance</u>	30% <u>coinsurance</u>	<u>Preauthorization</u> is required non-network or benefit reduces to 50% of <u>allowed amount</u> .
	Physician/surgeon fees	10% <u>coinsurance</u>	30% <u>coinsurance</u>	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$15 <u>copay</u> per visit, <u>deductible</u> does not apply.	30% <u>coinsurance</u>	<u>Network</u> Partial hospitalization/intensive outpatient treatment: 10% <u>coinsurance</u> <u>Preauthorization</u> is required non-network for certain services or benefit reduces to 50% of <u>allowed amount</u> .
	Inpatient services	10% <u>coinsurance</u>	30% <u>coinsurance</u>	<u>Preauthorization</u> is required non-network or benefit reduces to 50% of <u>allowed amount</u> .
If you are pregnant	Office visits	No Charge	30% <u>coinsurance</u>	<u>Cost sharing</u> does not apply for <u>preventive services</u> . Depending on the type of service a <u>copayment</u> , <u>coinsurance</u> or <u>deductible</u> may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.)
	Childbirth/delivery professional services	10% <u>coinsurance</u>	30% <u>coinsurance</u>	Inpatient <u>preauthorization</u> applies non-network if stay exceeds 48 hours (C-Section: 96 hours) or benefit reduces to 50% of <u>allowed amount</u> .
	Childbirth/delivery facility services	10% <u>coinsurance</u>	30% <u>coinsurance</u>	
If you need help recovering or have other special health needs	Home health care	10% <u>coinsurance</u>	30% <u>coinsurance</u>	Limited to 60 visits per calendar year. <u>Preauthorization</u> is required non-network or benefit reduces to 50% of <u>allowed amount</u> .
	Rehabilitation services	\$15 <u>copay</u> per visit, <u>deductible</u> does not apply.	30% <u>coinsurance</u>	Limits per calendar year: Physical, Speech, Occupational, Pulmonary: 20 visits each; Cardiac: 36 visits <u>Preauthorization</u> required non-network for certain services or benefit reduces to 50% of <u>allowed amount</u> .

* For more information about limitations and exceptions, see the plan or policy document at welcometouhc.com.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
	Habilitation services	\$15 <u>copay</u> per visit, <u>deductible</u> does not apply.	30% <u>coinsurance</u>	Services are provided under and limits are combined with Rehabilitation Services above. <u>Preauthorization</u> required non- <u>network</u> for certain services or benefit reduces to 50% of <u>allowed amount</u> .
	Skilled nursing care	10% <u>coinsurance</u>	30% <u>coinsurance</u>	Limited to 60 days per calendar year (combined with inpatient rehabilitation). <u>Preauthorization</u> is required non- <u>network</u> or benefit reduces to 50% of <u>allowed amount</u> .
	Durable medical equipment	10% <u>coinsurance</u>	30% <u>coinsurance</u>	Covers 1 per type of DME (including repair/replacement) every 3 years. <u>Preauthorization</u> is required non- <u>network</u> for DME over \$1,000 or no coverage.
	Hospice services	10% <u>coinsurance</u>	30% <u>coinsurance</u>	<u>Preauthorization</u> is required non- <u>network</u> before admission for an Inpatient Stay in a hospice facility or benefit reduces to 50% of <u>allowed amount</u> .
If your child needs dental or eye care	Children's eye exam	\$15 <u>copay</u> per visit, <u>deductible</u> does not apply.	30% <u>coinsurance</u>	One routine vision exam, including refraction, to detect vision impairment. Routine eye exam is limited to 1 every other year.
	Children's glasses	Not Covered	Not Covered	No coverage for Children's glasses.
	Children's dental check-up	Not Covered	Not Covered	No coverage for Children's Dental check-up.

Excluded Services & Other Covered Services:

Services Your [Plan](#) Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other [excluded services](#).)

<ul style="list-style-type: none"> Acupuncture Bariatric surgery Cosmetic surgery Dental care 	<ul style="list-style-type: none"> Glasses Infertility treatment Long-term care Non-emergency care when travelling outside - the U.S. 	<ul style="list-style-type: none"> Private duty nursing Routine foot care – Except as covered for Diabetes Weight loss programs
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Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

<ul style="list-style-type: none"> Chiropractic (Manipulative care) – 20 visits per calendar year 	<ul style="list-style-type: none"> Hearing aids - \$2,500 per calendar year 	<ul style="list-style-type: none"> Routine eye care (adult) - 1 exam per 2 years
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* For more information about limitations and exceptions, see the [plan](#) or policy document at welcometouhc.com.

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance [Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact the Member Service number listed on the back of your ID card or myuhc.com.

Additionally, a consumer assistance program may help you file your appeal. Contact dol.gov/ebsa/healthreform.

Does this plan provide Minimum Essential Coverage? Yes

If you don't have [Minimum Essential Coverage](#) for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet the Minimum Value Standards? Yes

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-844-518-8079.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-844-518-8079.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-844-518-8079.

Navajo (Dine): Dinek'ehgo shika a'ohwol ninisingo, kwijigo holne' 1-844-518-8079.

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby (9 months of in-network pre-natal care and a hospital delivery)		Managing Joe's type 2 Diabetes (a year of routine in-network care of a well-controlled condition)		Mia's Simple Fracture (in-network emergency room visit and follow up care)	
■ The plan's overall deductible	\$250	■ The plan's overall deductible	\$250	■ The plan's overall deductible	\$250
■ Specialist copay	\$30	■ Specialist copay	\$30	■ Specialist copay	\$30
■ Hospital (facility) coinsurance	10%	■ Hospital (facility) coinsurance	10%	■ Hospital (facility) coinsurance	10%
■ Other coinsurance	10%	■ Other coinsurance	10%	■ Other coinsurance	10%
This EXAMPLE event includes services like: Specialist office visits (<i>prenatal care</i>) Childbirth/Delivery Professional Services Childbirth/Delivery Facility Services Diagnostic tests (<i>ultrasounds and blood work</i>) Specialist visit (<i>anesthesia</i>)		This EXAMPLE event includes services like: Primary care physician office visits (<i>including disease education</i>) Diagnostic tests (<i>blood work</i>) Prescription drugs Durable medical equipment (<i>glucose meter</i>)		This EXAMPLE event includes services like: Emergency room care (<i>including medical supplies</i>) Diagnostic test (<i>x-ray</i>) Durable medical equipment (<i>crutches</i>) Rehabilitation services (<i>physical therapy</i>)	
Total Example Cost		\$12,800	Total Example Cost		\$7,400
In this example, Peg would pay:		In this example, Joe would pay:		In this example, Mia would pay:	
<i>Cost Sharing</i>		<i>Cost Sharing</i>		<i>Cost Sharing</i>	
<u>Deductibles</u>	\$250	<u>Deductibles</u>	\$200	<u>Deductibles</u>	\$250
<u>Copayments</u>	\$30	<u>Copayments</u>	\$1,200	<u>Copayments</u>	\$300
<u>Coinsurance</u>	\$1,000	<u>Coinsurance</u>	\$0	<u>Coinsurance</u>	\$40
<i>What isn't covered</i>		<i>What isn't covered</i>		<i>What isn't covered</i>	
Limits or exclusions	\$60	Limits or exclusions	\$30	Limits or exclusions	\$0
The total Peg would pay is	\$1,340	The total Joe would pay is	\$1,430	The total Mia would pay is	\$590

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.

We do not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator.

Online: UHC_Civil_Rights@uhc.com

Mail: Civil Rights Coordinator. UnitedHealthcare Civil Rights Grievance. P.O. Box 30608 Salt Lake City, UTAH 84130

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.

If you need help with your complaint, please call the toll-free number listed within this Summary of Benefits and Coverage (SBC), TTY 711, Monday through Friday, 8 a.m. to 8 p.m.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

Online: <https://ocrportal.hhs.gov/ocr/portals/lobby.jsf>

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Phone: Toll-free 1-800-368-1019, 800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services. 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the number contained within this Summary of Benefits and Coverage (SBC), TTY 711, Monday through Friday, 8 a.m. to 8 p.m.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número gratuito que aparece en este Resumen de Beneficios y Cobertura (Summary of Benefits and Coverage, SBC).

請注意：如果您說中文 (**Chinese**)，我們免費為您提供語言協助服務。請撥打本福利和承保摘要(Summary of Benefits and Coverage, SBC) 內所列的免付費電話號碼。

XIN LƯU Ý: Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ghi trong bản Tóm lược về quyền lợi và đài thọ bảo hiểm (Summary of Benefits and Coverage, SBC) này.

알림: 한국어(**Korean**)를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 본 혜택 및 보장 요약서(Summary of Benefits and Coverage, SBC)에 기재된 무료전화번호로 전화하십시오.

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numerong nakalista sa Buod na ito ng Mga Benepisyo at Saklaw (Summary of Benefits and Coverage o SBC).

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русском (Russian)**. Позвоните по бесплатному номеру телефона, указанному в данном «Обзоре льгот и покрытия» (Summary of Benefits and Coverage, SBC).

تنبيه: إذا كنت تتحدث **العربية (Arabic)**، فإن خدمات المساعدة اللغوية المجانية متاحة لك. يُرجى الاتصال برقم الهاتف المجاني المدرج داخل مخلص المزايا والتغطية هنا. (Summary of Benefits and Coverage, SBC)

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki nan Rezime avantaj ak pwoteksyon sa a (Summary of Benefits and Coverage, SBC).

ATTENTION : Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro sans frais figurant dans ce Sommaire des prestations et de la couverture (Summary of Benefits and Coverage, SBC).

UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer podany w niniejszym Zestawieniu świadczeń i refundacji (Summary of Benefits and Coverage, SBC).

ATENÇÃO: Se você fala **português (Portuguese)**, contate o serviço de assistência de idiomas gratuito. Ligue para o número gratuito listado neste Resumo de Benefícios e Cobertura (Summary of Benefits and Coverage - SBC).

ATTENZIONE: in caso la lingua parlata sia l'**italiano (Italian)**, sono disponibili servizi di assistenza linguistica gratuiti. Chiamate il numero verde indicato all'interno di questo Sommario dei Benefit e della Copertura (Summary of Benefits and Coverage, SBC).

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die in dieser Zusammenfassung der Leistungen und Kostenübernahmen (Summary of Benefits and Coverage, SBC) angegebene gebührenfreie Rufnummer an.

注意事項：日本語 (**Japanese**) を話される場合、無料の言語支援サービスをご利用いただけます。本「保障および給付の概要」(Summary of Benefits and Coverage, SBC)に記載されているフリーダイヤルにてお電話ください。

توجه: اگر زبان شما فارسی (Farsi) است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً با شماره تلفن رایگان ذکر شده در این خلاصه مزایا و پوشش (Summary of Benefits and Coverage- SBC) تماس بگیرید.

ध्यान दें: यदि आप हिंदी (Hindi) बोलते हैं, आपको भाषा सहायता सेवाएं, निःशुल्क उपलब्ध हैं। लाभ और कवरेज (Summary of Benefits and Coverage, SBC) के इस सारांश के भीतर सूचीबद्ध टोल फ्री नंबर पर कॉल करें।

CEEB TOOM: Yog koj hais Lus Hmoob (Hmong), muaj kev pab txhais lus pub dawb rau koj. Thov hu rau tus xov tooj hu dawb teev muaj nyob ntawm Tsab Ntawv Nthuav Qhia Cov Txiaj Ntsim Zoo thiab Kev Kam Them Nqi (Summary of Benefits and Coverage, SBC) no.

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយភាសាខ្មែរ (Khmer) សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតចេញថ្លៃ ដែលមានកត់នៅក្នុង សេចក្តីសង្ខេបអត្ថប្រយោជន៍ និងការរ៉ាប់រង (Summary of Benefits and Coverage, SBC) នេះ។

PAKDAAR: Nu saritaem ti Ilocano (Ilocano), ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Maidawat nga awagan ti awan bayad na nu tawagan nga numero nga nakalista iti uneg na daytoy nga Dagup dagiti Benipisyo ken Pannakasakup (Summary of Benefits and Coverage, SBC).

DÍÍ BAA'ÁKONÍNÍZIN: Diné (Navajo) bizaad bee yániliti'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shòqdí Naaltsoos Bee 'Aa'áhayání dóó Bee 'Ak'é'asti' Bee Baa Hane'í (Summary of Benefits and Coverage, SBC) biyi' t'áá jíík'ehgo béesh bee hane'í biká'ígíí bee hodiilnih.

OGOW: Haddii aad ku hadasho Soomaali (Somali), adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka bilaashka ah ee ku yaalla Soo-koobitaanka Dheefaha iyo Caymiska (Summary of Benefits and Coverage, SBC).



The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately.

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-844-518-8079 or visit welcometouhc.com. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary/ or call 1-866-487-2365 to request a copy.

Important Questions	Answers	Why This Matters:
<p>What is the overall deductible?</p>	<p><u>Network</u>: \$500 Individual / \$1,000 Family <u>Non-Network</u>: \$1,000 Individual / \$2,000 Family Per calendar year.</p>	<p>Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u>, each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u>.</p>
<p>Are there services covered before you meet your deductible?</p>	<p>Yes. <u>Preventive care</u> and categories with a <u>copay</u> are covered before you meet your <u>deductible</u>.</p>	<p>This <u>plan</u> covers some items and services even if you haven't yet met the annual <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost-sharing</u> and before you meet your <u>deductible</u>. See a list of covered services at www.healthcare.gov/coverage/preventive-care-benefits/.</p>
<p>Are there other deductibles for specific services?</p>	<p>No.</p>	<p>You don't have to meet <u>deductibles</u> for specific services.</p>
<p>What is the out-of-pocket limit for this plan?</p>	<p><u>Network</u>: \$2,500 Individual / \$5,000 Family <u>Non-Network</u>: \$5,000 Individual / \$10,000 Family Per calendar year.</p>	<p>The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u>, they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.</p>
<p>What is not included in the out-of-pocket limit?</p>	<p><u>Premiums</u>, <u>balance-billing</u> charges, health care this <u>plan</u> doesn't cover and penalties for failure to obtain <u>preauthorization</u> for services.</p>	<p>Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u>.</p>
<p>Will you pay less if you use a network provider?</p>	<p>Yes. See myuhc.com or call 1-844-518-8079 for a list of <u>network providers</u>.</p>	<p>This <u>plan</u> uses a <u>provider network</u>. You will pay less if you use a <u>provider</u> in the <u>plan's network</u>. You will pay the most if you use an <u>out-of-network provider</u>, and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's charge</u> and what your <u>plan</u> pays (<u>balance billing</u>). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.</p>
<p>Do you need a referral to see a specialist?</p>	<p>No.</p>	<p>You can see the <u>specialist</u> you choose without a <u>referral</u>.</p>



All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$20 copay per visit, deductible does not apply.	30% coinsurance	Virtual visits (Telehealth) - \$5 copay per visit by a Designated Virtual Network Provider , deductible does not apply. If you receive services in addition to office visit, additional copays , deductibles or coinsurance may apply e.g. surgery.
	Specialist visit	\$40 copay per visit, deductible does not apply.	30% coinsurance	If you receive services in addition to office visit, additional copays , deductibles or coinsurance may apply e.g. surgery.
	Preventive care/screening/Immunization	No Charge	Not Covered	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for. No coverage non- network
If you have a test	Diagnostic test (x-ray, blood work)	No Charge	30% coinsurance	Preauthorization is required non- network for certain services or benefit reduces to 50% of allowed amount .
	Imaging (CT/PET scans, MRIs)	10% coinsurance	30% coinsurance	Preauthorization is required non- network or benefit reduces to 50% of allowed amount .
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at welcometouhc.com	Tier 1 – Your Lowest Cost Option	Retail: \$10 copay , deductible does not apply. Mail-Order: \$25 copay , deductible does not apply.	Retail: \$10 copay , deductible does not apply.	Provider means pharmacy for purposes of this section. Retail: Up to a 31 day supply. Mail-Order: Up to a 90 day supply. You may need to obtain certain drugs, including certain specialty drugs , from a pharmacy designated by us. Certain drugs may have a preauthorization requirement or may result in a higher cost. If you use a non- network pharmacy (including a mail order pharmacy), you may be responsible for any amount over the allowed amount . Certain preventive medications (including certain contraceptives) are covered at No Charge. See the website listed for information on drugs covered by your plan . Not all drugs are covered. You may be required to use a lower-cost drug(s) prior to benefits under your policy being available for certain prescribed drugs. If a dispensed drug has a chemically equivalent drug at a lower tier, the cost difference between drugs in addition to any applicable copay and/or coinsurance maybe applied.
	Tier 2 – Your Mid-Range Cost Option	Retail: \$35 copay , deductible does not apply. Mail-Order: \$87.50 copay , deductible does not apply.	Retail: \$35 copay , deductible does not apply.	
	Tier 3 – Your Mid-Range Cost Option	Retail: \$60 copay , deductible does not apply. Mail-Order: \$150 copay , deductible does not apply.	Retail: \$60 copay , deductible does not apply.	
	Tier 4 – Your Highest Cost Option	Not Applicable	Not Applicable	

* For more information about limitations and exceptions, see the [plan](#) or policy document at [welcometouhc.com](#).

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	10% <u>coinsurance</u>	30% <u>coinsurance</u>	<u>Preauthorization</u> is required <u>non-network</u> for certain services or benefit reduces to 50% of <u>allowed amount</u> .
	Physician/surgeon fees	10% <u>coinsurance</u>	30% <u>coinsurance</u>	None
If you need immediate medical attention	Emergency room care	\$150 <u>copay</u> per visit, <u>deductible</u> does not apply.	\$150 <u>copay</u> per visit, <u>deductible</u> does not apply.	None
	Emergency medical transportation	10% <u>coinsurance</u>	*10% <u>coinsurance</u>	* <u>Network deductible</u> applies
	Urgent care	\$50 <u>copay</u> per visit, <u>deductible</u> does not apply.	30% <u>coinsurance</u>	If you receive services in addition to <u>Urgent care</u> visit, additional <u>copays</u> , <u>deductibles</u> , or <u>coinsurance</u> may apply e.g. surgery.
If you have a hospital stay	Facility fee (e.g., hospital room)	10% <u>coinsurance</u>	30% <u>coinsurance</u>	<u>Preauthorization</u> is required <u>non-network</u> or benefit reduces to 50% of <u>allowed amount</u> .
	Physician/surgeon fees	10% <u>coinsurance</u>	30% <u>coinsurance</u>	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$20 <u>copay</u> per visit, <u>deductible</u> does not apply.	30% <u>coinsurance</u>	<u>Network</u> Partial hospitalization/intensive outpatient treatment: 10% <u>coinsurance</u> <u>Preauthorization</u> is required <u>non-network</u> for certain services or benefit reduces to 50% of <u>allowed amount</u> .
	Inpatient services	10% <u>coinsurance</u>	30% <u>coinsurance</u>	<u>Preauthorization</u> is required <u>non-network</u> or benefit reduces to 50% of <u>allowed amount</u> .
If you are pregnant	Office visits	No Charge	30% <u>coinsurance</u>	<u>Cost sharing</u> does not apply for <u>preventive services</u> . Depending on the type of service a <u>copayment</u> , <u>coinsurance</u> or <u>deductible</u> may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.)
	Childbirth/delivery professional services	10% <u>coinsurance</u>	30% <u>coinsurance</u>	
	Childbirth/delivery facility services	10% <u>coinsurance</u>	30% <u>coinsurance</u>	Inpatient <u>preauthorization</u> applies <u>non-network</u> if stay exceeds 48 hours (C-Section: 96 hours) or benefit reduces to 50% of <u>allowed amount</u> .
If you need help recovering or have other special health needs	Home health care	10% <u>coinsurance</u>	30% <u>coinsurance</u>	Limited to 60 visits per calendar year. <u>Preauthorization</u> is required <u>non-network</u> or benefit reduces to 50% of <u>allowed amount</u> .
	Rehabilitation services	\$20 <u>copay</u> per visit, <u>deductible</u> does not apply.	30% <u>coinsurance</u>	Limits per calendar year: Physical, Speech, Occupational, Pulmonary: 20 visits each; Cardiac: 36 visits <u>Preauthorization</u> required <u>non-network</u> for certain services or benefit reduces to 50% of <u>allowed amount</u> .

* For more information about limitations and exceptions, see the [plan](#) or policy document at welcometouhc.com.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
	Habilitation services	\$20 <u>copay</u> per visit, <u>deductible</u> does not apply.	30% <u>coinsurance</u>	Services are provided under and limits are combined with Rehabilitation Services above. <u>Preauthorization</u> required non- <u>network</u> for certain services or benefit reduces to 50% of <u>allowed amount</u> .
	Skilled nursing care	10% <u>coinsurance</u>	30% <u>coinsurance</u>	Limited to 60 days per calendar year (combined with inpatient rehabilitation). <u>Preauthorization</u> is required non- <u>network</u> or benefit reduces to 50% of <u>allowed amount</u> .
	Durable medical equipment	10% <u>coinsurance</u>	30% <u>coinsurance</u>	Covers 1 per type of DME (including repair/replacement) every 3 years. <u>Preauthorization</u> is required non- <u>network</u> for DME over \$1,000 or no coverage.
	Hospice services	10% <u>coinsurance</u>	30% <u>coinsurance</u>	<u>Preauthorization</u> is required non- <u>network</u> before admission for an Inpatient Stay in a hospice facility or benefit reduces to 50% of <u>allowed amount</u> .
If your child needs dental or eye care	Children's eye exam	\$20 <u>copay</u> per visit, <u>deductible</u> does not apply.	30% <u>coinsurance</u>	One routine vision exam, including refraction, to detect vision impairment. Routine eye exam is limited to 1 every other year.
	Children's glasses	Not Covered	Not Covered	No coverage for Children's glasses.
	Children's dental check-up	Not Covered	Not Covered	No coverage for Children's Dental check-up.

Excluded Services & Other Covered Services:

Services Your [Plan](#) Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other [excluded services](#).)

<ul style="list-style-type: none"> Acupuncture Bariatric surgery Cosmetic surgery Dental care 	<ul style="list-style-type: none"> Glasses Infertility treatment Long-term care Non-emergency care when travelling outside - the U.S. 	<ul style="list-style-type: none"> Private duty nursing Routine foot care – Except as covered for Diabetes Weight loss programs
---	---	--

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

<ul style="list-style-type: none"> Chiropractic (Manipulative care) – 20 visits per calendar year 	<ul style="list-style-type: none"> Hearing aids - \$2,500 per calendar year 	<ul style="list-style-type: none"> Routine eye care (adult) - 1 exam per 2 years
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* For more information about limitations and exceptions, see the [plan](#) or policy document at welcometouhc.com.

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance [Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: the Member Service number listed on the back of your ID card or myuhc.com.

Additionally, a consumer assistance program may help you file your appeal. Contact dol.gov/ebsa/healthreform.

Does this plan provide Minimum Essential Coverage? Yes

If you don't have [Minimum Essential Coverage](#) for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet the Minimum Value Standards? Yes

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-844-518-8079.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-844-518-8079.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-844-518-8079.

Navajo (Dine): Dinek'ehgo shika a'ohwol ninisingo, kwijigo holne' 1-844-518-8079.

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The plan's overall deductible	\$500
■ Specialist copay	\$40
■ Hospital (facility) coinsurance	10%
■ Other coinsurance	10%

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
 Diagnostic tests (*ultrasounds and blood work*)
 Specialist visit (*anesthesia*)

Total Example Cost	\$12,800
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In this example, Peg would pay:

<i>Cost Sharing</i>	
<u>Deductibles</u>	\$500
<u>Copayments</u>	\$30
<u>Coinsurance</u>	\$1,000
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$1,590

Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The plan's overall deductible	\$500
■ Specialist copay	\$40
■ Hospital (facility) coinsurance	10%
■ Other coinsurance	10%

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
 Diagnostic tests (*blood work*)
 Prescription drugs
 Durable medical equipment (*glucose meter*)

Total Example Cost	\$7,400
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In this example, Joe would pay:

<i>Cost Sharing</i>	
<u>Deductibles</u>	\$200
<u>Copayments</u>	\$1,200
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$30
The total Joe would pay is	\$1,430

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The plan's overall deductible	\$500
■ Specialist copay	\$40
■ Hospital (facility) coinsurance	10%
■ Other coinsurance	10%

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
 Diagnostic test (*x-ray*)
 Durable medical equipment (*crutches*)
 Rehabilitation services (*physical therapy*)

Total Example Cost	\$1,900
---------------------------	----------------

In this example, Mia would pay:

<i>Cost Sharing</i>	
<u>Deductibles</u>	\$500
<u>Copayments</u>	\$300
<u>Coinsurance</u>	\$30
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$830

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.

