

**NOTICE OF SHORELINE TASK FORCE REGULAR MEETING
CITY OF SOUTH PADRE ISLAND**

TUESDAY, OCTOBER 5, 2021

3:00 PM AT THE MUNICIPAL COMPLEX

2ND FLOOR CITY COUNCIL CHAMBERS

4601 PADRE BOULEVARD SOUTH PADRE ISLAND, TX 78597

1. Call to Order

2. Pledge of Allegiance

3. Public Comments and Announcements

This is an opportunity for citizens to speak to the Task Force relating to agenda or non-agenda items. Speakers are required to address Shoreline Task Force at the podium and give their name before addressing their concerns. [Note: State law will not permit the Task Force to discuss, debate or consider items that are not on the agenda. Citizen comments may be referred to City Staff or may be placed on the agenda of a future Shoreline Task Force meeting]

4. Regular Agenda

4.1. Discussion and action to approve the minutes from the regular meeting on September 14, 2021. (Hughston)

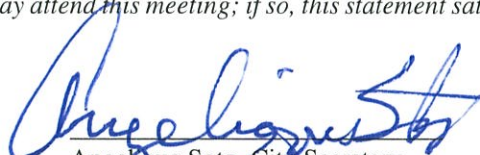
4.2. Discussion and action to provide a recommendation to City Council on the bids received for the Coastal Management Program's Cycle 24 Dune Restoration grant. (Hughston, Boburka)

5. Adjourn

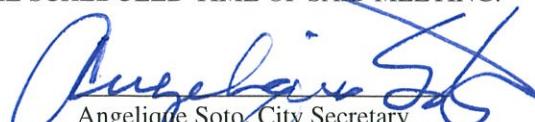
NOTE:

One or more members of the City of South Padre Island City Council may attend this meeting; if so, this statement satisfies the requirements of the OPEN MEETINGS ACT.

DATED OCTOBER 1, 2021


Angelique Soto, City Secretary

I, THE UNDERSIGNED AUTHORITY, DO HEREBY CERTIFY THAT THE ABOVE NOTICE OF MEETING OF THE SHORELINE TASK FORCE OF THE CITY OF SOUTH PADRE ISLAND, TEXAS IS A TRUE AND CORRECT COPY OF SAID NOTICE AND THAT I POSTED A TRUE AND CORRECT COPY OF SAID NOTICE ON THE BULLETIN BOARD AT CITY HALL/MUNICIPAL BUILDING ON **OCTOBER 1, 2021**, AT/OR BEFORE 5:00 PM AND REMAINED SO POSTED CONTINUOUSLY FOR AT LEAST 72 HOURS PRECEDING THE SCHEDULED TIME OF SAID MEETING.


Angelique Soto, City Secretary

THIS FACILITY IS WHEELCHAIR ACCESSIBLE, AND ACCESSIBLE PARKING SPACES ARE AVAILABLE. REQUESTS FOR ACCOMMODATIONS OR INTERPRETIVE SERVICES MUST BE MADE 48 HOURS PRIOR TO THIS MEETING. PLEASE CONTACT BUILDING OFFICIAL, GEORGE MARTINEZ AT (956)761-8103.

Agenda: OCTOBER 5, 2021



**CITY OF SOUTH PADRE ISLAND
SHORELINE TASK FORCE
AGENDA REQUEST FORM**

MEETING DATE: October 5, 2021

NAME & TITLE: Kristina Boburka, Shoreline Director

DEPARTMENT: Shoreline Department

ITEM

Discussion and action to approve the minutes from the regular meeting on September 14, 2021. (Hughston)

ITEM BACKGROUND

N/A

BUDGET/FINANCIAL SUMMARY

N/A

COMPREHENSIVE PLAN GOAL

N/A

LEGAL REVIEW

Sent to Legal:

Approved by Legal:

RECOMMENDATIONS/COMMENTS:

**MINUTES OF REGULAR MEETING
CITY OF SOUTH PADRE ISLAND
SHORELINE TASK FORCE**

Tuesday, September 14th, 2021

I. CALL TO ORDER.

The Shoreline Task Force of the City of South Padre Island, Texas, held a regular meeting on Tuesday, September 14th, 2021, at the Municipal Complex Building, 2nd Floor, 4601 Padre Boulevard, South Padre Island, Texas. Chairman Virginia Guillot called the meeting to order at 3:00 p.m. A quorum was present with Task Force Vice Chairman Robert Nixon, Task Force Members Stormy Wall and Michael Sularz. Task Force Members with an excused absence from Abbie Mahan and Norma Trevino.

