



Consultant Services Authorization

Firm	RS&H, Inc.
Master Agreement No.	2025-054
CSA No.	2025-054-02
Project Name	Inspection Staff for Frontier Project
Project Description	Provide temporary inspection staff to Roads & Drainage Division
Projects Exhibits and Attachments	Exhibit "A"- Scope of Services Exhibit "B"-Fee Schedule (Master Agreement) Exhibit "C"-Reimbursable Cost Schedule Exhibit "D"-Insurance Documents
Duration (in days)	365
Compensation	Total Cost Not to Exceed: \$ 155,001
Special Contract Conditions	NONE
Insurance Requirements	Professional Liability
Liquidated Damages	\$ 0 Per Day
Budget Source/Availability	14971.540541034.5331010.0000000

IN WITNESS WHEREOF, the parties hereto have executed this CSA on this ___ day of _____, 20__ .

Attest:
STACY M. BUTTERFIELD

POLK COUNTY, a Political subdivision
of the State of Florida

By: _____
Deputy Clerk

By: _____
Chairperson
Board of County Commissioners

Date Approved by Board: _____

Review as to form and legal sufficiency
Wade Miller 2/2/2026
County Attorney's Office Date

Attest:

Cathy G. Scott
Corporate Secretary Cathy G. Scott
Assistant Corporate Secretary

RS&H, Inc.
CONSULTANT COMPANY NAME
William J. Downey
Authorized Corporate Officer
William J. Downey, Vice President
[Printed Name and Title]

SEAL

Date: January 22, 2026

Date: January 22, 2026



Brent Wilkins, PE, DBIA
AVP, CEI Area Leader
M 863.860.5881
Brent.Wilkins@rsandh.com
6850 New Tampa Hwy, Ste 300
Lakeland, FL 33815

December 4, 2025

Attn: Doug Gable – Polk County

Subject: CEI Scope for the Frontier Communications Project

Project Description/Scope of Services:

The following outlines the Construction Engineering Inspection (CEI) services for the Frontier Communications project.

SCOPE OF SERVICES

CONSTRUCTION ENGINEERING INSPECTION (CEI) -

1. Provide full-time qualified Inspection staff.
2. Staff will provide on-site observations of the quality and progress of the contractor's work in order to determine if construction is proceeding in accordance with the Contract Documents.
3. Inspection staff to develop Daily Work Reports (DWRs) outlining contractor's work efforts and production, coordinate materials testing, and report to the SPE/Owner whenever inspector believes that any work is unsatisfactory, faulty or defective, or does not meet the requirements of the Contract Documents.
4. Staff will conduct/coordinate substantial and final completion inspection meetings and prepare a punch list of items.

Note: CEI services are based on a 11-month project work schedule. Any services provided beyond this time frame, may be subject to potential amendments and further compensations.

Polk County Frontier Communications Project																				
		2026												2027			Man			
Construction Contract Time - 180 Days		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Months	Man-Hours	Labor	Total
RS&H																				
CEI Inspector			1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00				11.00	1815.00	\$ 155,001.00		
																0.00	0.00	\$ -		
																0.00	0.00	\$ -		
																0.00	0.00	\$ -		
																0.00	0.00	\$ -		
Subtotal																11.00	1815.00	\$ 155,001.00	\$ 155,001.00	
Subconsultants																				
Subtotal																			\$0.00	

RS&H	Rate
CEI Inspector	\$ 85.40

TOTAL FEE \$155,001.00

15% Overtime Assumed for Inspector Due to 5 day work week @ 10 hour days
 * QA/QC is an RS&H requirement with no billable hours associated
 ** Audited Expense Rate covers vehicles, fuel, equipment, etc.