We do not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator.

Online: UHC_Civil_Rights@uhc.com

Mail: Civil Rights Coordinator. UnitedHealthcare Civil Rights Grievance. P.O. Box 30608 Salt Lake City, UTAH 84130

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.

If you need help with your complaint, please call the toll-free number listed within this Summary of Benefits and Coverage (SBC), TTY 711, Monday through Friday, 8 a.m. to 8 p.m.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

Online: <https://ocrportal.hhs.gov/ocr/porta/lobby.jsf>

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Phone: Toll-free 1-800-368-1019, 800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services. 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the number contained within this Summary of Benefits and Coverage (SBC), TTY 711, Monday through Friday, 8 a.m. to 8 p.m.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número gratuito que aparece en este Resumen de Beneficios y Cobertura (Summary of Benefits and Coverage, SBC).

請注意：如果您說中文 (**Chinese**)，我們免費為您提供語言協助服務。請撥打本福利和承保摘要(Summary of Benefits and Coverage, SBC) 內所列的免付費電話號碼。

XIN LƯU Ý: Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ghi trong bản Tóm lược về quyền lợi và đài thọ bảo hiểm (Summary of Benefits and Coverage, SBC) này.

알림: 한국어(**Korean**)를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 본 혜택 및 보장 요약서(Summary of Benefits and Coverage, SBC)에 기재된 무료전화번호로 전화하십시오.

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numerong nakalista sa Buod na ito ng Mga Benepisyo at Saklaw (Summary of Benefits and Coverage o SBC).

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русском (Russian)**. Позвоните по бесплатному номеру телефона, указанному в данном «Обзоре льгот и покрытия» (Summary of Benefits and Coverage, SBC).

تنبيه: إذا كنت تتحدث **العربية (Arabic)**، فإن خدمات المساعدة اللغوية المجانية متاحة لك. يُرجى الاتصال برقم الهاتف المجاني المدرج داخل مخلص المزايما والتغطية هنا. (Summary of Benefits and Coverage, SBC)

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki nan Rezime avantaj ak pwoteksyon sa a (Summary of Benefits and Coverage, SBC).

ATTENTION : Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro sans frais figurant dans ce Sommaire des prestations et de la couverture (Summary of Benefits and Coverage, SBC).

UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer podany w niniejszym Zestawieniu świadczeń i refundacji (Summary of Benefits and Coverage, SBC).

ATENÇÃO: Se você fala **português (Portuguese)**, contate o serviço de assistência de idiomas gratuito. Ligue para o número gratuito listado neste Resumo de Benefícios e Cobertura (Summary of Benefits and Coverage - SBC).

ATTENZIONE: in caso la lingua parlata sia l'**italiano (Italian)**, sono disponibili servizi di assistenza linguistica gratuiti. Chiamate il numero verde indicato all'interno di questo Sommario dei Benefit e della Copertura (Summary of Benefits and Coverage, SBC).

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die in dieser Zusammenfassung der Leistungen und Kostenübernahmen (Summary of Benefits and Coverage, SBC) angegebene gebührenfreie Rufnummer an.

注意事項：日本語 (**Japanese**) を話される場合、無料の言語支援サービスをご利用いただけます。本「保障および給付の概要」(Summary of Benefits and Coverage, SBC)に記載されているフリーダイヤルにてお電話ください。

توجه: اگر زبان شما فارسی (Farsi) است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً با شماره تلفن رایگان ذکر شده در این خلاصه مزایا و پوشش (Summary of Benefits and Coverage- SBC) تماس بگیرید.

ध्यान दें: यदि आप हिंदी (Hindi) बोलते हैं, आपको भाषा सहायता सेवाएं, निःशुल्क उपलब्ध हैं। लाभ और कवरेज (Summary of Benefits and Coverage, SBC) के इस सारांश के भीतर सूचीबद्ध टोल फ्री नंबर पर कॉल करें।

CEEB TOOM: Yog koj hais Lus Hmoob (Hmong), muaj kev pab txhais lus pub dawb rau koj. Thov hu rau tus xov tooj hu dawb teev muaj nyob ntawm Tsab Ntawv Nthuav Qhia Cov Txiaj Ntsim Zoo thiab Kev Kam Them Nqi (Summary of Benefits and Coverage, SBC) no.

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយភាសាខ្មែរ (Khmer) សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតចេញថ្លៃ ដែលមានកត់នៅក្នុង សេចក្តីសង្ខេបអត្ថប្រយោជន៍ និងការរ៉ាប់រង (Summary of Benefits and Coverage, SBC) នេះ។

PAKDAAR: Nu saritaem ti Ilocano (Ilocano), ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Maidawat nga awagan ti awan bayad na nu tawagan nga numero nga nakalista iti uneg na daytoy nga Dagup dagiti Benipisyo ken Pannakasakup (Summary of Benefits and Coverage, SBC).

DÍÍ BAA'ÁKONÍNÍZIN: Diné (Navajo) bizaad bee yániliti'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shòqdí Naaltsoos Bee 'Aa'áhayání dóó Bee 'Ak'é'asti' Bee Baa Hane'í (Summary of Benefits and Coverage, SBC) biyi' t'áá jíík'ehgo béesh bee hane'í biká'ígíí bee hodiilnih.

OGOW: Haddii aad ku hadasho Soomaali (Somali), adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka bilaashka ah ee ku yaalla Soo-koobitaanka Dheefaha iyo Caymiska (Summary of Benefits and Coverage, SBC).



TOWN OF GOLDEN BEACH

One Golden Beach Drive
Golden Beach, FL 33160

MEMORANDUM

Date: August 20, 2019

To: Honorable Mayor Glenn Singer &
Town Council Members

From: Alexander Diaz,
Town Manger

Subject: Resolution 2632.19 – Approving A Proposal for the
Replacement of the Roof at Town Hall & Public Works

Item Number:

15

Recommendation:

It is recommended that the Town Council adopt the attached Resolution No. 2632.19 as presented.

Background:

During the last few years we have been experiencing a number of roof leaks in both the Public Works Building and the pitched roof in Town Hall. We have made a number of repairs to both roofs, but the number of leaks continue to grow.

As part of our future plans for our new Civic Center Complex both the existing Town Hall and the Public Works building will remain. I am recommending we do a full roof replacement of the Public Work's Building roof, as it has over 14 patches. I am also recommending that we continue to patch the Town Hall pitched roof as Town Hall will be renovated as part of our Civic Center Complex Project.

This summer we received proposals (attached) from four vendors (three in writing and one verbal) and we are recommending that we go with the lowest respondent; Pro-Form Roofing Company.

Fiscal Impact:

The new roof for the Public Works Building will cost \$29,900.00

The repairs for the pitched roof at Town Hall will cost \$7,900.00

We also would like a project contingency of \$10,000.00 in the event that additional work is needed.

Total Project Budget of \$47,800.00 will come from our Facilities Maintenance Funds.

TOWN OF GOLDEN BEACH, FLORIDA

RESOLUTION NO. 2632.19

A RESOLUTION OF THE TOWN COUNCIL OF THE TOWN OF GOLDEN BEACH, FLORIDA APPROVING A PROPOSAL FROM PRO-FORM ROOFING CO. FOR RENOVATIONS OF THE ROOF AT TOWN HALL AND THE PUBLIC WORKS BUILDING; PROVIDING FOR A WAIVER OF COMPETITIVE BIDDING PROCEDURES; PROVIDING FOR IMPLEMENTATION; PROVIDING FOR AUTHORIZATION; AND PROVIDING FOR AN EFFECTIVE DATE.

WHEREAS, the Town Council of the Town of Golden Beach, Florida (“Town”) has identified the need to repair/replace the roofs at both Town Hall and the Public Works Building (“Project”); and

WHEREAS, the Town Council finds that compliance with the bid procedures set forth in the Town’s Code of Ordinances (“Code”) is impractical and not in the best interest of the Town; and

WHEREAS, the Administration did solicit proposals from at least three firms; and

WHEREAS, the Town Council desires to engage Pro-Form Roofing Co. (“Contractor”) to perform construction services (“Services”) for the Project; and

WHEREAS, Contractor has presented the Town with a proposal, attached hereto as Exhibit “A” and incorporated herein by reference, (“Proposal”) to perform the Services; and

WHEREAS, the Town Council desires to authorize the Town Manager to enter into an agreement with the Contractor consistent with the Proposal; and

WHEREAS, the Town Council has determined that the Proposal is acceptable and will well serve the needs of the Town.

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

Section 1. Recitals Adopted. Each of the above-stated recitals are hereby adopted and confirmed.

Section 2. Proposal Approved. The Town Council hereby approves of the Proposal.

Section 3. Waiver of Competitive Bidding. The Town Council finds that compliance with the bid procedures within the Town Code is impractical and hereby waives such procedures in accordance with Section 2-275 of the Town Code.

Section 4. Implementation. The Town Mayor and Town Manager are directed to take all steps reasonably necessary to implement this Resolution.

Section 5. Authorization. The Town Manager is authorized to enter into an agreement with the Contractor that is consistent with the Proposal subject to the approval of the Town Attorney as to form, content, and legality.

Further, that the total Project Budget is set to an amount not to exceed \$47,800.00 as stipulated in the Manager memo.

Section 6. Effective Date. This Resolution shall be effective immediately upon adoption.

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

Mayor Glenn Singer	_____
Vice Mayor Kenneth Bernstein	_____
Councilmember Judy Lusskin	_____
Councilmember Jaime Mendal	_____
Councilmember Bernard Einstein	_____

PASSED AND ADOPTED by the Town Council of the Town of Golden Beach,
Florida this 20th day of August, 2019.

MAYOR GLENN SINGER

ATTEST:

LISSETTE PEREZ
TOWN CLERK

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY:

STEPHEN J. HELFMAN
TOWN ATTORNEY



CERTIFIED CONTRACTOR

CCC1331165

Proposal

Date: JULY 06, 2019

Customer Name: CITY OF GOLDEN BEACH

Customer Address: 97 TERRACIANA AVE GOLDEN BEACH, FL

ATTN: ALEX DIAZ

REF: CITY HALL

Email:

Dear Customer:

We would like to thank you in advance for your consideration on the following project.

As per your request a scope has been developed without a visual inspection on the property, all measurements have been supplied by Eagle View Technologies™ for the property to determine the existing conditions and to develop a scope of work that will address your needs at this time.

The scope is as follows:

Reroof: TILE ROOF REPAIR

TILE ROOF

1. Tear off existing roof down to wood deck area of leak
2. Repair any rotten wood in area of leak
3. Install #30 lb base sheet tin capped to wood deck
4. Install tile under lument adhered to base sheet
5. Install cap and pan barrel tile to match existing as close as possible
6. All permits and inspections included.



CERTIFIED CONTRACTOR

CCC1331165

Total labor and materials for the scope of work:
Seven Nine Thousand Nine Hundred Dollars with Zero Cents...\$7,900.00

Please note pricing for material could increase after 30 days of the proposal date

Payment Terms: 50% deposit 30% upon delivery of material

20% upon completion

Warranty:

The type and extent of coverage of any warranty shall be as indicated in accordance with written guarantees, if any, offered by the manufacturer of materials incorporated into the project. _____

In addition to the manufacturer's guarantees, and upon receipt of final payment, the Contractor shall guarantee workmanship furnished as part of this proposal against defects in such workmanship for a period of (10) years from completion of work.

The Contractor's liability is limited to the installation and waterproofing work and materials installed by the Contractor **EXPRESSLY EXCLUDING CONSEQUENTIAL DAMAGES. THERE ARE NO OTHER GUARANTEES OR WARRANTIES EXPRESSED OR IMPLIED**

Terms & Conditions:

Dear customer, please review the following items and kindly place your initials indicating you have read each line and agree to the terms written below, if there are any questions or concerns, we will address each item with you.

- I have reviewed the contract and I understand the terminology, description and scope of work. _____
- I understand that I have three (3) days from the day that I accept and sign this contract to cancel this transaction or to make any changes to it.
- Roofing permit expediting and procurement may take longer than expected based on Home Owners Association's approvals, reviews, comments and additional information or changes that the building officials may require prior to permit approval. Permit may take under



CERTIFIED CONTRACTOR

CCC1331165

normal circumstances up to three weeks but as expressed above it could take longer and it will be out of our hands.

- **Startup Date – Project commencement date is always calculated from the date of contract signed but subject to permit approval and roofing supply distributors delivery date which is beyond the contractor’s control.**
- **The contractor’s office will contact you to set up a startup date after permit has been approved and we have a material delivery date. This is approximately 8 to 12 weeks after signing the contract.**
- **Unforeseen labor charge may be possible once we removed the roofing system.**
- **Customer is responsible for removing any obstacles, furniture, vehicles in advance of the installation date, including the removal of any items within 2’ to 4’ outside around the perimeter of the working area.**
- **I give my permission for a lawn sign to be placed on my lawn during the project.**
- **Pro-Form Roofing Co is not responsible for any exterior or interior stucco, drywall or plaster repair.**
- **Pro-Form Roofing Co. is not responsible for any landscaping damaged, due care will be taken as much as possible.**
- **I give permission for pictures to be taken before, during and after installation. These pictures are property of Advanced Contractors and may be used for marketing.**

Exclusions:

1-Damage to the property, building, or contents caused by fire, settling, distortions, or other failure of building, natural causes including floods, lightning, windstorms, hail, hurricanes, tornados, earthquakes, or other extraordinary or unusual events.

2-Damage to the roof due to foot traffic or from cracks or openings in the walls, partitions or foundations by any other contractor or person after roof work has been completed.

3-Vandalism, penetration, damages or attacks to the roof system by third parties or foreign objects or agents including plants or animal life or any use other than its original purpose and covered under the Notice of Acceptance guidelines and impact values.

4- Damage to driveway due to dumpsters or dump trucks used for the demolition.

5- Paint, stucco and drywall labor and materials are not part of this proposal as well as any interior or exterior work not included in this proposal.



CERTIFIED CONTRACTOR

CCC1331165

Terms and Conditions:

The terms and conditions contained above and in “Attachment A” attached hereto and made a part of the proposal hereof, are hereby incorporated herein by reference. If this proposal is accepted, then this proposal shall constitute the agreement between the parties **respectfully submitted**

Company Representative

(786)593-5053

Info@Pro-Formroofing.com

ACCEPTANCE

The Contractor is hereby authorized to furnish all labor and materials required to complete the scope of work set forth above in this proposal and the specifications, prices and terms and conditions contained herein are satisfactory and are accepted. I agree to pay the price set forth in this proposal per the payment terms set forth in this proposal.

Authorization by (Signature): _____

Printed Name: _____

Title: _____

Date: _____

Pro-Form Roofing Co. Agent _____

Note: This proposal, unless rescinded, shall be valid for thirty (30) days hereafter and may be withdrawn at any time prior to receipt of its acceptance.

Note:

Due and after Hurricane Irma long trajectory through the state of Florida, the tile industry, it's manufacturer and distributors are running to full capacity, but do to the demand for concrete and clay tiles, the industry is suffering a long and tedious and continue delay of unprecedented proportions in all manufacturing plants, delaying the delivery process and creating back orders that could extended up to 12 to 16 weeks for delivery.

Please be aware that roofing companies have no control on the supply and demand and delivery of tiles, so we can't warranty that your tile selection can be delivered and install at the speedy pace that we were used to prior Hurricane Irma event took place.

Customer Initials _____



CERTIFIED CONTRACTOR

CCC1331165

ATTACHMENT "A" -- TERMS AND CONDITIONS

Owner acknowledges that the work being performed by Contractor, pursuant to this proposal, is continuous throughout the time period of this proposal. Contractor's lien rights pursuant to Chapter 713, Florida Statutes, for labor and material furnished in performing the services shall not expire until ninety (90) days after the completion of the job.

If payments are not made in accordance with the terms hereof, it is agreed that interest on any unpaid balances at the maximum legal rate of interest prescribed by the laws of the state of Florida will become due for the period of default, and Contractor may suspend work until such payments are made, and all costs or expenses incurred by Contractor in collecting the sum due hereunder, whether by suit or otherwise, including reasonable attorney's fees shall be paid by Owner. No guarantee or warranty provided by the Contractor, if any, shall be valid until full and final payment has been received by Contractor.

Owner, by signing hereunder, represents and warrants that it is the owner or duly authorized agent of the property and that it is authorized to enter into this agreement and that Contractor is thereby permitted to enter upon the property and to perform the services anticipated hereby. Contractor shall be permitted to use all driveways, and paved areas leading to, or adjacent to, the project for its equipment, material storage and deliveries without liability to Contractor occasioned by the negligence of others or by its equipment.

Contractor warrants that the work to be performed will be performed in a timely and workmanlike manner according to tolerances and deviations customary to the building/roofing industry. **OTHER THAN WARRANTIES OF THE MANUFACTURER AND OTHER THAN THE WARRANTIES SPECIFICALLY CONTAINED HEREIN, CONTRACTOR MAKES NO OTHER WARRANTIES OF ANY KIND, EXPRESSED OR IMPLIED.** Contractor reserves the right to use materials of equal or similar quality to those specified herein. The following items are not included in this scope of work unless otherwise specifically stated in writing in the proposal: repairs to the roof deck, installation of wood or cant strips, furnishing or installation of sheet metal or roof drains, repairs or alteration to the building other than the roof, identification and/or abatement of asbestos containing material or work preparatory or incidental to the foregoing items, and interior protection or clean up. Any testing required by local building departments including, but not limited to asbestos surveys, moisture surveys, pull-up tests or statement of design pressure are also not included in the scope of work unless otherwise specifically stated in writing in the proposal.

It is understood by Owner that a ponding water condition (a roof surface that is not completely drained) is not indicative of a defective roof system. Positive drainage (a roof slope ensuring drainage of a roof area within 48 hours after rainfall) is a design goal and is not always achievable. Contractor will not be held responsible for a ponding water condition that results from a roof structure that is not designed to achieve positive drainage as defined by the National Roofing Contractors Association (NRCA).

Owner is solely responsible for structural suitability of the building with respect to the specifications of the roofing system to be applied pursuant to this proposal, including, but not limited to, load bearing capacity, dew point and vapor transmission calculations. Contractor offers no opinion on, and expressly disclaims any responsibility for, the structural soundness of any roof deck on which roofing products may be applied. Opinions of structural engineers should be obtained by the Owner as to the structural soundness of the roof deck and its ability to properly support the contemplated roof installation. The Contractor accepts no liability for any failure of the roof deck, its ability to support the contemplated roof installation, or resultant damages. Further, Owner shall be solely responsible for any damages to any furniture, FF&E or other contents of the building during the performance of the work, except such damages as may be caused by the sole negligence of Contractor. Owner shall secure and pay for necessary approvals, easements, assessments and charges (other than permits) required for construction, use or occupancy of permanent structures or permanent changes in existing facilities. In the event Contractor hereafter discovers a



CERTIFIED CONTRACTOR

CCC1331165

hidden or unknown defect or condition which increases the cost of completing the project, Owner and Contractor shall equitably adjust the price to reimburse Contractor for the extra costs thereby incurred. Any changes or alterations from the plans or specifications herein noted (including those which may be required by any government or municipality) shall constitute an additional cost to Owner and shall be performed only upon written change order from the Owner.

Once Contractor commences the work provided herein, Owner shall not modify the scope of work or interrupt or otherwise interfere with or stop Contractor. In the event Owner modifies the scope of work, interferes with, stops, or otherwise delays the Contractor, the price shall be equitably increased by an amount sufficient to reimburse Contractor for any additional cost and expenses thereby incurred. Owner agrees that the direction and supervision of the work force, including subcontractors and suppliers, rest exclusively with Contractor, or its duly designated agent, and Owner agrees not to issue any instructions or to otherwise interfere with same and be responsible for all associated damages and additional costs.

OWNER AND ITS INSURER HEREBY RELEASE AND WAIVE ANY AND ALL CLAIMS FOR INCIDENTAL OR CONSEQUENTIAL DAMAGES ARISING FROM ANY CAUSE WHATSOEVER.

In the event that Contractor shall be delayed, hindered in or prevented from the performance of any act required hereunder by reason of acts of God, fires, accidents, strikes, lockouts, labor troubles, permitting delays, inability to procure materials, failure of power, restrictive governmental laws or regulations, riots, insurrection, the act, failure to act or default of the other party, war or any other reason beyond Contractor's reasonable control, then performance of such act shall be extended for a period equivalent to the period of such delay, or at the election of Contractor, if the delay is for a period longer than twenty days, Contractor may cancel this agreement and receive from Owner the reasonable costs of labor and materials rendered to the date of cancellation.

Contractor agrees to carry such worker's compensation and liability insurance as it customarily maintains. Owner agrees to look solely to Contractor's appropriate insurance carrier for any and all damages including those caused by Contractor's sole negligence. Owner agrees to provide sufficient insurance to protect Contractor against loss of materials installed or located on the premises due to fire, windstorm, hail or flood. Owner provided property insurance shall be an all-risk policy and shall insure against the perils of fire and extended coverage and physical loss or damage including, theft, vandalism, malicious mischief, collapse, false work, temporary buildings and debris removal including demolition occasioned by enforcement of any applicable legal requirements. The insurance shall waive rights of subrogation, if any, against Contractor. Owner shall purchase and maintain such insurance as will insure Owner against loss of use of Owner's property due to fire or other hazards, however caused, and Owner waives all rights of action against Contractor for loss of use of Owner's property, including consequential damages. It is understood by Owner that Contractor and its insurer will be held harmless for alleged or actual damages/claims as a result of mold, mildew, algae or fungus.

These Terms and Conditions together with the attached proposal constitute the entire agreement. Modifications to this agreement can be made only in writing signed by Contractor. Owner permitting performance of work indicates acceptance, without exception, of this agreement, even if this agreement is not executed. All provisions of this agreement shall be construed in accord with the laws of the state of Florida.



CERTIFIED CONTRACTOR

CCC1331165

Proposal

Date: JULY 28,2019

Customer Name: CITY OF GOLDEN BEACH

Customer Address: 1 GOLDEN BEACH DR GOLDEN BEACH, FL

ATTN: ALEX DIAZ

Email:

Dear Customer:

We would like to thank you in advance for your consideration on the following project.

As per your request a scope has been developed without a visual inspection on the property, all measurements have been supplied by Eagle View Technologies™ for the property to determine the existing conditions and to develop a scope of work that will address your needs at this time.

The scope is as follows:

Reroof: FLAT ROOF

FLAT ROOF

1. Tear off existing roof down to gypsum deck
2. Repair up to 3 panels of gypsum any extra will be charge at \$800 each cell replacement
3. Install #75 lb base sheet tin capped to deck with CR 1.2 fastners
4. Install ¼ inch tapered insulation to create a proper picth with asphalt type 4
5. Install one strata vent laid loosely over tapered insulation
6. Install #20 inter ply hot mopped to strata vent with asphalt type 4
7. Install all common vents and lead stack coverings
8. Install 4" x 3" metal eves drip
9. Install mineral surface cap sheet hot mopped with asphalt type 4
10. All permits and inspections included.



CERTIFIED CONTRACTOR

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Total labor and materials for the scope of work: Twenty Nine Thousand Nine Hundred Dollars with Zero Cents...\$29,900.00

Please note pricing for material could increase after 30 days of the proposal date

Payment Terms: 50% deposit 30% upon delivery of material 20% upon completion

Warranty:

The type and extent of coverage of any warranty shall be as indicated in accordance with written guarantees, if any, offered by the manufacturer of materials incorporated into the project. _____

In addition to the manufacturer's guarantees, and upon receipt of final payment, the Contractor shall guarantee workmanship furnished as part of this proposal against defects in such workmanship for a period of (10) years from completion of work.

The Contractor's liability is limited to the installation and waterproofing work and materials installed by the Contractor **EXPRESSLY EXCLUDING CONSEQUENTIAL DAMAGES. THERE ARE NO OTHER GUARANTEES OR WARRANTIES EXPRESSED OR IMPLIED**

Terms & Conditions:

Dear customer, please review the following items and **kindly place your initials indicating you have read** each line and agree to the terms written below, if there are any questions or concerns, we will address each item with you.

- I have reviewed the contract and I understand the terminology, description and scope of work. _____
- I understand that I have three (3) days from the day that I accept and sign this contract to cancel this transaction or to make any changes to it.
- Roofing permit expediting and procurement may take longer than expected based on Home Owners Association's approvals, reviews, comments and additional information or changes that the building officials may require prior to permit approval. Permit may take under normal circumstances up to three weeks but as expressed above it could take longer and it will be out of our hands.



