

CITY OF POMPANO BEACH

100 W Atlantic Blvd, Pompano Beach, FL 33060

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WORK AUTHORIZATION NO: 1	COPBFL Project Manager: Phone: 954-786-4029 Email:Anthony.Alhashemi @copbfl.com COPBFL Contract Specialist: Antonio Pucci Phone: 954-786-5574 Email: Antonio.Pucci@copbfl.com
Firm Name: Kimley-Horn Address: 600 N .Pine Island Road, Ste 450 City/State/Zip: Plantation, FL 33324	Firm's Contact Representative: Stefano Viola Phone: 954-535-5133 Email: Stefano.Viola@kimley-horn.com
In accordance with solicitation number E-31-15, Ordinance number 2016-14 dated November 2,2015 for civil design services, the City of Pompano Beach hereby directs the firm to perform the services for the project as detailed in the attached scope of work, attached hereto and made a part of this Work Authorization for the amount specified below. All terms and conditions of the Original Contract dated November 2, 2015, and approved via Ordinance No. 2016-14 remain unchanged and in full force and effect.	
Description: Please see attached Exhibit A: Work Authorization Back-up.	
Total Work Authorization Amount: \$104,929.00 CIP/Account No. CIP 19-350 / 426-7628-538.65-03	
Amount: \$104,929.00	
Amount: \$104,929.00	
Amount: \$104,929.00	City of Pompano Beach Approval:

written. CITY OF POMPANO BEACH Witnesses: By:_ REX HARDIN, MAYOR By:_ GREGORY P. HARRISON, CITY MANAGER Attest: ASCELETA HAMMOND, CITY CLERK (SEAL) APPROVED AS TO FORM: MARK E. BERMAN, CITY ATTORNEY STATE OF FLORIDA **COUNTY OF BROWARD** The foregoing instrument was acknowledged before me this _____ day of __ REX HARDIN as Mayor, GREGORY P. HARRISON as City Manager, and ASCELETA HAMMOND as City Clerk of the City of Pompano Beach, Florida, a municipal corporation, on behalf of the municipal corporation, who is personally known to me. **NOTARY'S SEAL:** NOTARY PUBLIC, STATE OF FLORIDA (Name of Acknowledger Typed, Printed or Stamped) Commission Number

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed the day and year hereinabove

"CONTRACTOR"

Kimley-Horn and Associates, Inc. (Print or type name of company here) Witnesses: Print Name: Senior Associate (Print or Type Name) Title: Business License No. Dept of State #821359 (Print or Type Name) STATE OF FLORIDA COUNTY OF 10 The foregoing instrument was acknowledged before me this a Florida corporation on behalf of the corporation Of a Florida limited liability company on behalf of the company. He/she is personally known to me or who has produced (type of identification) as identification. NOTARY'S SEAL: NOTARY PUBLIC, STATE OF FLORIDA Shanda Sutton Layne SHANDA SUTTON LAYNE (Name of Acknowledger Typed, Printed or Stamped) Y COMMISSION # GG 203858 GG 203858

Commission Number