City staff members present were City Manager Randy Smith, Shoreline Director Kristina Boburka, and Coastal Coordinator Erika Hughston.

II. PLEDGE OF ALLEGIANCE.

Chairman Virginia Guillot led the Pledge of Allegiance.

III. PUBLIC COMMENTS AND ANNOUNCEMENTS:

There were no public comments given at this time.

IV. REGULAR AGENDA

I. DISCUSSION AND ACTION TO APPROVE THE MINUTES FROM THE REGULAR MEETING ON AUGUST 10TH, 2021. (HUGHSTON)

Task Force Member Nixon made a motion to approve the minutes. Task Force Member Sularz seconded the motion. Motion carried unanimously.

II. DISCUSSION AND ACTION TO RESCHEDULE THE REGULAR MEETING ON SEPTEMBER 28, 2021, TO SEPTEMBER 21, 2021. (BOBURKA)

Shoreline Director Kristina Boburka requested to change meeting dates to allow for project compliance and out of town schedules. Task Force Member Nixon made a motion, seconded by Task Force Member Wall. Motion carried unanimously.

III. DISCUSSION AND ACTION TO RANK AND RECOMMEND TO CITY COUNCIL THE SUBMISSION OF THE CITY'S FOLLOWING COASTAL MANAGEMENT PROGRAM (CMP)'S CYCLE 27 APPLICATIONS: (HUGHSTON, BOBURKA)
-FANTASY CIRCLE BEACH ACCESS IMPROVEMENTS
-CORA LEE BAYSIDE PUBLIC ACCESS
-FINAL DESIGNS LAGUNA MADRE LIVING SHORELINE

Shoreline Director Boburka gave an update on projects and asked for the Shoreline Task Force to rank and approve final applications for City Council review. Task Member Nixon asked about funding towards the living shoreline that would disappear if not approved through the Coastal Management Program. Nixon stated that Fantasy Circle and Cora Lee should be prioritized. Task Force Member Wall asked if there was a design for the Cora Lee project. Director Boburka informed the Task Force that engineering design will be conducted through the grant funding. A motion to approve recommendation to City Council for the Coastal Management Program Cycle 27 final applications ranked in the following order of Fantasy Circle Beach Access Improvements, Cora Lee Bayside Public Access, and Final Design Laguna Madre Living Shoreline. Task Force Member Nixon made the motion, seconded by Task Force Member Sularz. Motion carried unanimously.

V. ADJOURNMENT.

There being no further business, Chairman Guillot adjourned the meeting at 3:15 p.m.

Erika Hughston, Coastal Coordinator

Virginia Guillot, Vice Chairman

**CITY OF SOUTH PADRE ISLAND
SHORELINE TASK FORCE
AGENDA REQUEST FORM**

MEETING DATE: October 5, 2021

NAME & TITLE: Kristina Boburka, Shoreline Director

DEPARTMENT: Shoreline Department

ITEM

Discussion and action to provide a recommendation to City Council on the bids received for the Coastal Management Program's Cycle 24 Dune Restoration grant. (Hughston, Boburka)

ITEM BACKGROUND

The City was awarded funding through the Coastal Management Program (CMP)'s Cycle 24 to perform dune restoration within the City limits. The City went out for bids and received four. Those bids are attached to the agenda packet.

BUDGET/FINANCIAL SUMMARY

Funding is through the Coastal Management Program's Cycle 24 and all funds need to be spent under the grant.

CMP Funds: \$115,210

Matching Funds: \$76,807

COMPREHENSIVE PLAN GOAL

Chapter III. Parks and Resources

GOAL 1: The City shall ensure protection and conservation of natural resources, such as beaches, dunes, wetlands, Laguna Madre waterfront and native flora and fauna, allowing for their sustainable use and enjoyment by future generations.

Objective 1.1 Beach and dunes shall be protected from both natural and artificial erosion.

LEGAL REVIEW

Sent to Legal:

Approved by Legal:

RECOMMENDATIONS/COMMENTS:

ITB 2021-SL02 Dune Restoration

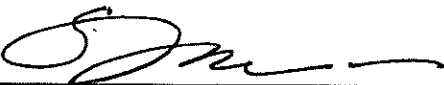
Bidder	Bid Amount	Projected Days	Contractor Location	Primary Experience	Funds Remaining	Submitted Bid Security
Belaire Environmental	\$169,900	90	Texas	Wetlands/upland restoration	\$22,117	Bid Bond
Coastal Transplants	\$192,017	200	North Carolina	Dune restoration	\$0	Check
EarthBalance	\$172,440	24	Florida	Coastal restoration	\$19,577	Bank letter
Native Plant Center	\$159,500	180	Texas	Dune restoration	\$32,517	Check

CONTRACTOR'S PROPOSAL

1. Provide all necessary labor, materials, and supplies for the construction for South Padre Island Dune Restoration.

LUMP SUM \$ 192,017.00

TOTAL number of calendar days to substantial completion 200

BY: 
Signature

09/10/21
Date

STEVEN MERLER
Printed Name

PRESIDENT
Title

COMPANY: COASTAL TRANSPLANTS, INC.