CERTIFIED CONTRACTOR

CCC1331165

- **Startup Date – Project commencement date is always calculated from the date of contract signed but subject to permit approval and roofing supply distributors delivery date which is beyond the contractor’s control.**
- **The contractor’s office will contact you to set up a startup date after permit has been approved and we have a material delivery date. This is approximately 8 to 12 weeks after signing the contract.**
- **Unforeseen labor charge may be possible once we removed the roofing system.**
- **Customer is responsible for removing any obstacles, furniture, vehicles in advance of the installation date, including the removal of any items within 2’ to 4’ outside around the perimeter of the working area.**
- **I give my permission for a lawn sign to be placed on my lawn during the project.**
- **Pro-Form Roofing Co is not responsible for any exterior or interior stucco, drywall or plaster repair.**
- **Pro-Form Roofing Co. is not responsible for any landscaping damaged, due care will be taken as much as possible.**
- **I give permission for pictures to be taken before, during and after installation. These pictures are property of Advanced Contractors and may be used for marketing.**

Exclusions:

1-Damage to the property, building, or contents caused by fire, settling, distortions, or other failure of building, natural causes including floods, lightning, windstorms, hail, hurricanes, tornados, earthquakes, or other extraordinary or unusual events.

2-Damage to the roof due to foot traffic or from cracks or openings in the walls, partitions or foundations by any other contractor or person after roof work has been completed.

3-Vandalism, penetration, damages or attacks to the roof system by third parties or foreign objects or agents including plants or animal life or any use other than its original purpose and covered under the Notice of Acceptance guidelines and impact values.

4- Damage to driveway due to dumpsters or dump trucks used for the demolition.

5- Paint, stucco and drywall labor and materials are not part of this proposal as well as any interior or exterior work not included in this proposal.

Terms and Conditions:



CERTIFIED CONTRACTOR

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The terms and conditions contained above and in "Attachment A" attached hereto and made a part of the proposal hereof, are hereby incorporated herein by reference. If this proposal is accepted, then this proposal shall constitute the agreement between the parties **respectfully submitted**

Company Representative

(786)593-5053

Info@Pro-Formroofing.com

ACCEPTANCE

The Contractor is hereby authorized to furnish all labor and materials required to complete the scope of work set forth above in this proposal and the specifications, prices and terms and conditions contained herein are satisfactory and are accepted. I agree to pay the price set forth in this proposal per the payment terms set forth in this proposal.

Authorization by (Signature): _____

Printed Name: _____

Title: _____

Date: _____

Pro-Form Roofing Co. Agent _____

Note: This proposal, unless rescinded, shall be valid for thirty (30) days hereafter and may be withdrawn at any time prior to receipt of its acceptance.

Note:

Due and after Hurricane Irma long trajectory through the state of Florida, the tile industry, it's manufacturer and distributors are running to full capacity, but do to the demand for concrete and clay tiles, the industry is suffering a long and tedious and continue delay of unprecedented proportions in all manufacturing plants, delaying the delivery process and creating back orders that could extended up to 12 to 16 weeks for delivery.

Please be aware that roofing companies have no control on the supply and demand and delivery of tiles, so we can't warranty that your tile selection can be delivered and install at the speedy pace that we were used to prior Hurricane Irma event took place.

Customer Initials _____



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ATTACHMENT "A" -- TERMS AND CONDITIONS

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If payments are not made in accordance with the terms hereof, it is agreed that interest on any unpaid balances at the maximum legal rate of interest prescribed by the laws of the state of Florida will become due for the period of default, and Contractor may suspend work until such payments are made, and all costs or expenses incurred by Contractor in collecting the sum due hereunder, whether by suit or otherwise, including reasonable attorney's fees shall be paid by Owner. No guarantee or warranty provided by the Contractor, if any, shall be valid until full and final payment has been received by Contractor.

Owner, by signing hereunder, represents and warrants that it is the owner or duly authorized agent of the property and that it is authorized to enter into this agreement and that Contractor is thereby permitted to enter upon the property and to perform the services anticipated hereby. Contractor shall be permitted to use all driveways, and paved areas leading to, or adjacent to, the project for its equipment, material storage and deliveries without liability to Contractor occasioned by the negligence of others or by its equipment.

Contractor warrants that the work to be performed will be performed in a timely and workmanlike manner according to tolerances and deviations customary to the building/roofing industry. **OTHER THAN WARRANTIES OF THE MANUFACTURER AND OTHER THAN THE WARRANTIES SPECIFICALLY CONTAINED HEREIN, CONTRACTOR MAKES NO OTHER WARRANTIES OF ANY KIND, EXPRESSED OR IMPLIED.** Contractor reserves the right to use materials of equal or similar quality to those specified herein. The following items are not included in this scope of work unless otherwise specifically stated in writing in the proposal: repairs to the roof deck, installation of wood or cant strips, furnishing or installation of sheet metal or roof drains, repairs or alteration to the building other than the roof, identification and/or abatement of asbestos containing material or work preparatory or incidental to the foregoing items, and interior protection or clean up. Any testing required by local building departments including, but not limited to asbestos surveys, moisture surveys, pull-up tests or statement of design pressure are also not included in the scope of work unless otherwise specifically stated in writing in the proposal.

It is understood by Owner that a ponding water condition (a roof surface that is not completely drained) is not indicative of a defective roof system. Positive drainage (a roof slope ensuring drainage of a roof area within 48 hours after rainfall) is a design goal and is not always achievable. Contractor will not be held responsible for a ponding water condition that results from a roof structure that is not designed to achieve positive drainage as defined by the National Roofing Contractors Association (NRCA).

Owner is solely responsible for structural suitability of the building with respect to the specifications of the roofing system to be applied pursuant to this proposal, including, but not limited to, load bearing capacity, dew point and vapor transmission calculations. Contractor offers no opinion on, and expressly disclaims any responsibility for, the structural soundness of any roof deck on which roofing products may be applied. Opinions of structural engineers should be obtained by the Owner as to the structural soundness of the roof deck and its ability to properly support the contemplated roof installation. The Contractor accepts no liability for any failure of the roof deck, its ability to support the contemplated roof installation, or resultant damages. Further, Owner shall be solely responsible for any damages to any furniture, FF&E or other contents of the building during the performance of the work, except such damages as may be caused by the sole negligence of Contractor. Owner shall secure and pay for necessary approvals, easements, assessments and charges (other than permits) required for construction, use or occupancy of permanent structures or permanent changes in existing facilities. In the event Contractor hereafter discovers a hidden or unknown defect or condition which increases the cost of completing the project, Owner and Contractor shall equitably adjust the price to reimburse Contractor for the extra costs thereby incurred. Any changes or alterations from the plans or specifications herein noted (including those which may be required by any government



CERTIFIED CONTRACTOR

CCC1331165

or municipality) shall constitute an additional cost to Owner and shall be performed only upon written change order from the Owner.

Once Contractor commences the work provided herein, Owner shall not modify the scope of work or interrupt or otherwise interfere with or stop Contractor. In the event Owner modifies the scope of work, interferes with, stops, or otherwise delays the Contractor, the price shall be equitably increased by an amount sufficient to reimburse Contractor for any additional cost and expenses thereby incurred. Owner agrees that the direction and supervision of the work force, including subcontractors and suppliers, rest exclusively with Contractor, or its duly designated agent, and Owner agrees not to issue any instructions or to otherwise interfere with same and be responsible for all associated damages and additional costs.

OWNER AND ITS INSURER HEREBY RELEASE AND WAIVE ANY AND ALL CLAIMS FOR INCIDENTAL OR CONSEQUENTIAL DAMAGES ARISING FROM ANY CAUSE WHATSOEVER.

In the event that Contractor shall be delayed, hindered in or prevented from the performance of any act required hereunder by reason of acts of God, fires, accidents, strikes, lockouts, labor troubles, permitting delays, inability to procure materials, failure of power, restrictive governmental laws or regulations, riots, insurrection, the act, failure to act or default of the other party, war or any other reason beyond Contractor's reasonable control, then performance of such act shall be extended for a period equivalent to the period of such delay, or at the election of Contractor, if the delay is for a period longer than twenty days, Contractor may cancel this agreement and receive from Owner the reasonable costs of labor and materials rendered to the date of cancellation.

Contractor agrees to carry such worker's compensation and liability insurance as it customarily maintains. Owner agrees to look solely to Contractor's appropriate insurance carrier for any and all damages including those caused by Contractor's sole negligence. Owner agrees to provide sufficient insurance to protect Contractor against loss of materials installed or located on the premises due to fire, windstorm, hail or flood. Owner provided property insurance shall be an all-risk policy and shall insure against the perils of fire and extended coverage and physical loss or damage including, theft, vandalism, malicious mischief, collapse, false work, temporary buildings and debris removal including demolition occasioned by enforcement of any applicable legal requirements. The insurance shall waive rights of subrogation, if any, against Contractor. Owner shall purchase and maintain such insurance as will insure Owner against loss of use of Owner's property due to fire or other hazards, however caused, and Owner waives all rights of action against Contractor for loss of use of Owner's property, including consequential damages. It is understood by Owner that Contractor and its insurer will be held harmless for alleged or actual damages/claims as a result of mold, mildew, algae or fungus.

These Terms and Conditions together with the attached proposal constitute the entire agreement. Modifications to this agreement can be made only in writing signed by Contractor. Owner permitting performance of work indicates acceptance, without exception, of this agreement, even if this agreement is not executed. All provisions of this agreement shall be construed in accord with the laws of the state of Florida.

Paul Bange Roofing, Inc.

7000 S.W. 21st PLACE
DAVIE, FLORIDA 33317
954-981-ROOF (7663)
FAX 954-964-ROOF (7663)

STATE CERTIFICATE
CC C033691
LICENSED AND INSURED

July 15, 2019

Owner Town of Golden Beach

Address 1 Golden Beach Drive
Golden Beach, FL. 33160

Phone (305)932-0744 x 221

Attention Ken Jones

We are pleased to submit the following proposal for your consideration.

Scope of work:

Remove and replace roof system.

Procedure of work:

A. Pre-Construction Phase:

1. Provide owner with insurance certificates listing owner as additionally insured.
2. Provide owner with a construction schedule.
3. Provide Miami Dade County Product Approval NOA for the proposed system.
4. Obtain all necessary permits, drainage calculations and engineered design wind pressure calculations required for project.
5. Schedule and facilitate a pre-construction meeting with owner's representative and the Paul Bange Roofing team.
6. Design and implement an OSHA approved safety plan.

B. Preparatory Work:

1. Cut and remove all existing roofing down to the concrete deck. Remove only as much roofing as can be replaced in each day. At the end of each day the completed areas will be sealed to the existing roof to maintain water tight integrity.
2. Broom clean the entire roof surface to remove all dust, dirt, and debris. Thoroughly clean with a power air blower.

C. Flat Roof Installation:

1. Apply one coat of asphalt primer to the entire roof surface to ensure proper adhesion.
2. Install ½" inch roof deck insulation. Each board is to be embedded in a layer of Type IV hot asphalt at a rate of 30 to 100 lbs. per 100 square feet depending upon surface condition.
3. Install one (1) ply of 75# base sheet to the entire surface of the roof. There will be a minimum of a two-inch lap over the underlying sheet and a minimum of six inches over the end laps. Each sheet is to be uniformly set without voids. This base sheet will be set in Type IV hot asphalt at a rate of 28 lbs. per 100 square feet.
4. Install two (2) plies of fiberglass felt embedded in a uniform layer of Type IV hot asphalt at a rate of 25 lbs. per 100 square feet.
5. Install one (1) ply of granular surfaced fiberglass cap sheet embedded in Type IV hot asphalt at a rate of 25 lbs. per 100 square feet.

D. Miscellaneous Roof Installation

1. Install new lead flashings on all plumbing vents.
2. Install extruded aluminum termination bar.
3. Install 26-gauge galvanized mill finished mechanically fastened metal counter flashing.
4. Remove and replace 26 gauge galvanized all-purpose vents.
5. Remove and replace 26 gauge galvanized goose-neck vents.
6. Install 26 gauge galvanized 4" x 5" base flashing metal where necessary.
7. For additional ultraviolet protection, install loose granules on all seams of the granular surfaced fiberglass cap sheet

Exclusions

Mechanical, plumbing and electrical work.
Cost of permits and engineering.
Gutters and downspouts.
Paint and stucco.
Interior repairs and protection.
Work on any areas not specified above.

X_____

Guarantee

Manufacturer will provide a Twenty-Year System Warranty.

Warranty

Paul Bange Roofing, Inc. will provide a five-year warranty on material, labor, and workmanship.

Quotation:

Investment for new roof system **\$31,371.00**

Option: to add 1/8" tapered roof insulation to promote positive drainage, ADD:\$9,411.00 Yes____ No ____

Contract total: \$_____

Payment Schedule

10% deposit for permitting.
50% to be paid day of start.
30% to be paid day of half completion.
10% to be paid day of completion.

Acceptance:

Authorized Signature

Print Name

____/____/____
Date

Sincerely,

Kelly O'Brien
Paul Bange Roofing, Inc.
(954) 701-6021

DAVIE: 954-792-ROOF (7663)
 N. BROW: 954-566-ROOF (7663)
 S. BROW: 954-981-ROOF (7663)
 DADE: 305-981-ROOF (7663)
 FAX: 954-964-ROOF (7663)
 1-877-981-ROOF (7663)

Paul Bange Roofing Inc. Proposal

STATE CERT. CC C033691
 LICENSED AND INSURED
 7000 S.W. 21 ST PLACE
 DAVIE, FLORIDA 33317
 Member of
 Better Business Bureau

PROPOSAL SUBMITTED TO			DATE	07/16/2019	PHONE	(786)251-0248
NAME			JOB NAME			
Ken Jones			Tile Roof at Admin Bldg			
STREET			STREET			
			1 Golden Beach Drive			
CITY	STATE	ZIP	CITY	STATE	ZIP	
			Golden Beach	FL.	33160	
EMAIL						

We hereby submit specifications and estimate for

PREP. WORK

- Remove existing roof to a clean workable surface and dispose of debris.
- Replace damaged sheathing at \$ 4.00 per foot.
(Plywood replaced by square ft.)
Fascia \$8/ft. Framing \$12/ft.
- Install new lead flashing to all plumbing vent stacks.
- Install new 26 gauge 16" galvanized metal to all valleys and tie-ins.
- Exposed Not Exposed
- Type of roof to be removed (Tile).

FLAT ROOF / LOW SLOPE

- Install # _____ base sheet as per code.
- Install _____ plys of ply IV fiberglass felt.
- Install _____ in. eave drip metal.
- Install mineral surface _____ cap sheet.
- Install tapered insulation: Yes ___ No ___
*Please initial _____ \$ _____ (Additional)

Repairs / Other _____

Roof to wall enhancement Yes _____ No _____ \$ _____ (Additional)

We hereby propose to furnish labor and materials complete in accordance with the above specifications for the sum of

Thirteen thousand three hundred and seventy one dollars (\$ 13,371.00)

payment to be made as follows:

METHOD OF PAYMENT: *No deposit* 60% to be paid day of start, 30% to be paid day of shingle / tile delivery and 10% to be paid day of completion.

WARRANTY TO ORIGINAL OWNER: Paul Bange Roofing Inc. warrants workmanship for a period of Five years.
 CUSTOMER IS URGED TO COVER FURNITURE AND OTHERWISE PROTECT THEIR PROPERTY Lifetime Warranty with active
 THIS CONTRACT IS SUBJECT TO OFFICE APPROVAL. Overhead Care Club membership

Authorized Signature  Roofing Specialist Kelly O'Brien

ACCEPTANCE OF PROPOSAL

ACCEPTED Signature _____
 Print _____ Date _____

PROPOSAL • CONTRACT
305-926-9281
4281 SW 75 AVE
MIAMI, FL. 33155



CERTIFIED CONTRACTOR
CGC 1507972

Advanced Contractor Roofing and Airconditionor

DATE: 07-09-2019

CUSTOMER NAME: CITY OF GOLDEN BEACH
ADDRESS: 1 GOLDEN BEACH DR GOLDEN BEACH, FL
ATTN: ALEX DIAZ REP: PETER FERNANDEZ 305-926-9281

THIS AGREEMENT, made and executed by and between **CITY OF GOLDEN BEACH** (hereinafter referred to As "Owner") and **ADVANCED CONTRACTOR** (hereinafter referred to as "Contractor"), whose address is **4281 SW 75 AVE , Miami, Florida 33155** and whose Certification number as a **State of Florida General Contractor is CGC1516021**, which parties for good and valuable consideration each to the order, the receipt and sufficiency of which is conclusively acknowledged, do hereby agree as follows:

TILE ROOF REPAIR

- 1. TEAR OFF EXISTING ROOF DOWN TO WOOD DECK IN AREA OF LEAK**
- 2. REPAIR ANY ROTTEN WOOD**
- 3. INSTALL #30 LB BASE SHEET TIN CAPPED TO DECK**
- 4. INSTALL #90 TILE UNDER LAYMENT**
- 5. INSTALL NEW TILE TO MATCH EXISTING AS CLOSE AS POSSIBLE**
- 6. ALL PERMITS AND INSPECTIONS ARE INCULDED**

ALL WORK WILL BE PERFORMED FOR: \$8,300.00 (Eight Thousand Three Hundred and Zero Dollars)

Payment as followed: 50% deposit 50% upon completion

WARRANTY PROVISIONS

ADVANCED CONTRACTORS offers all manufacturer warranties of the products used to perform said work. All work is warranted for 1 years from date of completion for all painting work.

ADVANCED CONTRACTORS cannot be responsible for any damage cause by hail, hurricane, tomados or any act of nature beyond our control. We need access to property to perform all work. We cannot be held responsible for any damage cause by our equipment causing any damage to the property beyond our control, such as any damage to driveway, sidewalk or yard. ADVANCED CONTRACTORS, will take every precaution to protect property.

PROPOSAL • CONTRACT
305-926-9281
4281 SW 75 AVE
MIAMI, FL. 33155



Terms and Conditions

1. Failure to pay or default in any provisions of this agreement by the customer shall void all warranties.
2. Owner/agent is responsible for notifying **Advanced contractors** as to the location of the septic tank or drain field. **Advanced contractors**, will not accept responsibility or any damage sustained by the septic tank or drain field.
3. **Advanced contractors** shall not be held liable for any damage to vehicles or personal property left in or near the work area.
4. All warranties set forth in the specifications, if any, shall not be assignable, transferable and are not subject to alterations or extensions unless agreed to in writing by all parties. Warranty is void if work performed is altered by any non-authorized persons/agents or companies unless approved by **Advanced contractors** in writing prior to any work being performed.
5. On all past due accounts 30 days or more interest will be charged at a rate of 1 ½ % monthly.
6. **Advanced contractors** is not responsible for any damage by other tradesmen such as plumbers, electricians, roofers, etc.
7. Attorney's fees and costs: In conjunction with any litigation (including all appeals) involving **Advanced construction services group inc.** and customer/owner, arising out of this instrument, the prevailing party shall be entitled to recover all cost incurred, including reasonable attorney's fees.
8. In the event of hurricane force winds, hail, gale winds, fire accidents, tornadoes, or any other act of God, any and all warranties are voided even if installed according to building code or is normally contemplated to be covered by Homeowner's Insurance.
9. Any litigation arising in connection with this instrument shall be conducted in Dade County, Fl.
10. **Advanced contractors** will not be held responsible for any delays due to weather or delays in material shipments.

ACCEPTANCE OF PROPOSAL/CONTRACT:

Upon signing this proposal, the customer accepts the proposal and acknowledges the customer has read the above description of the entire proposal and authorizes **advanced contractors** to perform all said work as described and agrees to the payments as outlined above.

Authorized Signature

OWNER

Date:

ROBERT RODRIGUEZ ADVANCED CONTRACTORS

Date:

PROPOSAL • CONTRACT
305-926-9281
4281 SW 75 AVE
MIAMI, FL. 33155



CERTIFIED CONTRACTOR
CGC 1507972

Advanced Contractor Roofing and Airconditionor

DATE: 07-09-2019

CUSTOMER NAME: CITY OF GOLDEN BEACH
ADDRESS: 1 GOLDEN BEACH DR GOLDEN BEACH, FL
ATTN: ALEX DIAZ REP: PETER FERNANDEZ 305-926-9281

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REROOF TILE TO METAL

- 1. TEAR OFF EXISTING ROOF DOWN TO WOOD DECK**
- 2. REPAIR ANY ROTTEN WOOD UP TO 100 SQ FT**
- 3. INSTALL #30 LB BASE SHEET TIN CAPPED TO DECK**
- 4. INSTALL VERSA SHIELD UNDER LAYMENT TIN CAPPED OVER #30 BASE**
- 5. INSTALL STANDING SEAM METAL PANELS**
- 6. INSTALL COMMON VENTS AND LEAD STACK COVERINGS**
- 7. ALL PERMITS AND INSPECTIONS ARE INCULDED**

ALL WORK WILL BE PERFORMED FOR: \$21,500.00 (Twenty One Thousand Five Hundred and Zero Dollars)

Payment as followed: 50% deposit 50% upon completion

WARRANTY PROVISIONS

ADVANCED CONTRACTORS offers all manufacturer warranties of the products used to perform said work. All work is warranted for 1 years from date of completion for all painting work.

ADVANCED CONTRACTORS cannot be responsible for any damage cause by hail, hurricane, tornados or any act of nature beyond our control. We need access to property to perform all work. We cannot be held responsible for any damage cause by our

PROPOSAL • CONTRACT
305-926-9281
4281 SW 75 AVE
MIAMI, FL. 33155



equipment causing any damage to the property beyond our control, such as any damage to driveway, sidewalk or yard. **ADVANCED CONTRACTORS**, will take every precaution to protect property.

Terms and Conditions

1. Failure to pay or default in any provisions of this agreement by the customer shall void all warranties.
2. Owner/agent is responsible for notifying **Advanced contractors** as to the location of the septic tank or drain field. **Advanced contractors**, will not accept responsibility or any damage sustained by the septic tank or drain field.
3. **Advanced contractors** shall not be held liable for any damage to vehicles or personal property left in or near the work area.
4. All warranties set forth in the specifications, if any, shall not be assignable, transferable and are not subject to alterations or extensions unless agreed to in writing by all parties. Warranty is void if work performed is altered by any non-authorized persons/agents or companies unless approved by **Advanced contractors** in writing prior to any work being performed.
5. On all past due accounts 30 days or more interest will be charged at a rate of 1 ½ % monthly.
6. **Advanced contractors** is not responsible for any damage by other tradesmen such as plumbers, electricians, roofers, etc.
7. **Attorney's fees and costs:** In conjunction with any litigation (including all appeals) involving **Advanced construction services group inc.** and customer/owner, arising out of this instrument, the prevailing party shall be entitled to recover all cost incurred, including reasonable attorney's fees.
8. In the event of hurricane force winds, hail, gale winds, fire accidents, tornadoes, or any other act of God, any and all warranties are voided even if installed according to building code or is normally contemplated to be covered by Homeowner's Insurance.
9. Any litigation arising in connection with this instrument shall be conducted in Dade County, Fl.
10. **Advanced contractors** will not be held responsible for any delays due to weather or delays in material shipments.

ACCEPTANCE OF PROPOSAL/CONTRACT:

Upon signing this proposal, the customer accepts the proposal and acknowledges the customer has read the above description of the entire proposal and authorizes advanced contractors to perform all said work as described and agrees to the payments as outlined above.