Architecture / Engineering / Consulting

301 E Pine Street, Suite 350
Orlando, Florida 32801
rsandh.com

MASTER SERVICES 2025

Polk County

<u>Position</u>	<u>Range of Hourly Direct Rates</u>		<u>Range of Hourly Billing Rates</u>	
CEI Senior Project Engineer	\$ 85.31	\$ 102.72	\$ 259.77	\$ 312.79
CEI Project Admin/Project Engineer	\$ 55.00	\$ 68.97	\$ 167.48	\$ 210.02
CEI Assistant Project Engineer	\$ 44.10	\$ 54.00	\$ 134.29	\$ 164.43
CEI Contract Support Specialist	\$ 42.64	\$ 52.10	\$ 129.84	\$ 158.65
CEI Senior Inspector	\$ 33.20	\$ 43.86	\$ 101.10	\$ 133.56
CEI Senior Bridge Inspector	\$ 40.68	\$ 49.08	\$ 123.87	\$ 149.45
CEI Senior ITS Inspector	\$ 39.55	\$ 46.33	\$ 120.43	\$ 141.08
CEI Inspector	\$ 25.00	\$ 30.33	\$ 76.13	\$ 92.36
CEI ITS Inspector	\$ 28.08	\$ 28.08	\$ 85.51	\$ 85.51
CEI Inspector's Aide	\$ 20.80	\$ 24.13	\$ 63.34	\$ 73.48



Architecture / Engineering / Consulting

301 E Pine Street, Suite 350
Orlando, Florida 32801
rsandh.com

LABOR MULTIPLIER CALCULATION

Direct Labor	1.00000
Overhead/General/Administrative	1.42310
FCCM	0.00536
Direct Expenses	0.19660
Subtotal	<u>2.62506</u>
Profit (16%)	<u>0.42001</u>
TOTAL MULTIPLIER	3.05

Fran McAskill
Director
Procurement Division



330 West Church Street
P.O. Box 9005, Drawer AS05
Bartow, Florida 33831-9005
Phone: (863) 534-6757
Fax: (863) 534-6789
www.polk-county.net

EXHIBIT C

Board of County Commissioners

REIMBURSABLE COST SCHEDULE

- | | |
|--|---|
| 1. Subcontractor Services | Actual Costs |
| 2. Travel & Mileage Expenses | In accordance with Chapter 112.061, F.S.; and further defined in the Polk County Employee Handbook for pre-approved out-of-county travel (excluding travel from home offices located outside of Polk County to the Polk County line). |
| 3. Pre-approved Equipment
(includes purchase and rental of equipment used in project) | Actual Costs |



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/23/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Edgewood Partners Ins Center 3780 Mansell Rd. Suite 370 Alpharetta GA 30022	CONTACT NAME: Greyling COI Specialist	
	PHONE (A/C. No. Ext): 770.756.6599	FAX (A/C. No.):
E-MAIL ADDRESS: greylingcerts@greyling.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED RS&H, Inc. 10748 Deerwood Park Blvd South Jacksonville, FL 80237-0000	INSURER A : Lloyd's of London	85202
	INSURER B : National Union Fire Ins Co of Pittsburg	19445
	INSURER C : New Hampshire Insurance Company	23841
	INSURER D : Westchester Surplus Lines Insurance Co	10172
	INSURER E :	
INSURER F :		

COVERAGES

CERTIFICATE NUMBER: 1042500971

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			GL5489501	6/28/2025	4/1/2026	EACH OCCURRENCE	\$ 2,000,000	
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000	
							MED EXP (Any one person)	\$ 10,000	
							PERSONAL & ADV INJURY	\$ 2,000,000	
							GENERAL AGGREGATE	\$ 4,000,000	
							PRODUCTS - COMP/OP AGG	\$ 4,000,000	
								\$	
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CA5309780	6/28/2025	4/1/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000	
							BODILY INJURY (Per person)	\$	
							BODILY INJURY (Per accident)	\$	
							PROPERTY DAMAGE (Per accident)	\$	
								\$	
D	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			**G48655828001	6/28/2025	4/1/2026	EACH OCCURRENCE	\$ 30,000,000	
							AGGREGATE	\$ 30,000,000	
								**See Below	
C B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WC072113410 (AOS) WC072113411 (CA)	6/28/2025 6/28/2025	4/1/2026 4/1/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	E.L. EACH ACCIDENT	\$ 1,000,000
								E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
								E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A	Professional Liab Incl. Pollution			B0146LDUSA2504894	6/28/2025	4/1/2026	Per Claim Aggregate	\$5,000,000 \$5,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**Umbrella limits are comprised of the following policies:
 Primary \$5M Policy # G48655828 001 Westchester Surplus Lines Insurance Company, effective dates 6/28/2025-4/1/2026
 \$5M 1st XS Policy #020744026 Lexington Insurance Company, effective dates 6/28/2025-4/1/2026
 \$5M 2nd XS Policy #XC3EX00722251 Everest Indemnity Insurance Company, effective dates 6/28/2025-4/1/2026
 \$5M 3rd XS Policy # EX-B444902A-25-NF Travelers Excess and Surplus Lines Company, effective dates 6/28/2025-4/1/2026
 \$10M 4th XS Policy # FFX 8018772548 The Continental Insurance Company, effective dates 6/28/2025-4/1/2026