Address: 1509 GEORGE II HWY SE BOLIVIA NC 28422

Phone: 910-431-9814

CONTRACTOR'S EXPERIENCE and QUALIFICATIONS

Name of Company: COASTAL TRANSPLANTS, INC.

Company Years in Business: 5 YEARS

List Municipal Projects
(Similar Projects in Size and Scope Completed in Last Five Years)

Project	Municipality	\$ Amount	Type	Date
TOWN OF HOLDEN BEACH	HOLDEN BEACH	\$583,000.00	PLANTS & FENCE	2021
TOWN OF TOPSAIL BEACH	TOPSAIL BEACH	\$950,000.00	PLANTS	2021
EMERALD ISLE PHASE II	EMERALD ISLE	\$585,000	PLANTS	2020
TOWN OF NAGS HEAD	NAGS HEAD	\$500,000	PLANTS & FENCE	2019
CARTERET COUNTY	EMERALD ISLE	\$450,000	PLANTS	2019
TOWN OF KILL DEVIL HILL	KILL DEVIL HILL	\$290,000	PLANTS & FENCE	2019/20

Superintendent & Project Manager Information

Include Superintendent proposed for the project, years of experience as superintendent, project manager proposed for the project, and years experience as project manager

Superintendent	Years Experience	Projects
STEVEN MERLER	20	HOLDEN BEACH
		KILL DEVIL HILL
		CARTERET COUNTY
		TOPSAIL BEACH
		ATLANTIC BEACH

Project Manager	Years Experience	Projects

References

Name 5 projects of similar work, giving owner's name, representative's name, project engineers name, and telephone numbers for each

1. TOWN OF HOLDEN BEACH

DAVID HEWETT - MANAGER

910-842-6488

2. TOWN OF TOPSAIL BEACH

MIKE ROSE - MANAGER

910-328-5841

CHRIS GIBSON - ENG

910-821-1358

3. CARTERET COUNTY

GREGORY Rudolph - DIRECTOR

252-241-3264

DAWN YORK - ENG

910-612-1152

4. TOWN OF ATLANTIC BEACH

MARC Schulte - DIRECTOR OF PUBLIC WORKS

252-659-2711

5. TOWN OF SOUTH PADRE Island

Reuben Travino (Ex) Shoreline Director

956-433-1585

OFFICIAL CHECK

1003871205

THE REPLACEMENT OF THIS DOCUMENT REQUIRES THE COMPLETION OF A BB&T DECLARATION OF LOSS

ISSUING BRANCH 6062009-SHALLOTTE - HOLDEN BEACH

DATE September 13, 2021

CLIENT COPY

THE TOWN OF SOUTH PADRE ISLAND

\$10,000.00

Ten Thousand and 00/100ths Dollars

COPY NOT NEGOTIABLE

BB&T

MEMO/PURCHASER COASTAL TRANSPLANTS INC

THIS DOCUMENT CONTAINS A TRUE WATERMARK - HOLD TO LIGHT TO VIEW

OFFICIAL CHECK

1003871205

68-236/514

ISSUING BRANCH 6062009-SHALLOTTE - HOLDEN BEACH

DATE September 13, 2021

PAY TO THE ORDER OF THE TOWN OF SOUTH PADRE ISLAND

\$10,000.00

Ten Thousand and 00/100ths Dollars

BB&T

\$10,000.00

DOLLAR ONE ZERO COMMA ZERO ZERO ZERO PERIOD ZERO ZERO

MEMO/PURCHASER COASTAL TRANSPLANTS INC

AUTHORIZED SIGNATURE

Dan Bible

1003871205 0514023690001019010097

CERTIFICATION and ACKNOWLEDGMENT

The undersigned affirms that they are duly authorized to submit this bid, that this bid has not been prepared in collusion with any other bidder, and that the contents of this bid have not been communicated to any other bidder prior to the official opening of this bid. To the extent this Contract is considered a Contract for goods or services subject to § 2270.002 Texas Government Code, Bidder certifies that it: i) does not boycott Israel; and ii) will not boycott Israel during the term of the Agreement. Additionally, the undersigned affirms that the firm is willing to sign the enclosed Standard Form of Agreement (if applicable).