Authorized Signature

OWNER

Date:

ROBERT RODRIGUEZ ADVANCED CONTRACTORS

Date:

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4281 SW 75 AVE
MIAMI, FL. 33155



CERTIFIED CONTRACTOR
CGC 1507972

Advanced Contractor Roofing and Airconditionor

DATE: 07-09-2019

CUSTOMER NAME: CITY OF GOLDEN BEACH
ADDRESS: 97 TERACIANA AVE GOLDEN BEACH, FL
ATTN: ALEX DIAZ REP: PETER FERNANDEZ

THIS AGREEMENT, made and executed by and between **CITY OF GOLDEN BEACH** (hereinafter referred to As "Owner") and **ADVANCED CONTRACTOR** (hereinafter referred to as "Contractor"), whose address is **4281 SW 75 AVE , Miami, Florida 33155** and whose Certification number as a **State of Florida General Contractor is CGC1516021**, which parties for good and valuable consideration each to the order, the receipt and sufficiency of which is conclusively acknowledged, do hereby agree as follows:

REROOF FLUT BUILT UP

- 1. TEAR OFF EXISTING ROOF DOWN TO GYPSUM DECK**
- 2. INSTALL #75 LB BASE SHEET TIN CAPPED TO DECK WITH CR 1.2 FASTNERS**
- 3. INSTALL 1 INCH ISO INSULATION HOT MOPPED TO BASE SHEET**
- 4. INSTALL ¼ TAPPERED INSULATION HOT MOPPED TO 1 INCH ISO INSULATION**
- 5. INSTALL STRATAVENT LAID LOOSELY OVER TAPPERED INSULATION**
- 6. INSTALL #20 INTER PLY HOT MOPPED TO STRATA VENT**
- 7. INSTALL ALL COMMON VENTS AND LEAD STACK COVERING**
- 8. INSTALL MINERAL SURFACE CAP SHEET HOT MOPPED TO #20 INTER PLY**
- 9. ALL PERMITS AND INSPECTIONS ARE INCULDED**

ALL WORK WILL BE PERFORMED FOR: \$63,300.00 (Sixty three Thousand Three Hundred and Zero Dollars)

Payment as followed: 50% deposit 40% upon first inspection 10% upon completion

WARRANTY PROVISIONS

ADVANCED CONTRACTORS offers all manufacturer warranties of the products used to perform said work. All work is warranted for 1 years from date of completion for all painting work.

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4281 SW 75 AVE
MIAMI, FL. 33155



ADVANCED CONTRACTORS cannot be responsible for any damage cause by hail, hurricane, tornados or any act of nature beyond our control. We need access to property to perform all work. We cannot be held responsible for any damage cause by our equipment causing any damage to the property beyond our control, such as any damage to driveway, sidewalk or yard. ADVANCED CONTRACTORS, will take every precaution to protect property.

Terms and Conditions

1. Failure to pay or default in any provisions of this agreement by the customer shall void all warranties.
2. Owner/agent is responsible for notifying **Advanced contractors** as to the location of the septic tank or drain field. Advanced contractors, will not accept responsibility or any damage sustained by the septic tank or drain field.
3. Advanced contractors shall not be held liable for any damage to vehicles or personal property left in or near the work area.
4. All warranties set forth in the specifications, if any, shall not be assignable, transferable and are not subject to alterations or extensions unless agreed to in writing by all parties. Warranty is void if work performed is altered by any non-authorized persons/agents or companies unless approved by Advanced contractors in writing prior to any work being performed.
5. On all past due accounts 30 days or more interest will be charged at a rate of 1 ½ % monthly.
6. Advanced contractors is not responsible for any damage by other tradesmen such as plumbers, electricians, roofers, etc.
7. Attorney's fees and costs: In conjunction with any litigation (including all appeals) involving Advanced construction services group inc. and customer/owner, arising out of this instrument, the prevailing party shall be entitled to recover all cost incurred, including reasonable attorney's fees.
8. In the event of hurricane force winds, hail, gale winds, fire accidents, tornadoes, or any other act of God, any and all warranties are voided even if installed according to building code or is normally contemplated to be covered by Homeowner's Insurance.
9. Any litigation arising in connection with this instrument shall be conducted in Dade County, Fl.
10. Advanced contractors will not be held responsible for any delays due to weather or delays in material shipments.

ACCEPTANCE OF PROPOSAL/CONTRACT:

Upon signing this proposal, the customer accepts the proposal and acknowledges the customer has read the above description of the entire proposal and authorizes advanced contractors to perform all said work as described and agrees to the payments as outlined above.

Authorized Signature OWNER

Date:

ROBERT RODRIGUEZ ADVANCED CONTRACTORS

Date:



TOWN OF GOLDEN BEACH

One Golden Beach Drive
Golden Beach, FL 33160

MEMORANDUM

Date: August 20, 2019

To: Honorable Mayor Glenn Singer &
Town Council Members

From: Alexander Diaz,
Town Manger

Subject: Resolution 2633.19 – Approving the Proposal for a Picket Ball Court

Item Number:

16

Recommendation:

It is recommended that the Town Council adopt the attached Resolution No. 2633.19 as presented.

Background:

In an effort to enhance the recreational offerings provided to our residents, we are recommending adding one Picket Ball court to the east of the existing tennis courts (immediately adjacent); by doing so the lights from the existing courts will illuminate the new court.

During the last three years our residents have been asking the Administration to explore the possibility of adding a Picket Ball court in town. After reviewing the request and identifying the ideal location for this new amenity we are recommending approval to construct a single court.

Picket Ball is a paddle sport played with a whiffle ball on a badminton-sized court and a tennis-style net. A non-volley zone (or kitchen) prevents volleys close to the net, and the serving team cannot volley the return of serve. These unique rules favor players with less mobility and allow senior players to compete successfully with younger players.

Picket Ball is enjoyed by people of all ages and athletic abilities, thanks to its ease of play and straightforward rules.

Fiscal Impact:

During the summer the Administration secured three proposals (attached) for the construction and installation of a new single court for Picket Ball.

We are recommending that this project be awarded to Sylmac Sports. While they are not the lowest, Sylmac Sports is the most responsive respondent. Project Budget:

 \$35,735.00 for Court Construction
 \$3,500.00 for Fencing
 \$5,000.00 for Drainage and Contingency
Total: \$44,235.00

Funds will come from the restricted funds portion of our Capital Budget.

TOWN OF GOLDEN BEACH, FLORIDA

RESOLUTION NO. 2633.19

A RESOLUTION OF THE TOWN COUNCIL OF THE TOWN OF GOLDEN BEACH, FLORIDA APPROVING A PROPOSAL FROM SYLMAC SPORTS TO CONSTRUCT ONE PICKET BALL COURT; PROVIDING FOR A WAIVER OF COMPETITIVE BIDDING PROCEDURES; PROVIDING FOR IMPLEMENTATION; PROVIDING FOR AUTHORIZATION; AND PROVIDING FOR AN EFFECTIVE DATE.

WHEREAS, the Town Council of the Town of Golden Beach, Florida (“Town”) has identified the need to build a picket ball court (“Project”); and

WHEREAS, the Town Council finds that compliance with the bid procedures set forth in the Town’s Code of Ordinances (“Code”) is impractical and not in the best interest of the Town; and

WHEREAS, the Administration did solicit proposals from at least three firms; and

WHEREAS, the lowest respondent is not being selected, but instead the most responsive and responsible respondent is; and

WHEREAS, the Town Council desires to engage Sylmac Sports (“Contractor”) to perform construction services (“Services”) for the Project; and

WHEREAS, Contractor has presented the Town with a proposal, attached hereto as Exhibit “A” and incorporated herein by reference, (“Proposal”) to perform the Services; and

WHEREAS, the Town Council desires to authorize the Town Manager to enter into an agreement with the Contractor consistent with the Proposal; and

WHEREAS, the Town Council has determined that the Proposal is acceptable and will well serve the needs of the Town.

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

Section 1. Recitals Adopted. Each of the above-stated recitals are hereby adopted and confirmed.

Section 2. Proposal Approved. The Town Council hereby approves of the Proposal.

Section 3. Waiver of Competitive Bidding. The Town Council finds that compliance with the bid procedures within the Town Code is impractical and hereby waives such procedures in accordance with Section 2-275 of the Town Code.

Section 4. Implementation. The Town Mayor and Town Manager are directed to take all steps reasonably necessary to implement this Resolution.

Section 5. Authorization. The Town Manager is authorized to enter into an agreement with the Contractor that is consistent with the Proposal, subject to the approval of the Town Attorney as to form, content, and legality. Further, that the total Project Budget is set to an amount not to exceed \$44,235.00 as stipulated in the Manager memo.

Section 6. Effective Date. This Resolution shall be effective immediately upon adoption.

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

Mayor Glenn Singer	_____
Vice Mayor Kenneth Bernstein	_____
Councilmember Judy Lusskin	_____
Councilmember Jaime Mendal	_____
Councilmember Bernard Einstein	_____

PASSED AND ADOPTED by the Town Council of the Town of Golden Beach, Florida this 20th day of August, 2019.

MAYOR GLENN SINGER

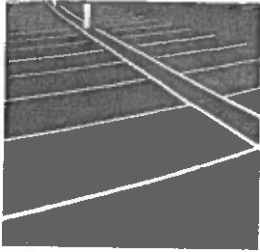
ATTEST:

LISSETTE PEREZ
TOWN CLERK

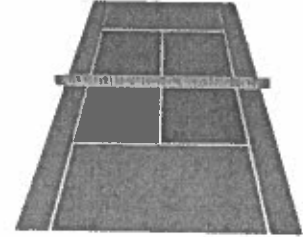
APPROVED AS TO FORM
AND LEGAL SUFFICIENCY:

STEPHEN J. HELFMAN
TOWN ATTORNEY

SYLMAC SPORTS



**1835 E. HALLANDALE BEACH BLVD.
SUITE 107
HALLANDALE BEACH, FL. 33009
T: 954-457-7678
E: SALES@SYLMAC.COM**



August 4, 2019

The Town of Golden Beach

1 Golden Beach Drive
Golden Beach, FL 33160
T: 305-932-0744
C: 786 859 3825
E: KMcKoy@goldenbeach.us

Attention: **Kirk McKoy, Public Works Director**

Our proposal is to construct one (1) new 30 x 60 picket ball court

- Determine the courts slope (1" in 10') and provide the desired final grades on the stakes
- A stable access road from the nearest paved area (street or parking lot) to the court. This roadway **MUST** be able to withstand the weight of our delivery trucks and equipment. SYLMAC and its Associates will **NOT** be responsible for damage to **ANYTHING** within the Owner's designated access roadway
- Owner to restore the access road to pre constitution condition after Contractor completes all work.
- Owner to provide a source of potable water to within 100' of the work site for Contractor to use during the work period.
- Allow storage of paint drums adjacent to the courts entry gate. If in a grass area Owner acknowledges that the grass in the area may die, and the Owner shall replace any areas.
- IF on a walkway then the Contractor will provide a tarp to cover the portion of the walkway to be used, to minimize paint spills.

SYLMAC will :

- Remove all sod and sub base in the court area to a depth of 7" below the desired final grade and an additional 2' apron around the court.
- slope the area for drainage
- Haul off site any excess fill

- Provide a 6" nominal thickness crushed local rock court base; placed, laser graded, water binder and compacted to + 98% density
 - Tack the new base rock with liquid tack .
 - Pave with 1" nominal thickness VIRGIN Type S-3 Hot Mix Asphalt
 - Construct a fence enclosure using 8' high Black LCX fence frame with vinyl coated 2" mesh.
 - Terminal poles and gate support poles will be 3" O. D. the line poles installed on 10' centers will be 2 1/2" O.D
 - Top rail will be 1 5/8" O.D. and the bottom tension wire will be 7 gauge
 - There will be three sides of 8' fence for a total of 120' the last side will utilize the existing tennis court fence.
 - The courts access gate shall be in the middle of the 8' X 60' "run" at the playing net line.
 - Furnish and install one (1) set of 2 7/8" OD round steel pickle ball net posts.
 - Net posts will be placed in Schedule 40 PVC sleeves which will be placed in concrete footers each (2) measuring 18" X 18" X 30" deep.
 - Flood the asphalt with water to locate low areas. The court will dry IN THE SUN for one (1) hour.
 - Any areas holding water deeper than 1/8" (covering a U.S. Nickel lying flat on the surface) will be patched with Court Patch Binder a mix of Portland Cement, sand and latex
 - Apply two (2) coats of Acrylic Resurfacer a new even textured wearing surface
 - Apply two (2) coats of Fortified Plexipave a new in depth colored textured finished playing surface . The colors will be chosen by The Owner from our standard color chart which we will provide after this proposal is accepted.
 - Hand mask and hand paint the 2" textured white playing lines for one (1) pickle ball court
 - WE will furnish and install one (1) heavy duty pickle ball net with center strap.
 - We will clean up all of our construction debris and leave the court ready for play
- NOTE: ANY item not listed in this proposal will be considered an obligation of another entity or The City

Guarantee: ALL WORKMANSHIP AND MATERIALS ARE GUARANTEED FOR A PERIOD OF TWO (2) YEARS. WE ARE NOT RESPONSIBLE FOR DAMAGE TO COURTS FROM OUTSIDE SOURCES

IT IS UNDERSTOOD AND AGREED THAT ALL WORK WILL BE PERFORMED ONLY IF WEATHER PERMITS

SYLMAC SPORTS WILL NOT BE RESPONSIBLE FOR PERSONS ENTERING THE AREA AND TRACKING SEALER OR PAINT AND FOR DAMAGE TO PROPERTY OR INJURY TO PERSONS ENTERING THE AREA

SYLMAC SPORTS IS NOT RESPONSIBLE FOR ANY CRACKS REAPPEARING

SYLMAC SPORTS IS NOT RESPONSIBLE FOR THE REOCCURANCE OF TREE ROOTS

SYLMAC SPORTS IS NOT RESPONSIBLE FOR THE REOCCURANCE OF ALGAE DUE TO PRESENT CONDITIONS

IF APPLICABLE ALL ENGINEERING PERMITS AND EXPEDITING ARE EXTRA

OWNER IS TO PROVIDE ALL DOCUMENTS NEEDED FOR PERMIT, SITE PLAN, ENGINEERING, AND WHATEVER LOCAL LAW

SYLMAC SPORTS is not responsible for any damage to the existing grass/land from trucks or equipment during the construction period

OWNER shall restore any damaged area to pre-construction condition once the contractor has completed the work under this contract

OWNER is to provide a source of potable water and electrical outlet with in 100' of the court

OWNER will allow us the use of the adjacent sidewalks for staging materials and provide a storage area for our materials during construction

All sprinklers must be turned off 24 hours prior to commencement of work and 24 hours after work is complete

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from the above specifications involving extra costs will be executed only upon written orders and will become an extra charge over and above the estimate. Service of notice to owner in accordance to section 713.06 statues is hereby acknowledged and that title of all materials shall remain the property of the contractor until all labor and materials are paid in full. In the event that it is necessary to employ the services of an attorney, to secure payment, as per the terms of this agreement, then the OWNER agrees to pay the attorney fees. Interest of 1½% per month will be charged on accounts past due.

PRICES ARE VALID FOR 30 days

All the above will be performed for the sum of \$35,735.00

Upon acceptance of this quote, a deposit of **\$17,867.50** and a signed copy of this quotation are requested. Upon completion of work the balance of **\$17,867.50** is required

All deposits are nonrefundable and all orders are final

You may approve this as a Work Order with your signature below. Upon receipt of the acceptance and deposit check, we will place your work into our schedule

ACCEPTED BY _____ Date _____
The Town of Golden Beach

Thank You

SYLMAC SPORTS

STEVE SHRIER





DADE: (305) 255-0252
BROWARD: (954) 443-1711
FAX: (305) 378-2395
E-mail: mccourttennis@aol.com
www.mccourttennis.com

August 8, 2019

Town of Golden Beach
1 Golden Beach Dr.
Golden Beach, FL

PROPOSAL/CONTRACT FOR CONSTRUCTION

This Agreement is made between McCourt Construction, Inc., hereinafter called the Contractor, and Golden, herein after called the Customer, for the construction of one pickle ball court.

ARTICLE I Scope of Work

1.1 CLEARING AND SUB-BASE

- a. Clearing and proper sub-base to be the responsibility of the customer, to be +/- 1".
- b. Underground clearance to be requested by contractor prior to commencement. All clearance by Customer.

1.2 BASE AND ASPHALT

- a. Asphalt area to be approximately 30' X 60'.
- b. Contractor will grade sub-base to slope 1" in 10' for proper drainage.
- c. Contractor will install a 6" lime rock base, rolled and compressed to 4".
- d. Contractor will lay 1" of SRD2 hot asphalt with rice rock, to be rolled and finished grade.

1.3 FENCING

- a. Contractor will provide and install 3" OD terminal post, 2 1/2" OD line posts, and 1 5/8" all to be lex system.
- b. Contractor will install 120' x 8' high, 9 gauge, 1 3/4" green or black vinyl coated fence mesh.
- c. Contractor will install tension wire along bottom of fence mesh.
- d. All fence materials will be of heavy-duty construction with full weight pipe.
- e. 1 Walk gates will be installed as designated.

1.4

FINISHED PLAYING SURFACE AND ACCESSORIES

- a. Contractor will test for low spots and will correct those deeper than 1/16" (depth of a dime), using **Plexipave Patch Mix**.
- b. Contractor will surface court(s) as to **California Products Corp.** specifications, using **Plexipave** materials as follows:
One coat **Acrylic Resurfacer**
Three coats **Fortified Plexipave**
- c. Court colors to be: _____ and _____ (please specify).
- d. Contractor will paint 2" white playing lines to meet **specifications**.

ARTICLE II
Conditions of Contract

2.1 **CONDITIONS BINDING CONTRACTOR**

- a. Contractor agrees to maintain own liability and worker's compensation insurance, as well as proper licenses to fulfill job obligations.
- b. Contractor agrees to provide materials, labor, tools, and supervision.
- c. All work to be done on a timely basis, except for delays caused by the weather or other conditions beyond the Contractor's control.
- d. Contractor accepts responsibility only for repairs done by **McCourt**.
- e. Contractor will file required Notice to Owner for job, if he is not in privity with the owner.
- f. Contractor will not be liable for any loss, damage, or destruction to property or court premises, except when caused by employees of the Contractor.
- g. Grass, trees, shrubbery, walkways, and driveways to be exempt from Contractor's liability, if they must be crossed to gain access to the site.

2.2 **CONDITIONS BINDING CUSTOMER**

- a. Customer agrees to furnish access to site for equipment and materials, and a safe storage area.
- b. Customer agrees to provide water and electricity for construction purposes.
- c. Customer shall give any Notices required of him.
- d. Customer shall pay for all Permits required for project. If Contractor secures Permits, all applicable fees and Permit costs to be paid by Customer upon receipt of invoice.
- e. Customer agrees to **PAYMENT SCHEDULE** outline.

ARTICLE III
Guarantee

- 3.1 Contractor guarantees workmanship and materials against defects for a period of one year, save normal wear and tear. Acts of God, vandalism, or root damage and cracking caused by trees or plants installed around perimeter of court.
- 3.2 **PROPER COURT USE AND MAINTENANCE TO BE THE SOLE RESPONSIBILITY OF THE CUSTOMER.**
- 3.3 Contractor shall nullify this guarantee in the event the Customer fails to fulfill the terms of the **PAYMENT SCHEDULE**.
- 3.4 All prices subject to change without notice if contract is not accepted within 60 days.





TOWN OF GOLDEN BEACH

One Golden Beach Drive
Golden Beach, FL 33160

MEMORANDUM

Date: August 20, 2019

To: Honorable Mayor Glenn Singer &
Town Council Members

From: Alexander Diaz, *Alex B.*
Town Manger

Subject: Resolution 2634.19 – Approving the Proposal from the
Twenty-Two Group for the Redesign of the Fountains at the
Entrance of Town

Item Number:

17

Recommendation:

It is recommended that the Town Council adopt the attached Resolution No. 2634.19 as presented.

Background:

At the April 16, 2019 Town Council meeting we presented a series of options to enhance the appearance of the fascia walls of the Fountains located at the Strand. The Council directed staff to work on design options and identify funding for this project should it decide to move the project forward.

Since that time we have had multiple companies provide us with design options (attached) and preliminary proposals. The Mayor and I have reviewed all the design options and are presenting them for discussion and possible approval.

Fiscal Impact:

Budget not to exceed \$_____.00 from the restricted capital projects funds.

TOWN OF GOLDEN BEACH, FLORIDA

RESOLUTION NO. 2634.19

A RESOLUTION OF THE TOWN COUNCIL OF THE TOWN OF GOLDEN BEACH, FLORIDA APPROVING A PROPOSAL FROM THE TWENTY-TWO GROUP FOR THE REDESIGN OF THE FOUNTAINS AT THE ENTRANCE OF TOWN; PROVIDING FOR A WAIVER OF COMPETITIVE BIDDING PROCEDURES; PROVIDING FOR IMPLEMENTATION; PROVIDING FOR AUTHORIZATION; AND PROVIDING FOR AN EFFECTIVE DATE.

WHEREAS, the Town Council of the Town of Golden Beach, Florida (“Town”) has identified the need to redesign the fountains at the entrance of Town (“Project”); and

WHEREAS, the Town Council finds that compliance with the bid procedures set forth in the Town’s Code of Ordinances (“Code”) is impractical and not in the best interest of the Town; and

WHEREAS, the Town Council desires to engage the Twenty-Two Group (“Contractor”) to perform construction services (“Services”) for the Project; and

WHEREAS, Contractor has presented the Town with a proposal, attached hereto as Exhibit “A” and incorporated herein by reference, (“Proposal”) to perform the Services; and

WHEREAS, the Town Council desires to authorize the Town Manager to enter into an agreement with the Contractor consistent with the Proposal; and

WHEREAS, the Town Council has determined that the Proposal is acceptable and will well serve the needs of the Town.

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

Section 1. Recitals Adopted. Each of the above-stated recitals are hereby adopted and confirmed.

Section 2. Proposal Approved. The Town Council hereby approves of the Proposal.

Section 3. Waiver of Competitive Bidding. The Town Council finds that compliance with the bid procedures within the Town Code is impractical and hereby waives such procedures in accordance with Section 2-275 of the Town Code.

Section 4. Implementation. The Town Mayor and Town Manager are directed to take all steps reasonably necessary to implement this Resolution.

Section 5. Authorization. The Town Manager is authorized to enter into an agreement with the Contractor that is consistent with the Proposal in an amount not to exceed \$160,000.00, subject to the approval of the Town Attorney as to form, content, and legality.

Section 6. Effective Date. This Resolution shall be effective immediately upon adoption.

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

Mayor Glenn Singer	_____
Vice Mayor Kenneth Bernstein	_____
Councilmember Judy Lusskin	_____
Councilmember Jaime Mendal	_____
Councilmember Bernard Einstein	_____

PASSED AND ADOPTED by the Town Council of the Town of Golden Beach,
Florida this 20th day of August, 2019.