NAMED INSURED LIST:
 See Attached...

CERTIFICATE HOLDER**CANCELLATION**

Polk County
 3000 Sheffield Road
 Winter Haven FL 33880

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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ADDITIONAL REMARKS SCHEDULE

AGENCY Edgewood Partners Ins Center		NAMED INSURED RS&H, Inc. 10748 Deerwood Park Blvd South Jacksonville, FL 80237-0000	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE**

RS&H, Inc.
 REYNOLDS, SMITH AND HILLS, INC.
 RS&H ARCHITECTS-ENGINEERS-PLANNERS, INC. A NC CORP.
 RS&H COMMERCIAL REALTY, INC.
 RS&H MARYLAND, INC.
 RS&H MASSACHUSETTS, INC.
 RS&H MICHIGAN, INC.
 HB&A, LLC
 REYNOLDS, SMITH AND HILLS ARCHITECTS-ENGINEERS PLANNERS, PA A NJ PROFESSIONAL ASSOCIATION
 RS&H ARCHITECT AND ENGINEER, PC, A NY CORP.
 RS&H ALABAMA, INC.
 RS&H ARKANSAS, INC.
 RS&H CALIFORNIA, INC.
 RS&H CONNECTICUT, INC.
 RS&H IDAHO, P.C.
 RS&H ILLINOIS, INC.
 RS&H IOWA, P.C.
 RS&H MISSISSIPPI, PC
 RS&H MONTANA, P.C
 RS&H NEVADA, INC.
 RS&H OHIO, INC.
 RS&H OREGON, ARCHITECTS-ENGINEERS-PLANNERS, PC
 RS&H PENNSYLVANIA, INC.

Project Name GC: 25-308, Roads & Drainage Construction Engineering and Inspection (CEI) Professional Services
 Project # 30042089XXX

CONSULTANT APPROVAL FORM

CPO: If Consultant fee is under \$50,000 & construction is under \$250,000

CSA: If Construction is under \$7,500,000;

OR for study activity if consultant fee is under \$500,000- (FS 287.055 CCNA)

CPO/CSA #: 2025-054.02 (Assigned by Procurement)

To be completed by the requesting Division:

Date: 1-29-26 Division: R+D

Project Manager's Name: D. Gable Phone #: 535-2285

Project Name: Inspector for Frontier Project

Total Project Budget: \$ 200,000 Project # N/A

Estimate of Construction Cost: \$ _____

Proposed Consultant: RS+H Fee: \$ 155,001

Master Consultant Agreement # 2025-054

Attach Scope of Services Proposed by the Consultant (Exhibit "A")

Approved By: [Signature] Date 1/29/26
Division Director/Designee

Procurement Division

Date Received: 1/29/26 Date Reviewed by Analyst: _____

Approved by: [Signature]
(Procurement Director/Designee)

County Attorney's Office (Required for all CSA's)

Date Received: 2/2/2026 Date Reviewed: 2/2/2026

Approved by: [Signature]
(County Attorney Office Signature)

County Manager's Office (Required if consultant fee is greater than \$100,000)

Date Received: _____ Date Reviewed: _____

Approved by: _____
(County Manager Office Signature)

Additional Attachments: number of days to complete project, not to exceed/lump sum amount, justification for consultant selected, fee schedule, and Professional Liability COI (COI applicable to CSA only, description field must be project specific (contract requirement)).