MAYOR GLENN SINGER

ATTEST:

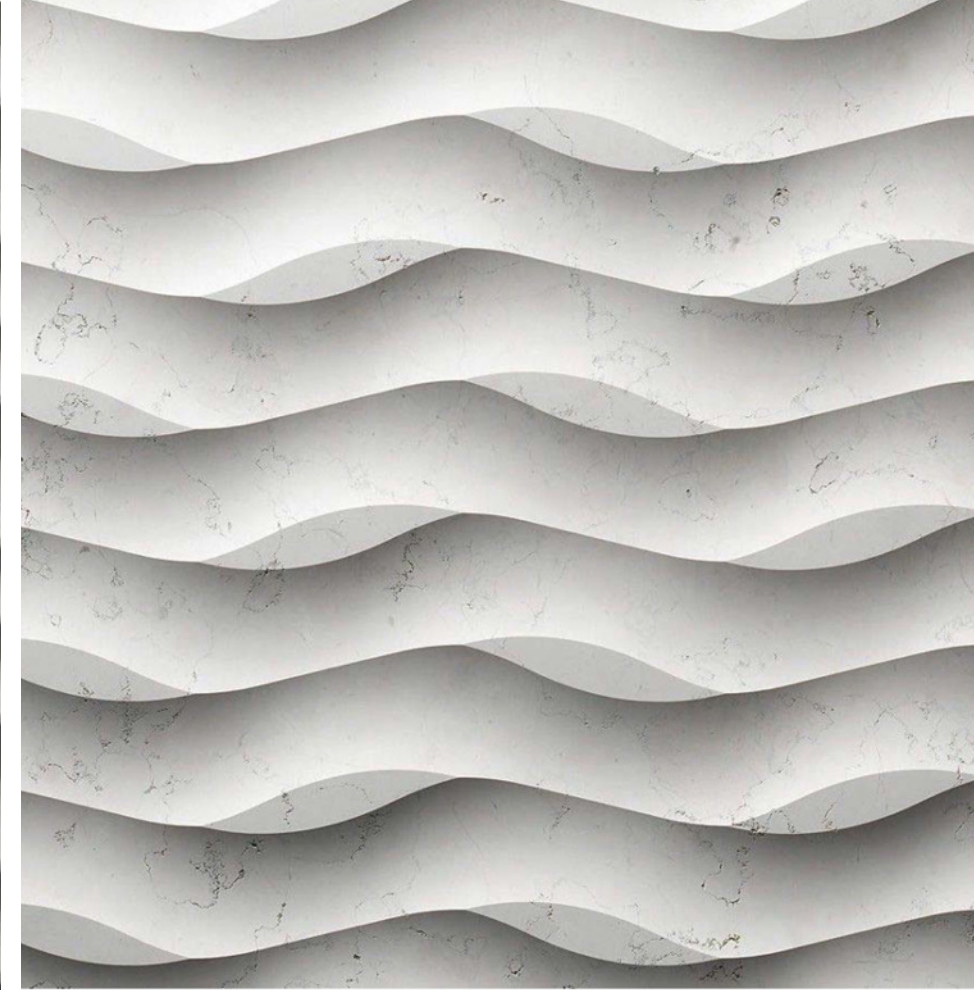
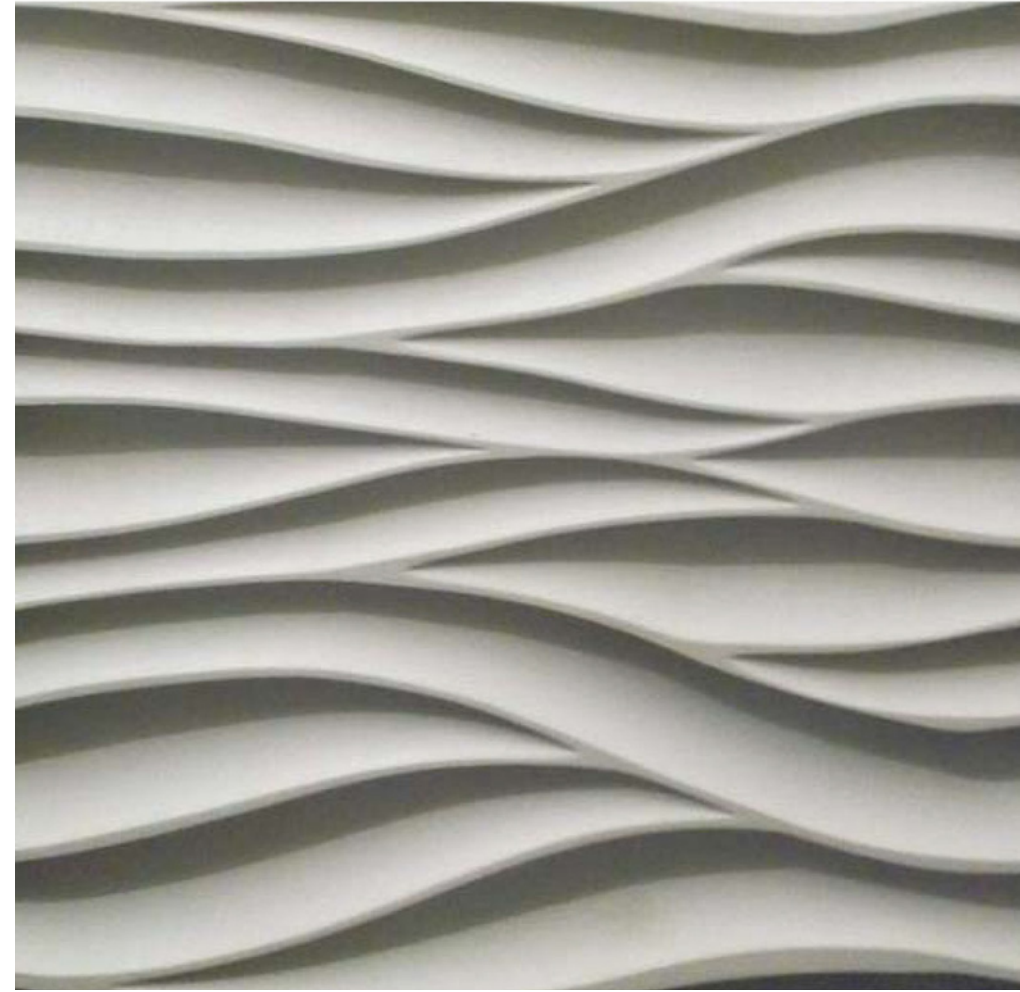
LISSETTE PEREZ
TOWN CLERK

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY:

STEPHEN J. HELFMAN
TOWN ATTORNEY

GOLDEN BEACH FOUNTAIN

PRECAST CONCRETE WALL PATTERNS WITH WAVE MOTIF



LASER CUT METAL LETTERS ON WHITE CAST CONCRETE WALL PANELS WITH WAVE MOTIF



Cost Code	Description	Budget	Comments
01000	GENERAL CONDITIONS		
01050	Field Superintendent/Project Management	\$ 6,000.00	Includes a Superintendent based on 15 working days of work
01051	Project Administration	\$ 3,000.00	Includes a Project Management services based on (1) week of pre construction and (3) weeks of construction
01500	General Labor	\$ 2,000.00	Based on (2) labors required to maintain site and clean -up for the duration (15 days) of the project
01540	Trash Chute/Dumpster Removal	\$ 500.00	Includes removal/Haul away of construction debris for the duration (15 days) of the project.
01650	Permits	NIC	PERMITS BY TGB
	Total: 01000 - GENERAL CONDITIONS	\$ 11,500.00	
02000	SITEWORK		
02810	Irrigation Systems/Lawn Sprinklers	NIC	Any irrigation work to be performed by TGB
02900	Landscaping	NIC	Any landscaping work to be performed by TGB
	Total: 02000 - SITEWORK	\$ -	
03000	CONCRETE		
	Total: 03000 - CONCRETE	\$ -	
04000	MASONRY		
	Total: 04000 - MASONRY	\$ -	
05000	METALS		
	Total: 05000 - METALS	\$ -	
06000	WOOD & PLASTICS		
	Total: 06000 - WOOD & PLASTICS	\$ -	
07000	THERMAL/MOISTURE PROTECTION		
	Total: 07000 - THERMAL/MOISTURE PROTECTION	\$ -	
08000	DOORS & WINDOWS		
	Total: 08000 - DOORS & WINDOWS	\$ -	
09000	FINISHES		
09600	Cast Concrete (Flooring/Façade)	\$ -	See Itemized below
^^^^	Cap material and Instalation	\$ 10,200.00	Includes to supply, fabricate and install Cast Concrete Cap material for fountains Cap.Material calculated at (\$25/LF), fabrication (\$50/lf) and Installation (\$ 10/LF)
^^^^	Exposed Walls Material & Installation	\$ 50,660.00	Includes to cast radius wall, supply & install WAVE pattern cast concrete panel material for fountain exposed walls.Material Calculated at (\$ 50/SF) and installation (\$35/SF)
^^^^	Fountain Floor Material & installation	\$ 9,600.00	Includes to supply & install Mosaic on fountain floor.Material Calculated at (\$ 15/SF) and installation (\$15/SF) DEDUCT \$20/SF if TGB prefers to install simple diamond brite or equal finish
	Total: 09000 - FINISHES	\$ 70,460.00	
10000	SPECIALTIES		
	Total: 10000 - SPECIALTIES	\$ -	Any TGB Signage is excluded
11000	EQUIPMENT		
	Total: 11000 - EQUIPMENT	\$ -	
12000	FURNISHINGS		
	Total: 12000 - FURNISHINGS	\$ -	
13000	SPECIAL CONSTRUCTION		
13150	Swimming Pools	\$ -	Any Shutdowns, remove & resets of plumbing trims and light trims by TGB
	Total: 13000 - SPECIAL CONSTRUCTION	\$ -	
14000	CONVEYING SYSTEMS		
	Total: 14000 - CONVEYING SYSTEMS	\$ -	

Cost Code	Description	Budget	Comments
15000	MECHANICAL		
	Total: 15000 - MECHANICAL	\$ -	
16000	ELECTRICAL		
	Total: 16-000 - ELECTRICAL	\$ -	
17000	SUBTOTAL	\$ 81,960.00	
17200	Contractors OH & Fee	\$ 8,196.00	Calculated at 10%
17300	Insurance Burden	\$ 902.00	Calculated at 1%
	TOTAL BUDGET	\$ 91,058.00	



(A) New Entry Sign - CONCEPT
 Scale: 3/8" = 1'-0"

 **GRAPHPLEX**
S I G N S
 Sign Design & Manufacture
 2830 North 28th Terrace • Hollywood, Florida 33020
 954.920.0905
 www.graphplex.com

CLIENT: Town of Golden Beach
PROJECT: Reverse Channel for Monuments
ADDRESS:

APPROVED AS SUBMITTED BY: _____ DATE: _____
 APPROVED AS NOTED BY: _____ DATE: _____

DRAWN BY: RL
SALES: Josh Miculitzki

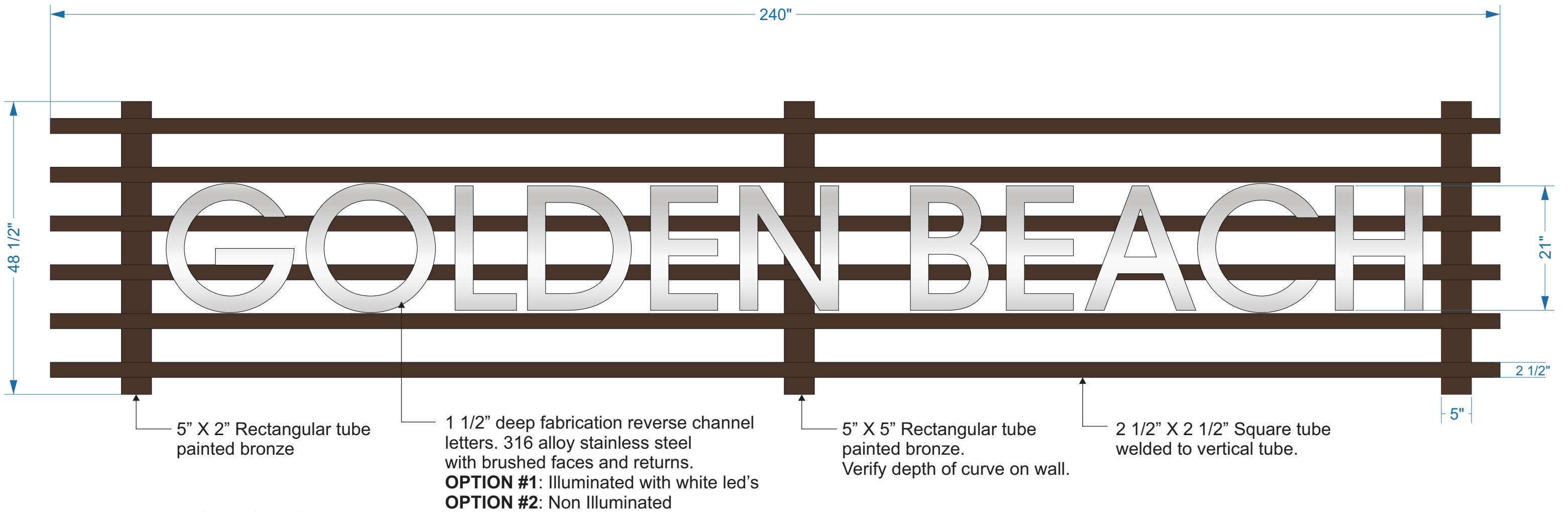
THIS ORIGINAL DRAWING (OR COPY) IS FOR YOUR CONSIDERATION FOR A PROJECT WE ARE PROPOSING FOR YOU. IT IS NOT TO BE COPIED (IN FULL OR PART) OR EXHIBITED TO ANYONE OUTSIDE YOUR ORGANIZATION WITHOUT WRITTEN PERMISSION FROM GRAPHPLEX SIGNS.

SIGN TYPE:
QUANTITY:

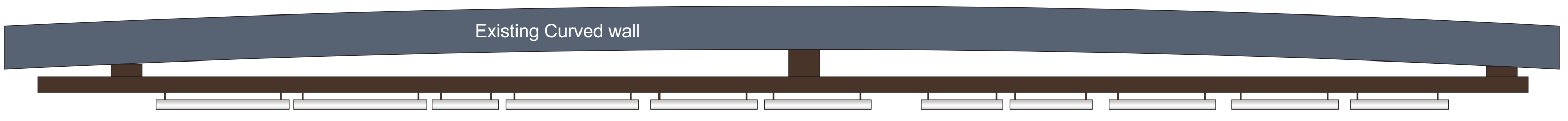
DATE: 8/1/2019
FILENAME: Town of Golden Beach/New Entry Sign Concepts

PAGE#: 1






B New Entry Sign-SPECS
 Scale: 3/4" = 1'-0"



TOP VIEW
 Scale: 3/4" = 1'-0"

 <p>GRAPHPLEX SIGNS Sign Design & Manufacture 2830 North 28th Terrace • Hollywood, Florida 33020</p> <p>954.920.0905 www.graphplex.com</p>	<p>CLIENT: Town of Golden Beach PROJECT: Reverse Channel for Monuments ADDRESS:</p>	<p><input type="checkbox"/> APPROVED AS SUBMITTED BY: _____ DATE: _____ <input type="checkbox"/> APPROVED AS NOTED BY: _____ DATE: _____</p>	<p>DRAWN BY: RL SALES: Josh Miculitzki</p>
<p>THIS ORIGINAL DRAWING (OR COPY) IS FOR YOUR CONSIDERATION FOR A PROJECT WE ARE PROPOSING FOR YOU. IT IS NOT TO BE COPIED (IN FULL OR PART) OR EXHIBITED TO ANYONE OUTSIDE YOUR ORGANIZATION WITHOUT WRITTEN PERMISSION FROM GRAPHPLEX SIGNS.</p>	<p>SIGN TYPE: QUANTITY:</p>	<p>DATE: 8/1/2019 FILENAME: Town of Golden Beach/New Entry Sign Concepts</p>	<p>PAGE#: 3</p>

The Strand Entrance
Fountain Wall Concepts

Golden
BEACH

Prepared by:
O'Leary Richards Design Associates, Inc.
Landscape Architecture & Planning
www.olearyrichards.com

February 14, 2019



Concept I: Laser Cut Metal Letters on White Stucco Wall

Concept 2: Cut Metal Letters on White Stucco Wall with Cut and Bent Metal Palm Fronds in Painted Green

Concept 3: Cut Metal Letters on White Stucco Wall with Cut and Bent Metal Palm Fronds in Painted White

Concept 4: Cut Metal Letters on Cast Concrete Tiles

Concept 5: Cut Metal Letters on Cast Concrete Wave Panel



Concept 1: Laser Cut Metal Letters on White Stucco Wall



Concept 2: Laser Cut Metal Letters on White Stucco Wall with Laser Cut and Bent Metal Palm Fronds Painted Green



Concept 2: Laser Cut Metal Letters on White Stucco Wall with Laser Cut and Bent Metal Palm Fronds Painted Green



Concept 2: Laser Cut Metal Panels cut to the shape of a palm frond and bent into a three dimensional form



Concept 2: Laser Cut Metal Letters on White Stucco Wall with Laser Cut and Bent Metal Palm Fronds Painted White



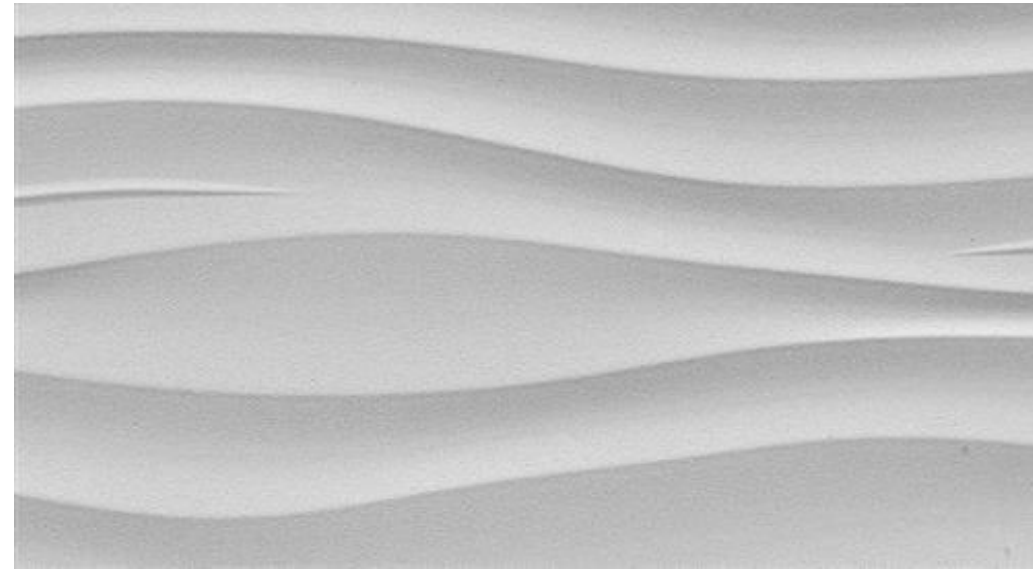
Concept 2: Laser Cut Metal Letters on White Stucco Wall with Laser Cut and Bent Metal Palm Fronds Painted White



Concept 5: Laser Cut Metal Letters on White Cast Concrete Wall Panels with Wave Motif



Concept 5: Laser Cut Metal Letters on White Cast Concrete Wall Panels with Wave Motif



Concept 5: Precast Concrete Wall Patterns with Wave Motif



Concept 5: Precast Concrete Wall Patterns with Wave Motif



TOWN OF GOLDEN BEACH

One Golden Beach Drive
Golden Beach, FL 33160

MEMORANDUM

Date: August 20, 2019

To: Honorable Mayor Glenn Singer &
Town Council Members

From: Alexander Diaz,
Town Manger

Item Number:

18

Subject: Resolution 2635.19 – Approving the Proposal from Olin Hydrographic Solutions, Inc./Versatile Builders Inc. for Canal Maintenance Dredging.

Recommendation:

It is recommended that the Town Council adopt the attached Resolution No. 2635.19 as presented.

Background:

The Town's waterways are in need of some maintenance dredging to keep them navigable. Since 2014 the Town has been working with engineers and government consultants to design the most responsible, permit able and financial feasible approach to performing some maintenance dredging. After four years and 8 designs the Town has secured all the necessary permits needed to perform maintenance dredging in our waterways.

Given the nature of the work to be performed and the complexity of the permitting requirements we invited firms known to have experience working on these types of projects to provide us with proposals.

Most (if not all firms) felt that our small foot print and complexity of permits make this job un-desirable. Most firms use bigger mechanical dredge equipment to do marinas and that won't work in the Town's waterways. All felt the permit conditions were excessive and the sand amount too small to mobilize and perform the job. Our job requires the use of divers exclusively due to the detailed stakeout and precise cut. As such, we received limited responses and varied proposals.

We are recommending that we award the project to the most competitive respondent, Olin Hydrographic Solutions/Versatile Inc.

The companies asked to bid were:

Olin Hydrographic Solutions/Versatile	\$333,835.00
Shoreline Foundation	Withdrew
Coastal Dredging	Withdrew
Kearns	\$440,000.00
Bunnell	\$538,860.00
Marin and Marin	
Ebsary	

Fiscal Impact:

We budgeted \$270,000.00 in our Capital Improvement Budget for Canal Maintenance related expenses.

Approved in Budget	
Engineering and Permitting	\$25,000.00
Professional Services	\$25,000.00
Construction (Dredging Work)	\$180,000.00
Contingency	\$40,000.00
Total	\$270,000.00

Recommended Changes	
Engineering and Permitting	\$25,000.00
Professional Services	\$25,000.00
<u>Construction (Dredging Work)</u>	<u>\$333,835.00</u>
Contingency	\$40,000.00
Total	\$423,835.00

We will use \$153,835.00 of the fund(s) set aside as restricted within the CIP Budget to fund the difference.

TOWN OF GOLDEN BEACH, FLORIDA

RESOLUTION NO. 2635.19

A RESOLUTION OF THE TOWN COUNCIL OF THE TOWN OF GOLDEN BEACH, FLORIDA APPROVING A PROPOSAL FROM OLIN HYDROGRAPHIC SOLUTIONS, INC./VERSATILE BUILDERS INC. FOR CANAL MAINTENANCE DREDGING; PROVIDING FOR A WAIVER OF COMPETITIVE BIDDING PROCEDURES; PROVIDING FOR IMPLEMENTATION; PROVIDING FOR AUTHORIZATION; AND PROVIDING FOR AN EFFECTIVE DATE.

WHEREAS, the Town Council of the Town of Golden Beach, Florida (“Town”) has identified the need to perform dredging work in our canal waterways (“Project”); and

WHEREAS, the Town Council finds that compliance with the bid procedures set forth in the Town’s Code of Ordinances (“Code”) is impractical and not in the best interest of the Town; and

WHEREAS, the Town Council desires to engage Olin Hydrographic Solutions, Inc./Versatile Builders Inc. (“Contractor”) to perform construction services (“Services”) for the Project; and

WHEREAS, the Town performed it’s due diligence gathering multiple proposals, including the Contractor’s which are attached hereto as Exhibit “A” and incorporated herein by reference, (“Proposal”) to perform the Services; and

WHEREAS, the Town Council desires to authorize the Town Manager to enter into an agreement with the Contractor consistent with the Proposal; and

WHEREAS, the Town Council has determined that the Proposal is acceptable and will well serve the needs of the Town.

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

Section 1. Recitals Adopted. Each of the above-stated recitals are hereby adopted and confirmed.

Section 2. Proposal Approved. The Town Council hereby approves of the Proposal.

Section 3. Waiver of Competitive Bidding. The Town Council finds that compliance with the bid procedures within the Town Code is impractical and hereby waives such procedures in accordance with Section 2-275 of the Town Code.

Section 4. Implementation. The Town Mayor and Town Manager are directed to take all steps reasonably necessary to implement this Resolution.

Section 5. Authorization. The Town Manager is authorized to enter into an agreement with the Contractor that is consistent with the Proposal, subject to the approval of the Town Attorney as to form, content, and legality. Further, that the total Project Budget is set to an amount not to exceed \$423,835.00 as stipulated in the Manager memo.

Section 6. Effective Date. This Resolution shall be effective immediately upon adoption.

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

Mayor Glenn Singer	_____
Vice Mayor Kenneth Bernstein	_____
Councilmember Judy Lusskin	_____
Councilmember Jaime Mendal	_____
Councilmember Bernard Einstein	_____

PASSED AND ADOPTED by the Town Council of the Town of Golden Beach,
Florida this 20th day of August, 2019.

MAYOR GLENN SINGER

ATTEST:

LISSETTE PEREZ
TOWN CLERK

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY:

STEPHEN J. HELFMAN
TOWN ATTORNEY

Olin Hydrographic Solutions, Inc./ Versatile Builders Inc. GC

Colden Beach Canals Dredging	Job No. 17-013
Itemized Bid Sheet Form	08/2/2019

Task/Materials	Quantity	Unit \$	Total \$
Mob/Demob:	<u>1</u>	<u>\$20,000</u>	<u>\$20,000</u>
North Island Dredging:			
Dredge Material (to -4' MLW)	82 CY	\$420 /CY	\$34,440
Dredge Disposal	82 CY	\$135 /CY	\$11,070
Central Island Dredging:			
Dredge Material (to -5' MLW)	415 CY	\$420 /CY	\$174,300
Dredge Disposal	415 CY	\$135 /CY	\$56,025
Estimated Permit Fees:	<u>1</u>	TBD (3%- possibly waived)	TBD
Turbidity Monitoring:	<u>1</u>	<u>\$10,000</u>	<u>\$10,000</u>
Post - Dredge Survey:	<u>1</u>	<u>\$8,000</u>	<u>\$8,000</u>
Additional / Alternates / Unknowns:	<u>1</u>	<u>\$20,000</u>	<u>\$20,000</u>
(specific Permit conditions - stakeout, derm plans, turbidity curtains, derm coordination)			
		<i>subtotal dredging</i>	\$275,835
		<i>subtotal misc. expenses</i>	\$58,000
TOTAL BID:			\$333,835

OJC, 8-2-19

Paul Vlij
08-02-2019

Colden Beach Canals Dredging	Job No. 17-013
Itemized Bid Sheet Form	07/31/2019

Task/Materials	Quantity	Unit \$	Total \$
Mob/Demob:	<u>1</u>	<u>LS</u>	<u>\$20,000.00</u>
North Island Dredging:			
Dredge Material (to -4' MLW)	<u>82</u> CY	<u>\$650.00</u> /CY	<u>\$53,300.00</u>
Dredge Disposal	<u>82</u> CY	<u>\$100.00</u> /CY	<u>\$8,200.00</u>
Central Island Dredging:			
Dredge Material (to -5' MLW)	<u>415</u> CY	<u>\$650.00</u> /CY	<u>\$269,750.00</u>
Dredge Disposal	<u>415</u> CY	<u>\$100.00</u> /CY	<u>\$41,500.00</u>
Estimated Permit Fees:	<u>1</u>	<u>LS</u>	<u>\$10,000.00</u>
Turbidity Monitoring:	<u>1</u>	<u>LS</u>	<u>\$10,000.00</u>
Post - Dredge Survey:	<u>1</u>	<u>LS</u>	<u>\$10,000.00</u>
Additional / Alternates / Unknowns:	<u>1</u>	<u>LS</u>	<u>\$17,250.00</u>
	<u> </u>	<u> </u>	<u> </u>
	<u> </u>	<u> </u>	<u> </u>
	<u> </u>	<u> </u>	<u> </u>

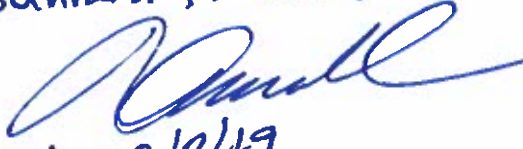
TOTAL BID:	\$440,000.00
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KEARNS -

Golden Beach Canals Dredging	Dredging Summary	Job No. 17-013
Itemized Bid Sheet Form	BID CL# 2018-0318	07/31/2019

Task/Materials	Quantity	Unit \$	Total \$
Mob/Demob:	<u>L.S.</u>	<u>\$ 80,000.00</u>	<u>\$80,000.00</u>
North Island Dredging:			
Dredge Material (to -4' MLW)	<u>82 CY</u>	<u>\$430.00 /CY</u>	<u>\$35,260.00</u>
Dredge Disposal	<u>82 CY</u>	<u>\$350.00 /CY</u>	<u>\$25,700.00</u>
Central Island Dredging:			
Dredge Material (to -5' MLW)	<u>415 CY</u>	<u>\$430.00 /CY</u>	<u>\$178,450.00</u>
Dredge Disposal	<u>415 CY</u>	<u>\$350.00 /CY</u>	<u>\$145,250.00</u>
Estimated Permit Fees:	<u>L.S.</u>	<u>\$1,700.00</u>	<u>\$1,700.00</u>
Turbidity Monitoring:	<u>L.S.</u>	<u>\$45,000.00</u>	<u>\$45,000.00</u>
Post - Dredge Survey:	<u>L.S.</u>	<u>\$7,500.00</u>	<u>\$7,500.00</u>
Additional / Alternates / Unknowns:	<u>L.S.</u>	<u>\$20,000.00</u>	<u>\$20,000.00</u>
	<u>_____</u>	<u>_____</u>	<u>_____</u>
	<u>_____</u>	<u>_____</u>	<u>_____</u>
	<u>_____</u>	<u>_____</u>	<u>_____</u>

TOTAL BID:	\$538,860.00
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CONTRACTOR:
 Bunnell FOUNDATION INC.

 8/2/19

Task/Materials	Quantity	Units \$	Total \$
Mob/Demob:	1		
North Island Dredging:			
Dredge Material (to-4' MLW)	82 CY		
Dredge Disposal	82 CY		
Center Island Dredging:			
Dredge Material (to-5' MLW)	415 CY		
Dredge Disposal	415 CY		
Estimated Permit Fees:	1		
Turbidity Monitoring:	1		
Post - Dredge Survey:	1		
Additional / Alternates / Unknowns:	1		

TOTAL BID:



CLASS I

Permit Application

*For Coastal
Construction and
Mangrove Trimming
within Miami-Dade
County*

**Department of Regulatory and
Economic Resources -
Environmental Resources
Management
701 NW 1st Court
Miami, FL 33136
dermcr@miamidade.gov**



Revised January 24, 2013

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ATTACHMENTS

Permit Application Form

INTRODUCTION

Coastal areas contain unique and valuable natural resources that are important to the environment, the quality of life and the economic well-being of Miami-Dade County. Competing demands on these resources must be managed in order to ensure the preservation of their ecological, commercial and recreational values.

Coastal resources in Miami-Dade County include diverse communities such as seagrass beds, mangrove forests and fringes, and coral and sponge hard bottom communities. These communities provide important habitat and nursery area for South Florida's commercial and recreational fisheries. These ecological communities also assist in the maintenance of water quality in Biscayne Bay and its adjacent tributaries by providing biological filtering of stormwater runoff from upland areas, and by slowing currents and trapping sediments to reduce erosion and increase water clarity.

Mangrove communities along the coastal areas of Biscayne Bay stabilize bottom sediments and protect shorelines from erosion and storm surge. Forest and fringe communities provide protection from storm surge and can potentially reduce damage to upland areas from hurricanes. Mangrove trees provide nesting and roosting habitat for many resident and migrating birds in addition to providing shelter and a safe nursery to growing marine life. Mangrove leaves are also a large component of the near shore food web.

Seagrass beds are a prominent feature of Biscayne Bay. Seagrasses are flowering plants that, because of their need for sunlight, live in relatively shallow water. Seagrasses are important to the overall environment for several reasons. In addition to maintaining water clarity and stabilizing bottom sediment, seagrasses provide oxygen that is necessary for animal life. Seagrass beds also provide nursery habitat and feeding grounds for all kinds of sea life. Some organisms live attached to seagrass blades while others live in their root systems, and these organisms provide food for larger fish and birds.

Hard bottom refers to those areas which have less than an inch of sediment on the underlying limestone. Soft corals like sea fans and corky sea fingers are common in hard bottom communities as well as sponges like the loggerhead sponge and the vase sponge. Hard bottom communities are home to numerous kinds of aquatic life, especially juvenile lobster and fish which use these areas as refuge as they migrate to the outer reefs. These areas are especially important in providing food to endangered sea turtles which thrive on sponges.

Human activities in the coastal areas of Miami-Dade County affect these coastal resources. Section 24-48 of the Code of Miami-Dade County provides for the protection of these resources by requiring that a Class I permit be obtained for all work in, on, over, or upon the tidal waters or coastal wetlands of Miami-Dade County, including those areas within municipalities.

Additional permits may be required for certain projects. The U.S. Army Corps of Engineers (USACE), the State of Florida Department of Environmental Protection (FDEP), and the South Florida Water Management District (SFWMD) require that permits be obtained for certain activities within Miami-Dade County's coastal areas. A list of the addresses and phone numbers of these agencies is included in this package.

COMMON QUESTIONS

What is RER?

The Department of Environmental Resources Management (DERM) was created by the Miami-Dade County Board of County Commissioners (BCC) in 1974 in order to regulate and manage activities affecting South Florida's fragile environment. The Department's duties include the administration of pollution control and resource protection programs as well as resource enhancement, restoration and remediation programs. In 2012, as part of improving efficiency in our delivery of services to the businesses and residents of Miami-Dade County, DERM, and the County's Building, Consumer Services, Economic and Business Development, and Planning and Zoning functions, merged to form the **Miami-Dade County Department of Regulatory and Economic Resources (RER)**, and created the Division of Environmental Resources Management.

What is a Class I permit?

Section 24-48 of the Miami-Dade County Code requires that a Miami-Dade County Class I permit be obtained prior to performing any work in, on, over or upon tidal waters or coastal wetlands anywhere in Miami-Dade County including any of the municipalities located within the county. This permitting requirement applies to most work with the exception of a few specific types of minor projects listed on page 6 of this package. A Class I Permit is also required for most mangrove trimming, alteration or removal.

What other permits are needed before I can start work?

The following is a list of other agencies that may have jurisdiction over these projects and some or all require you to obtain a permit for your project. Please be advised that their involvement will depend upon the location, nature, type and size of the project. Please refer to the enclosed list of permitting contacts for names, addresses and telephone numbers:

1. Local Municipality (structural, zoning, building)
2. Construction, Permitting and Building Code Division of RER (if located in unincorporated Miami-Dade County)
3. South Florida Water Management District (SFWMD)
4. Florida Department of Environmental Protection (FDEP)
5. U.S. Army Corps of Engineers (USACE)

What is a short form project?

A short form project is typically a small project (such as a dock at a single family residence) in which RER has the administrative authority to review and approve the proposed work without a public hearing.

What is a standard form project?

A standard form project is typically a large project (such as a marina or a project involving dredging or filling) which requires approval from the BCC at a public hearing. Owners of all riparian or wetland property within 300 feet of the proposed work are notified by mail prior to the hearing. Based on a review of the proposed work, RER makes a recommendation to the BCC, which in turn decides at the hearing to approve, approve with modifications, or deny the project. If approved by the BCC, RER then issues the permit for the project.

Why is a biological assessment necessary?

In order to assess the environmental impacts of a proposed project and to determine if the project as proposed can be approved, RER performs a biological assessment on and adjacent to the property as part of the application evaluation process. Property owners can also request that a biological assessment and/or a delineation of jurisdictional wetlands be performed for planning purposes without applying for a permit.

How much are the application and permit fees?

The application fees and permit fees are based on the cost of construction in all cases except for those limited to mangrove trimming or alteration, which are based on area of canopy proposed for trimming. Please refer to the enclosed fee schedule.

How long is the permit valid?

Most short form permits are valid for 2 years from the date of issuance, while mangrove trimming permits and most standard form permits are valid for 3 years from the date of issuance. If additional time is necessary to perform the work authorized by a Class I permit, it may be extended in 2 or 3 year increments provided the total time period of the extensions granted does not exceed 10 years.

What are RER's objectives?

The main objective when reviewing Class I applications is to determine whether the proposed project has been designed to avoid and/or minimize environmental, aesthetic, and navigational impacts. For example, this may involve an assessment of the potential impacts to water quality or to plants and animals, as well as additional evaluation factors outlined in the Miami-Dade County Code. Proposed projects may need to be modified to account for these impacts.

What is a D-5 boundary?

The D-5 boundary is a theoretical boundary waterward of a property, the intent of which is to protect your neighbor's visual and physical access to the water. Please refer to the enclosed diagram on page 14 of this package.

What if the project extends beyond the D-5 boundary?

Projects should be designed to be located within this boundary if at all possible. If, however, a submitted project is designed such that it extends beyond the D-5 boundary(ies), a letter(s) of consent from the adjacent property owner(s) may be necessary.

What is mitigation?

In cases where all impacts have been avoided and minimized to the greatest extent, any unavoidable impacts will need to be compensated for through mitigation. Types and amounts of mitigation will vary according to the project and the site, but typically mitigation involves natural resources habitat creation, restoration, or enhancement.

Why do I need submerged lands approval?

In order to build a structure on or over someone else's land you need to get their approval, regardless of whether the land is above or below the water. Most submerged lands in Biscayne and Dumfounding Bays and their natural tributaries including the Miami River, Little River, Oleta River and Arch Creek are owned by the State of Florida, and proprietary approval from FDEP is generally necessary prior to the issuance of a Class I permit.

RER has been delegated the authority on behalf of FDEP to grant consent for the use of these submerged lands if the project is consistent with certain standards. During the application review process, RER will review the project to determine if proprietary authorization may be granted by RER on the State's behalf or if it will be necessary for the applicant to apply directly to FDEP for proprietary authorization.

Do I need a Class I permit to trim mangroves?

Most mangrove trimming or alteration projects within Miami-Dade County require a Class I permit. However, some minor trimming projects do not require permits from RER or FDEP. The Florida Legislature enacted the 1996 Mangrove Trimming & Preservation Act in sections 403.9321 – 403.9334 of the Florida Statutes. This law regulates the trimming and alteration of mangroves statewide. However, RER has been delegated the authority on behalf of FDEP to regulate these activities. RER reviews proposed mangrove trimming projects on a case by case basis to determine if a permit is required or if trimming may be performed pursuant to the state permitting exemptions contained in the 1996 Mangrove Trimming & Preservation Act. This determination is based on the specific characteristics of the proposed work, such as:

- ownership of the property on either side of the mean high waterline where the trimming is proposed;
- the size of the mangrove fringe (width and length), the height of the mangrove tree(s), and type of tree to be trimmed;
- objective or purpose for the proposed mangrove trimming work;
- whether there have been any mangrove violations on or adjacent to the property;
- whether mangroves have ever been planted on or adjacent to the property;
- whether mangroves are located within a mitigation or mangrove protection area, or a conservation easement;
- whether mangroves are part of a Coastal Band Community;
- the type of trimming or alteration that is proposed; and,
- who will do the trimming.

Trimming or alteration of mangroves, such as hedging or top pruning or uplifting and windowing (depending on the percentage of mangrove canopy proposed for removal), may require mitigation and/or preparation of plans by a licensed landscape architect. Before beginning any work with mangroves, contact RER for a courtesy review of the proposed work to determine if a Class I permit is required.

Does the Miami-Dade County Manatee Protection Plan (Plan) restrict the construction of power boat slips?

It is not the intent of the Plan to impose any additional restrictions on single family docks within Essential Habitat Areas. Single family docks shall continue to be constructed according to the existing RER coastal construction guidelines. For multifamily residential developments within essential habitat areas, multi-slip docking facilities with more than five boat slips should be permitted to construct no more than one powerboat slip per 100 feet of owned developable shoreline. These areas generally occur along the western shoreline of Biscayne Bay and its tidal tributaries. The plan also identifies areas which are suitable locations for permitting of new or expanded powerboat docking facilities because the number and frequency of manatee sightings has been relatively lower in these areas.

EXEMPT PROJECTS

The following is a list of projects that are exempt from a Class I Permit.

- (a) Repair and/or replacement of the decking or handrails, on an existing dock or limited to their original dimensions.
- (b) Sealing of cracks and spall repair on a bridge, seawall or bulkhead cap or face.
- (c) Repair or sealing of the pilasters of an existing seawall or bulkhead.
- (d) Backfilling landward of existing seawalls or bulkheads.
- (e) Placement of riprap, gunite-filled tube, or other approved material beneath an undercut seawall or bulkhead provided that material does not extend more than two (2) feet waterward of the seawall or bulkhead.
- (f) Placement of sand-cement riprap bags at the toes of a seawall or bulkhead provided the bags do not extend more than two (2) feet or the width of two (2) standard sand-cement bags waterward of the seawall or bulkhead.
- (g) The removal of old or unused or rotting piles or the removal of dilapidated docks, boatlifts, davits or piers.
- (h) The trimming of a mangrove tree(s) performed in accordance with the permit exemption provisions of Section 403.9326, Florida Statutes, provided that notification is given to the Department as required pursuant to Section 24-48.17(1) of the Code of Miami-Dade County
- (i) Installation, repair, or replacement of marine hardware on docks and piers necessary to secure vessels including, but not limited to, cleats, mooring whips, chocks and mooring bits
- (j) Construction, installation, repair, or replacement of permanent uncovered benches and/or tables on docks and piers.
- (k) Construction, installation, repair, or replacement of fenders, **except fender piles, on docks and piers** necessary for the protection of vessels.
- (l) Construction, installation, repair, or replacement of storage boxes, not exceeding thirty-six (36) inches in height, on docks and piers.
- (m) Construction, installation, repair, replacement of ladders on docks and piers to provide access to and from vessels and/or the water.
- (n) The placement of concrete jackets or other forms of protection on existing dock, pier or mooring piles.
- (o) The replacement of fender piles or mooring piles at the same exact location as they presently exist and provided that the following criteria are adhered to:
 - i. The fender piles or mooring piles to be replaced do not protrude into the water more than twenty-five (25) percent of the width of the waterway.
 - ii. The work will be done by a contractor holding an applicable certificate of competency.
 - iii. The contractor shall contact the Director or the Director's designee a minimum of twenty-four (24) hours prior to performing the fender pile or mooring pile replacement work with information on the location and the number of fender or mooring piles to be replaced
- (p) Repair or replacement of uniform waterway markers or uniform waterway regulatory markers, which markers conform with Section 327.40 and 327.41, Florida Statutes, respectively, as may be amended from time to time

EXPEDITED ADMINISTRATIVE AUTHORIZATION

The following activities shall be eligible to receive a written expedited administrative authorization, provided the Department determines the work meets the criteria below and will not result in adverse environmental impacts.

- (a) Scientific, water quality or geotechnical sampling or testing in tidal waters or wetlands
- (b) Work in tidal waters and wetlands, not to exceed thirty (30) days, associated with motion picture, television, photographic or other media production
- (c) Treatment or removal of vegetation which is listed as a prohibited species as set forth in Section 24-49.9 of the Code of Miami-Dade County, Florida, for restoration and enhancement activities
- (d) Work within wetlands performed to restrict access to property for the purpose of maintaining the property in its natural state and protecting the property from trespass, illegal dumping, or damage to wetlands
- (e) The placement of natural limerock boulder riprap waterward of an existing seawall, bulkhead or unconsolidated shoreline provided that the riprap is place on a two (2) horizontal to one (1) vertical slope and the riprap does not extend more than ten (10) feet waterward of the mean high water line; provided, however, the Department conducts an inspection prior to the placement of the riprap and determines that said placement will not result in an adverse environmental impact to benthic communities
- (f) Repair and/or replacement of the tieback systems on an existing seawall or bulkhead, provided that the contractor submits structurally approved plans from the applicably building authority
- (g) Repair and/or replacement of the cap of an existing seawall or bulkhead, provided that the contractor submits structurally approved plans from the applicable building authority

The following is a list of items necessary for RER to process a request for an expedited administrative authorization. If you have any additional questions, please contact the Coastal Permitting Program at (305) 372-6575.

LETTER OF REQUEST: The expedited administrative authorization must be requested by the **current property owner** via a letter of request. The expedited administrative authorization request letter should include:

- Site location and sketch of proposed work
- Full description of the work to be performed
- All relevant information necessary to determine potential environmental impacts
- Administrative fee

SHORT FORM PROJECTS

In most cases, the following may be reviewed as short form projects. If, upon application, RER determines that the project qualifies as an exempt or a standard form project, you or your agent will be notified.

When permissible, a short form permit application may be accepted by the Department of Regulatory and Economic Resources for the following types of work:

- (1) Construction, repair or replacement of seawalls or bulkheads, including the minimum filling or dredging necessary for the installation at the mean high water line or no more than 12 inches waterward of their existing location.
- (2) Construction or the placement of a single-family residence fixed or floating dock, davit, boat lift, mooring or fender pile, all of which are associated with a single family residence provided that none of the foregoing protrude into the water more than twenty-five (25) percent of the width of the waterway.
- (3) Repair, replacement or restoration of docks, piers, davits, boat lifts, mooring or fender piles, provided none of the foregoing protrude into the water more than twenty-five (25) percent of the width of the waterway.
- (4) Installation, repair or replacement of mooring buoys, when it is determined that the proposed work will not present a hazard to navigation.
- (5) Maintenance dredging projects where the dredged material is to be deposited on a self-contained upland site.
- (6) The placement of riprap in front of an existing seawall, bulkhead or shoreline, that does not otherwise qualify under Section 24-48(2).
- (7) Davit installation on a dock, seawall or bulkhead.
- (8) Repair or replacement of wave baffles at their original location and dimensions.
- (9) Construction or the placement of fixed or floating docks, piers, davits, boat lifts, mooring piles and fender piles in order to create fifty (50) or less boat slips at a new or existing boat docking facility other than a single-family residence, provided that the following criteria are adhered to:
 - (a) None of the foregoing protrude into the water more than twenty-five (25) percent of the width of the waterway.
 - (b) No dredging or filling is associated or required for the project.
 A boat docking facility expansion may only be accepted as a short form application if the facility has not been physically expanded during the past two (2) years.
- (10) Installation of a subaqueous cable or pipeline crossing requiring the dredging and backfilling of ten thousand (10,000) cubic yards or less of material.
- (11) Any non-exempt installation of aids to navigation.
- (12) Repair of bridge fender systems.
- (13) Repair or replacement of an existing bridge.
- (14) Construction of artificial reefs.
- (15) Any non-exempt trimming or cutting or any other alteration of a mangrove tree(s) which is not a part of a coastal band community.
- (16) Elevated boardwalks landward of the mean high water line.
- (17) Boat lift installation on a new or existing dock, seawall or bulkhead.
- (18) Clearing, placement of clean fill, dredging or other work in wetlands or surface waters associated with the repair, replacement or maintenance of the Central and South Florida Flood Control Project, performed by the State of Florida or the United States Government.
- (19) Dredging and filling in wetlands or tidal waters for the sole purpose of environmental restoration or environmental enhancement.
- (20) The filling of privately owned boat notches, boat ramps or other man made excavations into uplands in association with the installation of a seawall or bulkhead.
- (21) The construction of monitoring wells or stations in wetlands or tidal waters for the purpose of environmental monitoring or research unless otherwise exempt.
- (22) Work in wetlands or tidal waters associated with scientific studies conducted by public agencies, research or academic institutions that does not otherwise qualify for approval under Section 24-48(1) or 24-48(2).
- (23) Filling at publicly owned beaches for beach renourishment, beach restoration, or remediation of beach erosion.
- (24) The minimum dredging or filling in wetlands or tidal waters necessary for the repair or replacement of utility poles and lines.
- (25) All other work not specifically described in the list of projects requiring a standard form permit application or qualifying for approval under Sections 24-48(1) or 24-48(2).

REQUEST A BIOLOGICAL ASSESSMENT OR WETLAND DETERMINATION

The following is a list of items necessary for RER to process a request for a biological assessment and/or jurisdictional wetland determination. If you have any additional questions, please contact the Coastal Permitting Program at (305) 372-6575.

LETTER OF REQUEST: The biological assessment or jurisdictional wetland determination must be requested by the **current property owner** via a letter of request. The biological assessment or jurisdictional wetland determination request letter should include:

- a legal description of the subject property
- the street address where the subject property is located
- an accurate description and drawing/sketch of the project(s) for which approval is being sought.

APPLICATION FEE: The application fee, made payable to Miami-Dade County, shall be submitted at the time of application. Please refer to the enclosed fee schedule. The application fee is non-refundable, however, if the recipient of a biological assessment applies for a Class I permit and the assessment remains valid, a \$265 credit for single family applications and a \$530 credit for multi-family applications shall be given.

APPLYING FOR A CLASS I PERMIT

The following is a list of items necessary for RER to process a request for a Class I permit. If you have any additional questions, please contact the Coastal Permitting Program at (305) 372-6575.

PERMIT APPLICATION FORM: All fields of the application form located at the back of this package should be completed in full (please indicate N/A if not applicable). Please refer to the application form for information on what signatures are required, relative to the type of owner and applicant.

AFFIDAVIT OF OWNERSHIP AND HOLD HARMLESS AGREEMENT: If required by RER, the affidavit located at the back of this package should be completed, signed, and notarized prior to its submittal and shall include a property description and project description.

APPLICATION FEE: The application fee, made payable to Miami-Dade County, shall be submitted at the time of application. Please refer to the enclosed fee schedule. Said fee is non-refundable. **A Class I permit application will not be processed unless the required application fee is submitted with the application form.**

PLANS AND SKETCHES: Construction plans, sketches and calculations for proposed work must be prepared by an engineer registered in the State of Florida except when the work consists solely of mangrove trimming, fender pilings, mooring pilings, mooring buoys, davits, bridge fender systems and wave baffle systems, which may be prepared by an architect registered in the State of Florida.

To submit a Class I Permit Application, plans or sketches to be submitted to RER should minimally include:

1. Location Sketch.
2. Complete site plan, depicting all existing and proposed structures including dimensions and side setbacks.

Please be advised that the above information is solely an initial requirement, and that prior to Class I permit approval a minimum of 4 sets of Professional Engineer signed and sealed plans must be submitted. Said plans must incorporate all details as required by standards of professional engineering design and shall include the following information:

1. The location of all existing and proposed structures and any mangrove trimming must be depicted relative to a fixed point.
2. The location of the mean high water line, mean low water line and elevations of all existing and proposed structures, all referenced to the same datum.
3. Complete plan, elevation and section views of all existing and proposed structures in, on, over or upon tidal waters, coastal wetlands or mangrove areas.
4. Details of structural components such as precast members, structural connections, steel reinforcement, and expansion joints.
5. Shop drawings for prefabricated components, if available.
6. Complete description of all materials to be used.
7. The D-5 boundary lines must be depicted on the site plan.

Please be advised that additional information may be required during the plan review process.

PERFORMANCE AND MITIGATION BOND(S): Performance and mitigation bond(s) may be required in order to ensure compliance with the permit conditions and to protect the interest of the public and of landowners in the vicinity of the work. The types of bonds that are acceptable include cash, letter of credit, and assignment of collateral bonds. The required bond may remain in force for at least six (6) months after the approved completion date of the work. Paperwork for each type of bond, including IRS W-9 forms, may be required. The project manager assigned to the project will provide the paperwork for any required bonds.

LETTER(S) OF CONSENT: If the proposed project at a single family residence is designed to exceed the boundaries of the D-5 triangle, a notarized letter(s) of consent from the adjoining riparian property owner(s) may be requested. Please refer to the enclosed example on page 15 for the correct language.

STRUCTURAL APPROVAL: If the project is located within an incorporated area of Miami-Dade County (i.e. city), structural approval shall be necessary from the subject municipality. If, however, the project is located within an unincorporated area of Miami-Dade County, structural approval will be necessary from the Construction, Permitting and Building Code Division of Miami-Dade County's RER.

ZONING APPROVAL: If the project is located within an incorporated area of Miami-Dade County (i.e. city), zoning approval shall be necessary from the subject municipality. If, however, the project is located within an unincorporated area of Miami-Dade County, zoning approval will be necessary from the Development Services Division of Miami-Dade County's RER. For projects located within an unincorporated area, a zoning processing fee of \$158.52 (payable to Miami Dade County Board of County Commissioners) should be included with the Class I Permit Application.

SUBMERGED LANDS APPROVAL: Approval is required from the owner of the submerged lands over which any project is proposed. Most submerged lands beneath Biscayne Bay and its natural tributaries are owned by the State of Florida. Consent for the use of such lands is therefore necessary before performing any work or construction over them. RER has been delegated the authority, on behalf of the FDEP, through the Board of Trustees of the Internal Improvement Trust Fund, to grant consent for the use of these submerged lands if the project is consistent with certain standards. In order for RER to review your project for proprietary authorization, an additional copy of the following should be included with the Class I Permit Application:

1. 8½ x 11 Location Map
2. 8½ x 11 Project Drawing
3. Copy of Application

For information regarding this proprietary approval process, the applicant can contact FDEP at (561) 681-6600, or:

FDEP South Florida Field Office
Environmental Resources Program
P.O. Box 15425
West Palm Beach, Florida 33416

THE FOLLOWING FORMS ARE ONLY APPLICABLE WHEN PROCESSING STANDARD FORM CLASS I PERMIT APPLICATIONS:

ENGINEER CERTIFICATION LETTER: This letter shall be signed and sealed by the Engineer of Record for the proposed work. Please refer to the enclosed example on page 18 for the correct language.

OWNER'S STATEMENT OF PROJECT: This letter shall be signed by the owner of the subject property. Please refer to the enclosed example on page 17 for the correct language.

LIST OF ALL RIPARIAN OWNERS WITHIN 300 FEET: For the purposes of notification of hearing dates, the applicant must submit peel-off/stick-on labels with the names and addresses of all riparian or welland property owners within a three hundred (300) foot radius of the proposed work. Said information is available from the latest county tax rolls. Please refer to the enclosed sketch on page 19.

CLASS I APPLICATION AND PERMIT FEES

<u>1. Construction Cost</u>	<u>Application Fee</u>	<u>Permitting Fee¹</u>	
\$0 - \$2,499	\$250	\$205 Short Form \$375 Standard Form	
\$2,500 - \$4,999	\$425	\$205 Short Form \$375 Standard Form	
\$5,000 - \$9,999	\$470	\$375 Short Form \$555 Standard Form	
\$10,000 - \$19,999	\$470 plus \$23 for each thousand dollars of construction cost above \$10,000	\$470 Short Form or \$625 Standard Form	plus \$25 for each thousand dollars of construction cost above \$10,000
\$20,000 - \$74,999	\$470 plus \$25 for each thousand dollars of construction cost above \$10,000	\$470 Short Form or \$625 Standard Form	plus \$25 for each thousand dollars of construction cost above \$10,000
\$75,000 - \$1,000,000	\$470 plus \$25 for each thousand dollars of construction cost above \$10,000	\$470 Short Form or \$625 Standard Form	plus \$28 for each thousand dollars of construction cost above \$10,000
Over \$1,000,000	\$28,750	\$28,750	

Class I application and permit fees are doubled for after-the-fact Class I permits.

In the event that a short form application is forwarded to the County Commission for approval, an additional fee of \$175.00 shall be collected from the applicant. If after County Commission approval is given, the applicant modifies his project or proposes additional work beyond the original boundaries or scope of the project, an additional application fee for the new work shall be assessed according to the Class I Permit fee schedule above.

2. Biological Assessment ²	
a) Single Family	\$400 (for each non-contiguous parcel)
b) Multi-family, commercial or agricultural	\$795 (for each non-contiguous parcel)
c) Other (those requesting establishment of a wetlands management line)	\$690 (shall be added to the fees above)
3. Repeat assessment requiring field inspection	\$265
4. Covenant Recording	\$200 (plus actual recording fee)
5. Review Expedited Administrative Authorizations	
a) Replacement of seawall caps	\$75
b) Replacement of tie rods	\$75
c) Riprap placement inspection	\$170
d) Scientific, water quality or geotechnical sampling and testing	\$220
e) Motion picture, television, photo or other media productions	\$220
f) Exotic vegetation removal or treatment	\$220
g) Work within wetlands to restrict property access	\$220
6. Short Form Permit modification review ³	10% of initial fee or \$200, whichever is greater
7. After-the-fact modification	20% of initial fee or \$400, whichever is greater
8. Permit extension review	25% of permit fee or \$1000 whichever is less
9. Permit transfer review	\$175
10. Variance through the Environmental Quality Control Board	\$320 - \$ 1,150 (based on type requested)
11. Variance for prohibited fixed and floating structures	\$1,240

¹ Fees may vary slightly if, prior to issuance, the estimated cost of the project has changed from the estimate made when the permit application was submitted.

² If recipient of a biological assessment applies for a Class I Permit and the assessment remains valid, a \$265 credit for single family applications and \$530 credit for multi-family applications shall be given.

³ Modification of a standard form project may require additional fees and will be assessed according to the Class I Permit fee schedule above.

12. Mangrove Trimming -

<u>Size of Area to be Trimmed</u>	<u>Application Fee</u>	<u>Permit Fee</u>	
Less than 1,000 square feet	\$225	\$225 Short Form	\$370 Standard Form
1,000 - 5,000 square feet	\$530	\$530 Short Form	\$675 Standard Form
5,001 - 10,000 square feet	\$1,280	\$1,280 Short Form	\$1,425 Standard Form
10,001 - 100,000 square feet	\$1,280 plus \$225 for each additional 10,000 square feet over 10,001 square feet	\$1,280 Short Form	\$1,425 Standard Form plus \$225 for each additional 10,000 square feet
over 100,000 square feet	\$3,305	\$3,305 Short Form	\$3,435 Standard Form
Certification of Professional Mangrove Trimmers by Miami-Dade County		\$305 every 2 years	
Registration of Professional Mangrove Trimmers not Certified by Miami-Dade County		\$500 annually	

COASTAL PERMITTING CONTACTS

AVENTURA

Joanne Carr, Director of Community Development
19200 West Country Club Dr., Aventura, FL 33180
Zoning – Donna Mussatto/ Barry Glading
(305) 466-8940
Building – Janet Lopez/ Raul Rodriguez
(305) 466-8944

BAL HARBOUR VILLAGE:

Daniel Nieda, Building Official
655 - 95 Street, Bal Harbour, FL 33154
(305) 865-7525
Zoning – Daniel Nieda
Structural – Ali Arbad, Engineer PT

TOWN OF BAY HARBOR ISLANDS:

Dale Lee, Building Official
9665 Bay Harbor Terrace,
Bay Harbor Islands, FL 33154
(305) 993-1786
Zoning – Ayanidys Marante
Structural – Jaime M. Eisen

CORAL GABLES:

Manuel Lopez, Building Official (305) 460-5247
405 Biltmore Way, 3rd Floor,
Coral Gables, FL 33114-1549
(305) 460-5235

TOWN OF GOLDEN BEACH:

Linda Epperson, Director, Building & Zoning Dept.
1 Golden Beach Drive, Golden Beach, FL 33160
(305) 932-0744
Zoning – Daniel Nieda, Building Official
Structural – Jaime Eisen

INDIAN CREEK:

Samuel Kissinger, Village Manager
9080 Bay Drive, Indian Creek Village, FL 33154
(305) 865-4121
Zoning and Structural – Dario Gonzalez, Building
Official

KEY BISCAYNE:

Eugenio M. Santiago, Chief Building Official
85 West McIntyre Street, Key Biscayne, FL 33149
Zoning – William Fehr (305) 365-5502
Structural – Eugenio M. Santiago (305) 365-8902

MIAMI:

Miami Riverside Center (MRC)
444 S.W. 2 Avenue 8th Floor, Miami, FL 33130
Building Department (305) 416-1100

MIAMI BEACH:

Richard McConachie, Building Official (305) 673-7610
ext. 6807
Stephen Scott, Building Director (305) 673-7610 ext.
6824
1700 Convention Center Dr., Miami Beach, FL 33139
Building Department (305) 673-7610
Zoning – Zoning Official (305) 673-7550
Structural – Luis Perez (305) 673-7610 ext. 6760

MIAMI SHORES:

Norman Burhn, Building Official (305) 762-4859
10050 N.E. 2 Avenue, Miami Shores, FL 33138
(305) 795-2204
Zoning – David Dacquisto, Planning/ Zoning Director
Structural – Norman Buhrn

NORTH BAY VILLAGE:

Raul Rodriguez, Building Official (305) 754-6740
1700 Kennedy Causeway, Suite 700
Permit Dept.: 1700 Kennedy Cswy., Suite 132
North Bay Village, FL 33141
(305) 754-6740

NORTH MIAMI:

John Jackson, Building Official (305) 895-9820 ext.
12178
12340 N.E. 8th Avenue
North Miami, FL 33161
(305) 895-9820
Zoning – Joanne Martin/ Georgette Clairevois/ David
Belaird
Structural – Mehdi Ashkrof

NORTH MIAMI BEACH:

17050 N.E. 17th Avenue
North Miami Beach, FL 33161
Zoning – Christopher Heid (305) 948-2901
Structural – Mehdi Ashraf (305) 948-2965

SURFSIDE:

Paul Gioia, Building Director
Edward Rojas, Building Official
9293 Harding Avenue, Surfside, FL 33154
(305) 861-4863
Zoning and Structural – Darlen Martinat

SUNNY ISLES BEACH

Clayton Parker, Building Official
Sharon Ragoonan, Director of Community
Development
18070 Collins Avenue, Sunny Isles Beach, FL 33160
Zoning – Claudia Hasbun (305) 792-1710
Structural – Jaime Eisen/Frank Prieto (305) 947-0606
General Information: (305) 947-0606

U.S. ARMY CORPS OF ENGINEERS:

Audrey Siu, Project Manager
9900 S.W. 107th Avenue, Suite 203
Miami, FL 33176
Tel: (305) 526-7181
Fax: (305) 526-7184

FL DEPT OF ENVIRONMENTAL PROTECTION

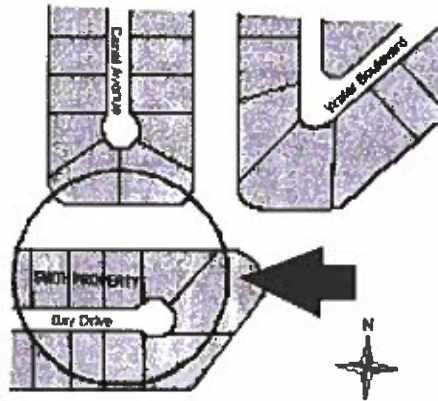
Jill King, Environmental Permitting Manager
Jason Andreotta, ERP Administrator
400 N Congress Avenue
West Palm Beach, FL 33401
(561) 681-6600

SOUTH FL WATER MANAGEMENT DISTRICT

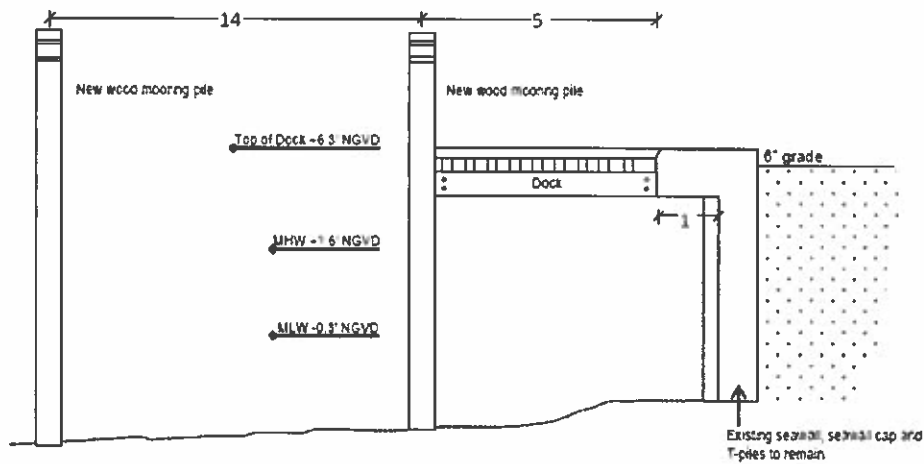
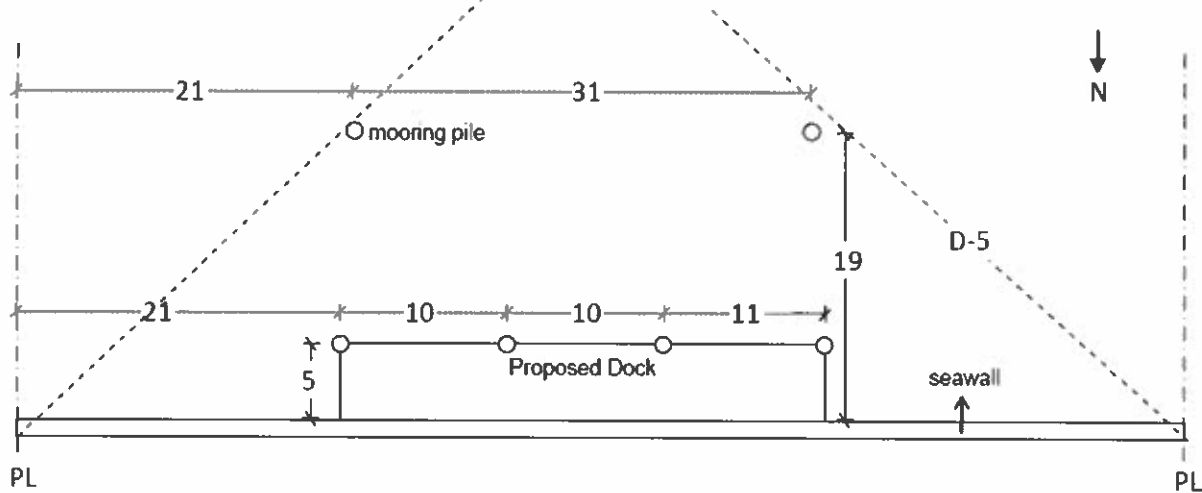
Barbara Conmy, Environmental Analyst
3301 Gun Club Road
West Palm Beach, FL 33416
1-800-432-2045 or 561-686-8800

PLANS AND SKETCHES

SAMPLE PROPERTY OWNERS SKETCH



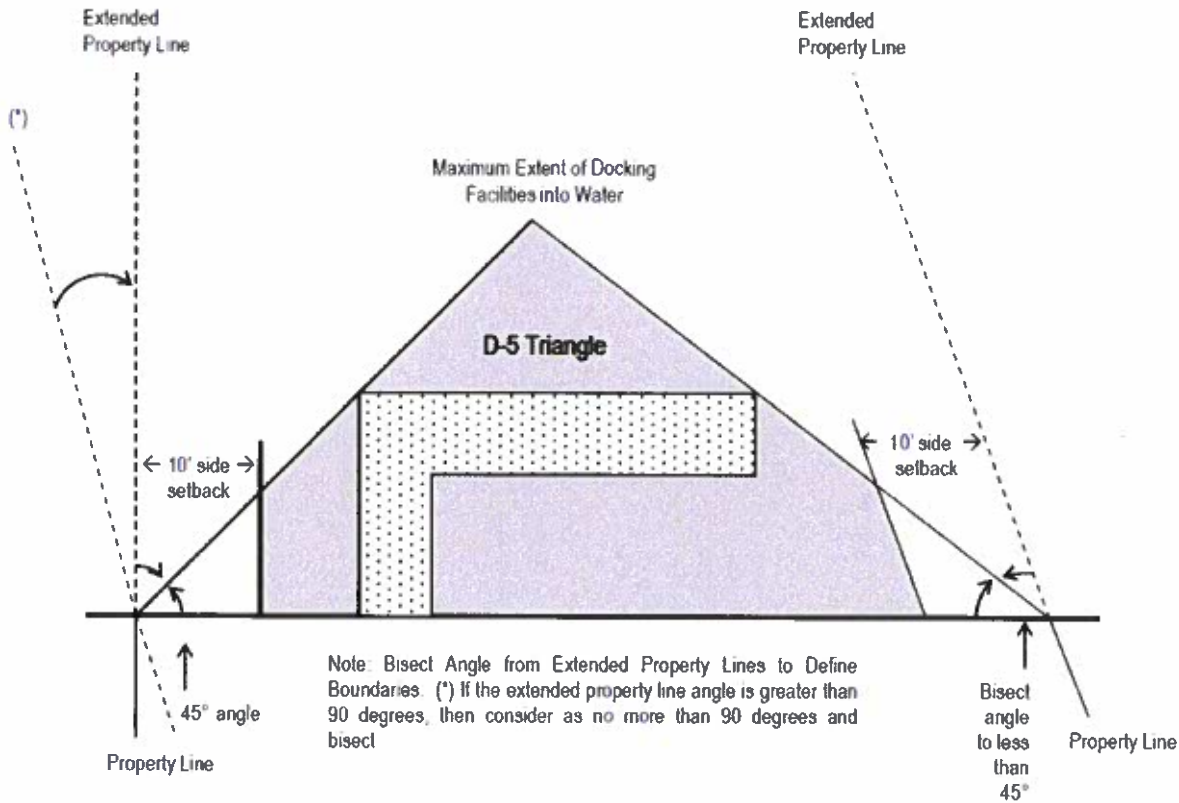
SAMPLE SKETCH OF PROPOSED PROJECT



IN-WATER BOUNDARIES

Note: Please design project within boundaries as indicated if possible

GUIDELINES FOR SINGLE FAMILY RESIDENTIAL PROPERTY



Piers and docks at right angles to the shoreline, or nearly so, shall be located not closer to the side property line, or said line extended, than a distance equal to the length of the pier or dock itself, provided however, no such distance shall be less than 10 feet.

LETTER OF CONSENT

Note: Please insert applicable information

Date: _____

Miami-Dade County RER
Class I Permitting Program
701 NW 1st Court
Miami FL, 33136

Re: Letter of Consent for Miami-Dade County RER Class I Permit Application Number _____, (insert Class I Permit application number), for work proposed at

(insert address of proposed work)

Ladies and Gentlemen:

I, _____ (insert name), am the owner of the property located at

(insert address of adjoining riparian property)

which is an adjoining riparian property to the above-referenced property. I have reviewed the plans entitled _____

(insert title of plans)

prepared by _____ dated _____, and preliminarily approved by RER on _____ for the above-referenced project. Pursuant to Section 24-48.3(1)(j)(iii) of the Code of Miami-Dade County, Florida, I hereby consent to the above-referenced project.

Sincerely,



Adjoining Riparian Property Owner

SUBSCRIBED AND SWORN TO ME THIS _____ DAY OF _____, 20_____.

BY _____.

PERSONALLY KNOWN

PRODUCED IDENTIFICATION (PLEASE CHECK ONE)

TYPE OF ID PRODUCED _____

NOTARY PUBLIC

THE FOLLOWING FORMS ARE ONLY APPLICABLE WHEN
PROCESSING STANDARD FORM CLASS I PERMIT APPLICATIONS:

The language in these documents has been reviewed and approved by the Miami-Dade County Attorney's Office and may not be amended. Please submit the completed forms exactly as they appear in the templates

- PERMIT APPLICANT / AUTHORIZED AGENT STATEMENT
 - ENGINEER LETTER OF CERTIFICATION
 - RIPARIAN OWNERS LIST SKETCH

PERMIT APPLICANT / AUTHORIZED AGENT STATEMENT

Note: Please insert applicable information

Date: _____, 20__

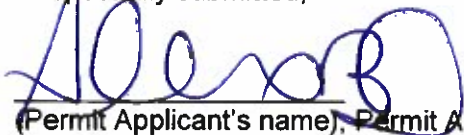
To:
Miami Dade County RER
Class I Permitting Program
701 NW 1st Court
Miami FL, 33136

Re: Class I Standard Form Permit Application Number _____,
_____(insert description of proposed work)

By the attached Class I Standard Form permit application with supporting documents, I,
_____(insert name), am the permit applicant / applicant's authorized (circle
one) agent and hereby request permission to perform the following: _____
_____(describe proposed
work). I understand that a Miami-Dade County Class I Standard Form Permit is
required to perform this work.

If approval is granted for the proposed work by the Board of County Commissioners,
complete and detailed plans and calculations of the proposed work shall be prepared by
an engineer licensed in the State of Florida in accordance with the minimum
requirements of Chapter 24 of the Code of Miami-Dade County, Florida. Said plans and
calculations shall be subject to the review and approval of the Department. The permit
applicant will secure the services of an engineer licensed in the State of Florida to
conduct inspections throughout the construction period, and said engineer shall prepare
all required drawings of record. In the event that the proposed work which is the subject
of this Class I Permit application involves the cutting or trimming of a mangrove tree(s),
a detailed plan of the proposed cutting or trimming shall be prepared by a licensed
landscape architect and submitted to the Department for review and approval, and the
permit applicant will secure the services of a licensed landscape architect to supervise
the trimming or cutting.

Respectfully submitted,



(Permit Applicant's name), Permit Applicant

or

(Authorized Agent's name), Authorized Agent

ENGINEER STATEMENT

Note: Please insert applicable information

[LETTERHEAD FOR ENGINEERING FIRM]

[Date]

Miami-Dade County RER
Class I Permitting Program
701 NW 1st Court
Miami FL, 33136

RE: Class I Permit Application Number _____, _____
_____(insert description of proposed work)

Ladies and Gentlemen:

This letter will certify that I am an engineer licensed in the State of Florida, qualified by education and experience in the area of engineering design and inspection, and that to the best of my knowledge and belief, the proposed work does not violate any laws, rules or regulations of the State of Florida or any provision of the Code of Miami Dade County which may be applicable, that diligence and recognized standard practices of the engineering profession have been exercised in the engineer's design of the proposed work, and in my opinion based upon my knowledge and belief, the following will not occur:

- a. Harmful obstruction or undesirable alteration of the natural flow of the water within the area of the proposed work.
- b. Harmful or increased erosion, shoaling of channels or stagnant areas of water. (Not applicable to class IV permits)
- c. Material injury to adjacent property.
- d. Adverse environmental impacts from changes in water quality or quantity. (Applicable to class IV permits only)

Further, I have been retained by the applicant to provide inspections throughout the construction period and to prepare a set of reproducible record prints of drawings showing changes made during the construction process based upon the marked-up prints, certified surveys, drawings, and other data furnished by the contractor to me.

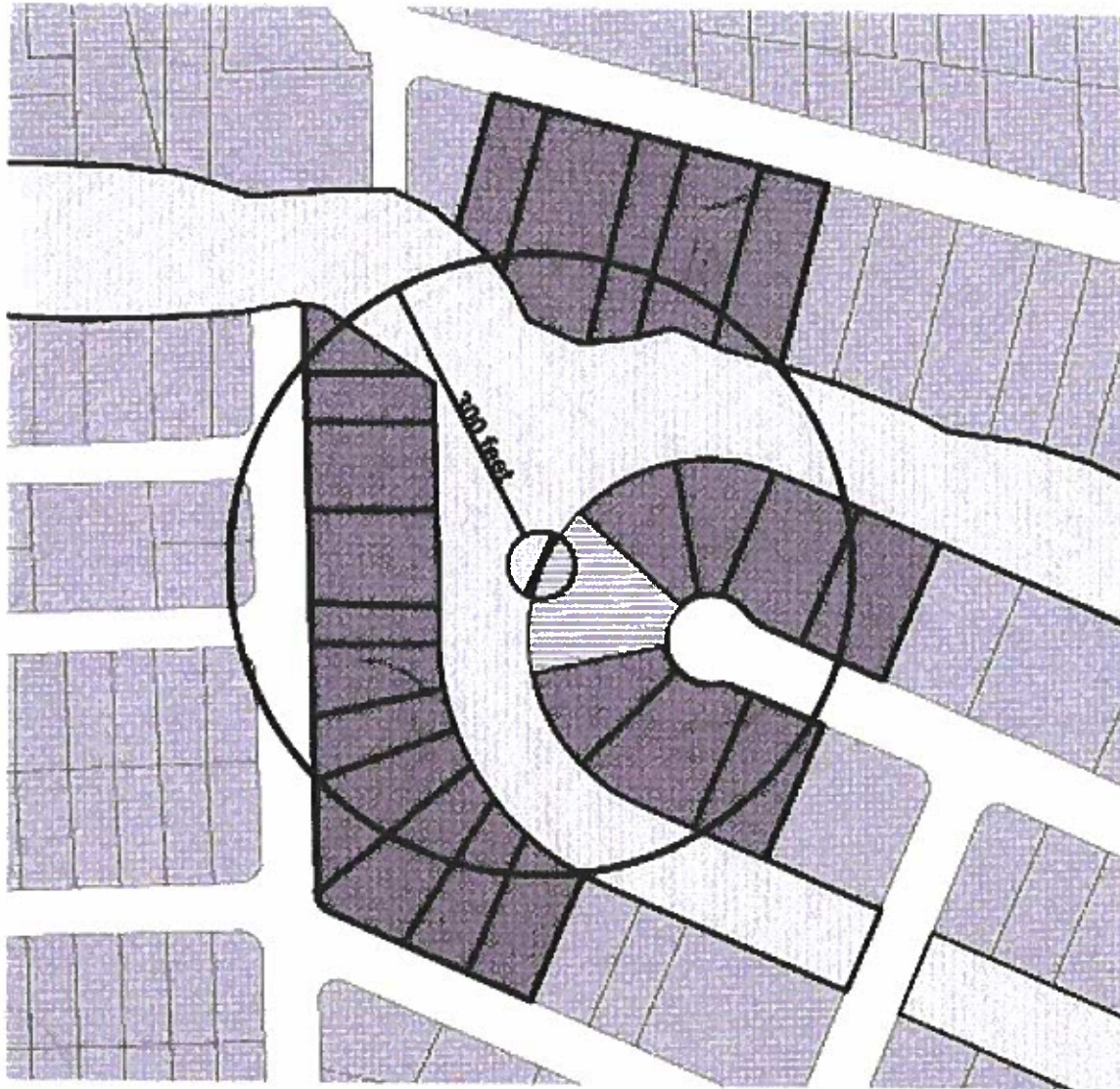
Sincerely,






[SIGNATURE]

[Print Name, P.E.]

[P.E. # _____]

RIPARIAN OWNERS LIST SKETCH



-  Project Location
-  Proposed Work
-  Water
-  Riparian Owners
-  Parcels



Class I Permit Application

FOR DEPARTMENTAL USE ONLY	
Date Received:	Application Number:
	Application Fee:

Application must be filled out in its entirety. Please indicate N/A for non-applicable fields.

1. Applicant Information: Name: <u>Town of Golden Beach</u> Address: <u>One Golden Beach Drive</u> <u>Golden Beach, FL</u> Zip Code: <u>33160</u> Phone #: <u>305-932-0744</u> Fax#: <u>305-932-1598</u> Email: <u>alexandiaz@goldenbeach.us</u> <small>* This should be the applicant's information for contact purposes.</small>	2. Applicant's Authorized Permit Agent: <small>Agent is allowed to process the application, furnish supplemental information relating to the application and bind the applicant to all requirements of the application.</small> Name: <u>Environmental Solutions International, LLC</u> Address: <u>7600 SW 125 Street</u> <u>Pinecrest, FL</u> Zip Code: <u>33156</u> Phone #: <u>305-479-8346</u> Fax #: _____ Email: <u>jared@envtlsolutions.com</u>
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3. Location where proposed activity exists or will occur (latitude and longitude are only necessary for properties without address or folio #):	
Folio #(s): <u>n/a</u>	Latitude: <u>25 57' 57.58" N</u> Longitude: <u>80 07' 17.74" W</u>
Street Address: <u>3 canals on east side of ICWW</u>	Section: _____ Township: _____ Range: _____
In City or Town: <u>Golden Beach</u>	Near City or Town: _____
Name of waterway at location of the activity: <u>canals adjacent to (east of) ICWW</u>	

4. Describe the proposed activity (check all that apply):	
<input type="checkbox"/> Seawall <input type="checkbox"/> New/Replacement Seawall <input type="checkbox"/> Seawall Cap <input type="checkbox"/> Batter Piles <input type="checkbox"/> King Piles <input type="checkbox"/> Footer/Toe Wall <input type="checkbox"/> Riprap <input type="checkbox"/> Other: _____	<input type="checkbox"/> Dock(s) <input type="checkbox"/> Pier(s) <input type="checkbox"/> Viewing Platform <input type="checkbox"/> Boatlift <input type="checkbox"/> Mooring Piles <input type="checkbox"/> Fender Piles <input type="checkbox"/> Davits <input checked="" type="checkbox"/> Dredging <input type="checkbox"/> Maintenance <input type="checkbox"/> New <input type="checkbox"/> Filling <input type="checkbox"/> Mangrove Trimming <input type="checkbox"/> Mangrove Removal
Estimated project cost = \$ <u>92,496.00</u>	
Are you seeking an after-the-fact approval (ATF)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes", describe the ATF work: _____	

5. Proposed Use (check all that apply): <input checked="" type="checkbox"/> Single Family <input type="checkbox"/> Multi-Family <input type="checkbox"/> Private <input checked="" type="checkbox"/> Public <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Utility	6. If the proposed work relates to the mooring of vessels provide the following information (please also indicate if the applicant does not have a vessel): Proposed Vessel Type (s): _____ Vessel Make/Model (if known): _____ Draft (s)(range in inches.): _____ Length (s)(range in feet.): _____ Total Number of Slips: _____
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7. List all permits or certifications that have been applied for or obtained for the above referenced work:				
Issuing Agency <u>DEP/ACOE</u>	Type of Approval <u>Exemption</u>	Identification Number <u>13-032912-001-EE</u>	Application Date <u>3/30/18</u>	Approval Date <u>4/18/18</u>

8. Contractor Information (If known):

Name: TBD License # (County/State): _____

Address: _____ Zip Code: _____

Phone #: _____ Fax #: _____ E-mail: _____

9. IMPORTANT NOTICE TO APPLICANTS: The written consent of the property owner is required for all applications to be considered complete. Your application WILL NOT BE PROCESSED unless the Applicant and Owner Consent portion of the application is completed below. You have the obligation to apprise the Department of any changes to information provided in this application.

Application is hereby made for a Miami-Dade County Class I permit to authorize the activities described herein. I agree to or affirm the following:

- I possess the authority to authorize the proposed activities at the subject property, and
- I am familiar with the information, data and plans contained in this application, and
- To the best of my knowledge and belief, the information, data and plans submitted are true, complete and accurate, and
- I will provide any additional information, evidence or data necessary to provide reasonable assurance that the proposed project will comply with the applicable State and County water quality standards both during construction and after the project is completed, and
- I am authorizing the permit agent listed in Section 2 of this application to process the application, furnish supplemental information relating to this application and bind the applicant to all requirements of this application, and
- I agree to provide access and allow entry to the project site to inspectors and authorized representatives of Miami-Dade County for the purpose of making the preliminary analyses of the site and to monitor permitted activities and adherence to all permit conditions.

A. IF APPLICANT IS AN INDIVIDUAL

Signature of Applicant _____ Print Applicant's Name _____ Date _____

B. IF APPLICANT IS OTHER THAN AN INDIVIDUAL OR NATURAL PERSON

(Examples: Corporation, Partnership, Trust, LLC, LLP, etc.)

Town of Golden Beach FL municipal corp FL
Print Name of Applicant (Enter the complete name as registered) Type (Corp, LLC, LLP, etc.) State of
Registration/Incorporation

Under the penalty of perjury, I certify that I have the authority to sign this application on behalf of the Applicant, to bind the Applicant, and if so required to authorize the issuance of a bond on behalf of the Applicant. (If asked, you must provide proof of such authority to the Department). *****Please Note: If additional signatures are required, pursuant to your governing documents, operating agreements, or other applicable agreements or laws, you must attach additional signature pages.*****

 Alexander Diaz Town Manager
Signature of Authorized Representative Print Authorized Representative's Name Title Date

C. IF APPLICANT IS A JOINT VENTURE Each party must sign below (If more than two members, list on attached page)

Print Name of Applicant (Enter the complete name as registered) Type (Corp, LLC, LLP, etc.) State of
Registration/Incorporation

Print Name of Applicant (Enter the complete name as registered) Type (Corp, LLC, LLP, etc.) State of
Registration/Incorporation

Under the penalty of perjury, I certify that I have the authority to sign this application on behalf of the Applicant, to bind the Applicant, and if so required to authorize the issuance of a bond on behalf of the Applicant. (If asked, you must provide proof of such authority to the Department). *****Please Note: If additional signatures are required, pursuant to your governing documents, operating agreements, or other applicable agreements or laws, you must attach additional signature pages.*****

Signature of Authorized Representative _____ Print Authorized Representative's Name _____ Title _____ Date _____

Signature of Authorized Representative _____ Print Authorized Representative's Name _____ Title _____ Date _____

10. WRITTEN CONSENT OF THE PROPERTY OWNER OF THE AREA OF THE PROPOSED WORK

I/We are the fee simple owner(s) of the real property located at the 3 canals east of ICWW in Golden Beach Miami-Dade County, Florida, otherwise identified in the public records of Miami-Dade County as Folio No. n/a

I am aware and familiar with the contents of this application for a Miami-Dade County Class I Permit to perform the work on or adjacent to the subject property, as described in Section 4 of this application. I possess the riparian rights to the area of the proposed work (if applicable) and hereby consent to the work identified in this Class I Permit application.

A. IF THE OWNER(S) IS AN INDIVIDUAL

Signature of Owner _____ Print Owner's Name _____ Date _____


Signature of Owner _____ Print Owner's Name _____ Date _____

B. IF THE OWNER IS OTHER THAN AN INDIVIDUAL OR NATURAL PERSON

(Examples: Corporation, Partnership, Joint Venture, Trust, LLC, LLP, etc.)

Town of Golden Beach FL municipal corp FL
 Print Name of Owner (Enter the complete name as registered) Type (Corp, LLC, LLP, etc.) State of Registration/Incorporation
One Golden Beach Drive, Golden Beach, FL 33160
 Address of Owner

Under the penalty of perjury, I certify that I have the authority to sign this application on behalf of the Owner, to bind the Owner, and if so required to authorize the issuance of a bond on behalf of the Owner. (If asked, you must provide proof of such authority to the Department) *****Please Note: If additional signatures are required, pursuant to your governing documents, operating agreements, or other applicable agreements or laws, you must attach additional signature pages.*****

 Alexander Diaz Town Manager
 Signature of Authorized Representative Print Authorized Representative's Name Title Date

Signature of Authorized Representative _____ Print Authorized Representative's Name _____ Title _____ Date _____

Please Review Above

Appropriate signature(s) must be included in:

Box 9: either A, B or C

AND

Box 10: either A or B

Class I Permit Application Additional Signatures Page

(Please attach to Class I permit application)

Applicant Name: _____

Owner Name: _____

Project Location: _____

Additional signatures for: Applicant
 Owner

1. IF THE APPLICANT/OWNER IS AN INDIVIDUAL

Signature of Applicant/Owner _____	Print Name of Applicant/Owner _____	Date _____
Signature of Applicant/Owner _____	Print Name of Applicant/Owner _____	Date _____

2. IF THE APPLICANT/OWNER IS OTHER THAN AN INDIVIDUAL OR NATURAL PERSON
 (Examples: Corporation, Partnership, Trust, LLC, LLP, etc.)

Print Name of Applicant/Owner (Enter the complete name as registered) _____ Type (Corp, LLC, LLP, etc.) _____ State of Registration/Incorporation _____

Under the penalty of perjury, we certify that we have the authority to sign this application on behalf of the Applicant/Owner, to bind the Applicant/Owner, and if so required to authorize the issuance of a bond on behalf of the Applicant/Owner. (If asked, you must provide proof of such authority to the Department). *Please Note: If additional signatures are required, pursuant to your governing documents, operating agreements, or other applicable agreements or laws, you must attach additional signature pages.*****

Signature _____	Print Name _____	Title _____	Date _____
Signature _____	Print Name _____	Title _____	Date _____
Signature _____	Print Name _____	Title _____	Date _____
Signature _____	Print Name _____	Title _____	Date _____
Signature _____	Print Name _____	Title _____	Date _____
Signature _____	Print Name _____	Title _____	Date _____
Signature _____	Print Name _____	Title _____	Date _____
Signature _____	Print Name _____	Title _____	Date _____
Signature _____	Print Name _____	Title _____	Date _____



TOWN OF GOLDEN BEACH

One Golden Beach Drive
Golden Beach, FL 33160

MEMORANDUM

Date: August 20, 2019

To: Honorable Mayor Glenn Singer &
Town Council Members

From: Alexander Diaz, 
Town Manager

Subject: Resolution No. 2636.19 – Proposed Millage Rate, Voted Millage
Rate and Budget Hearing Dates

Item Number:

19

Recommendation:

It is recommended that the Town Council adopt the attached Resolution No. 2636.19 as presented.

Background:

The Administration is recommending a total combined millage rate for the Town of Golden Beach that would not exceed 8.4000 **for TRIM (Truth In Millage) notice.**

Over the last several years, I have presented, and the Town of Golden Beach has adopted, budgets that provide services that exceed the expectations of our residents, visitors, Mayor and Members of the Town Council.

When I present our budgets at the September 17, 2019 and September 26, 2019 budget hearing it will continue our focus on providing “**value of services for tax dollars paid**” by continuing to provide those services our residents have come to expect of Golden Beach and this Administration.

The Towns Millage

The Town’s assessed values of \$1,160,543,438 is the highest it has ever been, and is a strong indication that our community continues to be a highly sought after and solid investment for our residents. One can also extrapolate that the increase in the Town’s assessed value is directly correlated to the over \$44-million we have invested in our infrastructure through our capital improvement program.

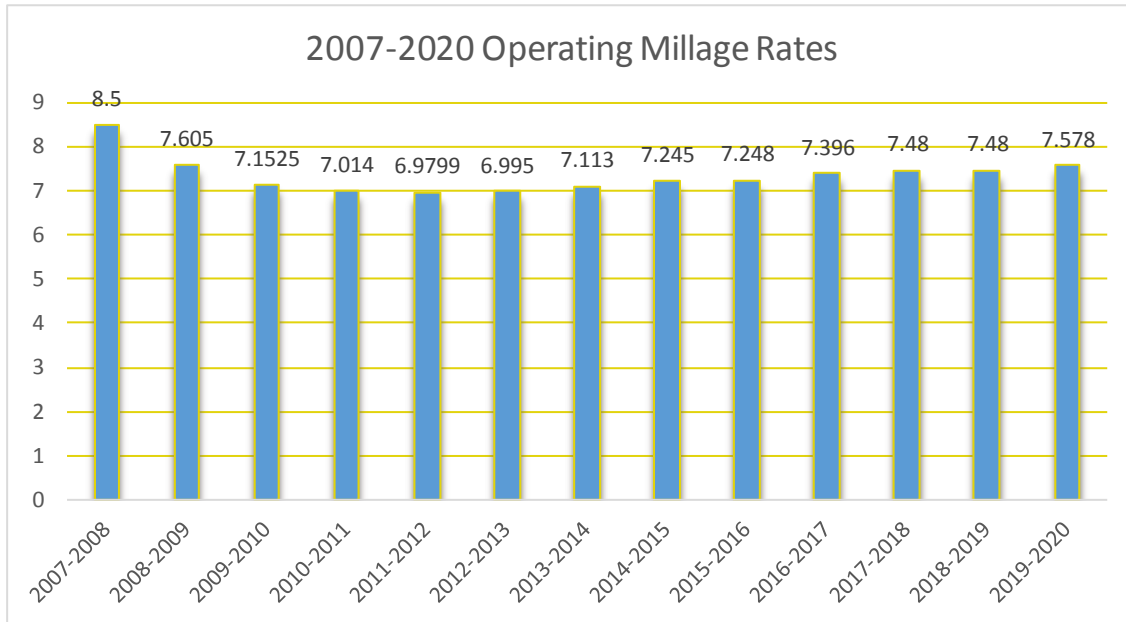
I recommend that the Town's combined millage rate remain unchanged. If the Council approves my recommendation, our combined millage rate will remain at 8.400 mills, the same as the previous year.

General Fund Operating Millage

The 7.5780 operating millage, which at 95% will generate \$8,354,868 for the General Fund Budget, is \$568,358 more than the current fiscal year, where our ad valorem portion of the operating budget was approved at \$7,786,510. However for budgeting purposes we will only budget \$8,112.315 (restricting \$242,554) for non-recurring or general operating purposes; it's important to show our residents that we have the Town's fiscal prudence in mind as we govern.

The Proposed Millage Rates for Fiscal Year 2019-2020 are:

General Operating	7.5780 (7.48 last year, 0.098 increase)
Voted Debt Service	.8220 (.8800 last year, 0.058 decrease)
Total	8.4000

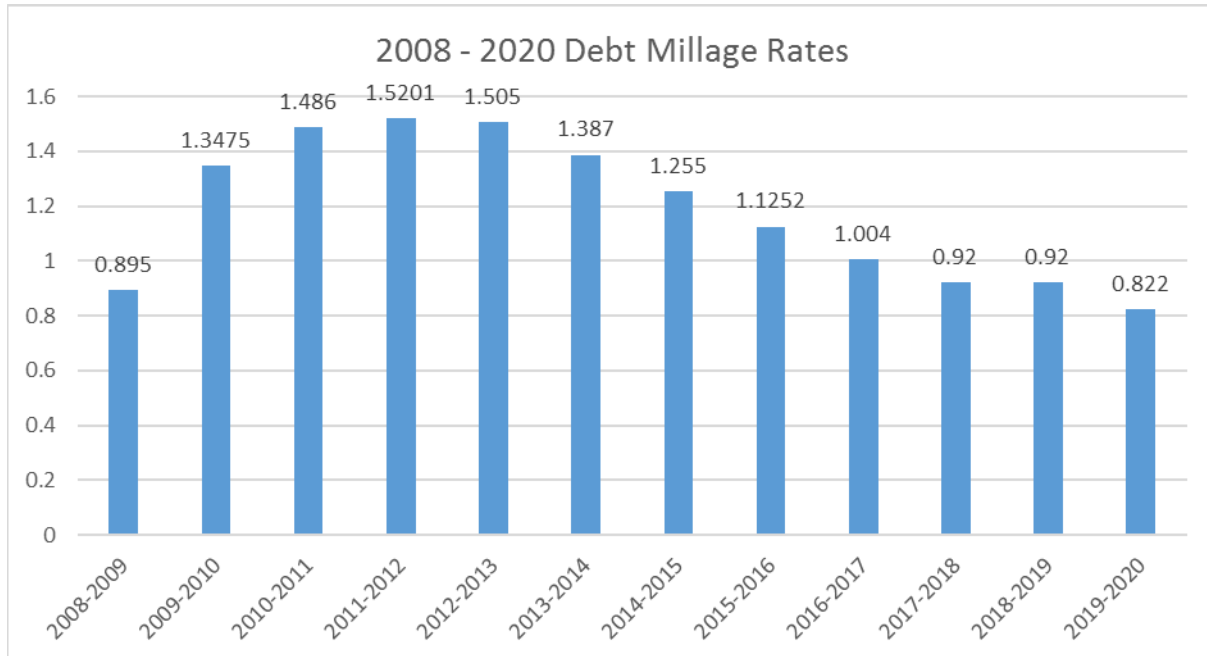


Year	Assessed Value	Operating Millage	Ad Valorem Revenues
2007-2008	705,403,202	8.5000	\$5,995,927
2008-2009	727,052,005	7.6050	\$5,529,230
2009-2010	712,373,295	7.1525	\$5,095,250
2010-2011	644,237,679	7.0140	\$4,518,683
2011-2012	630,682,606	6.9799	\$4,402,101
2012-2013	633,839,127	6.9950	\$4,433,704
2013-2014	688,604,864	7.1130	\$4,898,046
2014-2015	760,202,266	7.2450	\$5,507,665
2015-2016	848,449,766	7.2480	\$5,863,687
2016-2017	952,564,565	7.396	\$7,045,168
2017-2018	1,035,263,421	7.4800	\$7,743,770
2018-2019	1,095,765,448	7.4800	\$8,196,325
2019-2020	1,160,543,438	7.5780	\$8,794,598**

** State law permits that we budget only 95%, thus, \$8,354,868 is available for budgeting purposes

General Obligation Debt Service Fund Millage

The anticipated general obligation debt service payment for Fiscal Year 2019//2020 is approximately \$904,981. Based on the Certified Taxable Values from the Property Appraiser, the bonds would require the levy of a debt service millage of .822, equal to \$906,268 at the 95% rate.



Year	Assessed Value	Debt Millage	Ad Valorem Revenues
2008-2009	727,052,005	0.8950	\$618,175
2009-2010	712,373,295	1.3475	\$911,926
2010-2011	644,237,679	1.4860	\$909,470
2011-2012	630,682,606	1.5201	\$910,765
2012-2013	633,839,127	1.5050	\$906,231
2013-2014	688,604,864	1.3870	\$907,340
2014-2015	760,202,266	1.2550	\$906,351
2015-2016	848,449,766	1.1252	\$906,941
2016-2017	952,564,565	1.004	908,556
2017-2018	1,035,263,421	.9200	952,442
2018-2019	1,095,765,448	.9200	957,699
2019-2020	1,160,543,438	.822	906,268

TOWN OF GOLDEN BEACH, FLORIDA

RESOLUTION NO. 2636.19

A RESOLUTION OF THE TOWN COUNCIL OF THE TOWN OF GOLDEN BEACH, FLORIDA, RATIFYING THE MAXIMUM PROPOSED MILLAGE RATE FOR F/Y 2019-2020 THAT WAS TRANSMITTED TO THE PROPERTY APPRAISER OF MIAMI-DADE COUNTY PURSUANT TO THE REQUIREMENTS OF FLORIDA STATUTES AND THE RULES AND REGULATIONS OF THE DEPARTMENT OF REVENUE OF THE STATE OF FLORIDA; AND PROVIDING FOR AN EFFECTIVE DATE.

WHEREAS, on July 1, 2019, The Property Appraiser of Miami-Dade County, Florida, served upon the Town of Golden Beach (the "Town") a "Certification of Taxable Value" certifying to the Town its 2019 taxable value; and

WHEREAS, the provisions of Section 200.065, Florida Statutes, require that within thirty-five (35) days of service of the Certification of Taxable Value upon a municipality, said municipality shall be required to furnish to the Property Appraiser of Miami-Dade County the proposed millage rate, the current year rolled-back rate, and the date, time, and place at which a public hearing will be held to consider the proposed millage and the tentative budget; and

WHEREAS, the Town through its Mayor and Manager have complied with the submittal requirements; and

WHEREAS, based upon preliminary valuations provided by the Property Appraiser, the Town Council agreed for the Town, through the Mayor and Manager, to advise the Property Appraiser that the proposed millage shall be an amount not to exceed 7.5780 mills and .8220 of voted millage.

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

Section 1. Recitals Adopted. That each of the above stated recitals is hereby adopted and confirmed.

Section 2. Acceptance. The Town Council acknowledges and accepts that the Town Mayor and Manager set the Proposed Millage and the Proposed Voted Millage at a rate not to exceed 7.5780 mills and .8220 voted mills respectively, and shall advise the Property Appraiser of said rates and provide the Property Appraiser with all other information required by law.

Section 3. Effective Date. That this Resolution shall be effective immediately upon adoption.

Sponsored by **the Town Administration.**

The Motion to adopt the foregoing resolution was offered by _____,
seconded by _____, and on roll call the following vote ensued:

Mayor Glenn Singer	_____
Vice Mayor Kenneth Bernstein	_____
Councilmember Judy Lusskin	_____
Councilmember Jaime Mendal	_____
Councilmember Bernard Einstein	_____

PASSED AND ADOPTED by the Town Council of the Town of Golden Beach, Florida, this 20th day of August, 2019.

MAYOR GLENN SINGER

ATTEST:

LISSETTE PEREZ
TOWN CLERK

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY:

STEPHEN J. HELFMAN
TOWN ATTORNEY