Signed By:  Title: PRESIDENT

Typed Name: STEVEN MERCER Company Name: COASTAL TRANSPLANTS, INC

Phone No: 910-431-9814 Fax No: NONE

Email: sm Mercer @ Coastaltransplants.com

Bid Address: 1509 GEORGE II HWY SE BOLIVIA NC 28422
P.O. Box or Street City State Zip

Remit Address: 1509 GEORGE II HWY SE BOLIVIA NC 28422
P.O. Box or Street City State Zip

Federal Tax ID No: 81-1796710

DUNS No: 116993375

Date: 9/10/21

VEHICLE INFORMATION

Review your policy information carefully. If anything is incorrect, or if there are any changes to your vehicle information, please let us know right away.

Vehicle Description	Vehicle Identification Number (VIN)	Who principally drives this vehicle?	How is this vehicle normally used?
2019 CHEVROLET SILVERADO	1GCRYDED9KZ269941	For this commercial vehicle, contact your agent for a full review of drivers.	
Vehicle Body Type: Pickup, Vehicle Use: Service/Contractors, Business Description: Landscape Gardening, Radius of Operation: 50 miles, Annual Distance Driven: 20000 miles, Gross Vehicle Weight, Manufacturer's Suggested Retail Price Year Business established: 2016			

Premium Adjustment

Comprehensive and collision rates are based upon State Farm's loss experience. This loss experience is reviewed periodically to determine which makes and models have earned decreases or increases from State Farm's standard

comprehensive and collision rates. If you carry comprehensive and/or collision coverages, these adjustments are reflected in the rates shown on this renewal notice.

COVERAGE AND LIMITS See your policy for an explanation of these coverages.

AB	Liability Bodily Injury 1,000,000/1,000,000	\$371.9
	Property Damage 1,000,000	Include
D	1000 Deductible Other Than Collision	\$88.8
G	1000 Deductible Collision	\$216.8
U1	Combined Uninsured/Underinsured Motor Vehicle	
	Bodily Injury 1,000,000/1,000,000	\$43.2
	Property Damage 1,000,000	Include
Total Premium		\$720.8

Coverages AB and U1 are on a per policy basis.

If any coverage you carry is changed to give broader protection with no additional premium charge, we will give you the broader protection without issuing a new policy, starting on the date we adopt the broader protection.

NOTICE OF RIGHT TO PURCHASE HIGHER LIMITS OF UM/UIM NOTICE: YOU ARE REQUIRED TO PURCHASE UNINSURED MOTORIST BODILY INJURY COVERAGE, UNINSURED MOTORIST PROPERTY DAMAGE COVERAGE AND, IN SOME CASES, UNDERINSURED MOTORIST BODILY INJURY COVERAGE. THIS INSURANCE PROTECTS YOU AND YOUR FAMILY AGAINST INJURIES AND PROPERTY DAMAGE CAUSED BY THE NEGLIGENCE OF OTHER DRIVERS WHO MAY HAVE LIMITED OR ONLY MINIMUM COVERAGE OR

EVEN NO LIABILITY INSURANCE. YOU MAY PURCHASE UNINSURED MOTORIST BODILY INJURY COVERAGE AND, IF APPLICABLE, UNDERINSURED MOTORISTS COVERAGE WITH LIMITS UP TO ONE MILLION DOLLARS (\$1,000,000) PER PERSON AND ONE MILLION DOLLARS (\$1,000,000) PER ACCIDENT OR AT SUCH LESSER LIMITS YOU CHOOSE. YOU CANNOT PURCHASE COVERAGE FOR LESS THAN THE MINIMUM LIMITS FOR THE BODILY INJURY AND PROPERTY DAMAGE COVERAGE THAT ARE REQUIRED FOR YOUR OWN VEHICLE. IF YOU DO NOT CHOOSE A GREATER OR LESSER LIMIT FOR UNINSURED MOTORIST BODILY INJURY COVERAGE, A LESSER LIMIT FOR UNINSURED MOTORIST PROPERTY DAMAGE COVERAGE, AND/OR A GREATER OR LESSER LIMIT FOR UNDERINSURED MOTORIST BODILY INJURY COVERAGE, THEN THE

(continued on next page)



EVANSTON INSURANCE COMPANY

COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

POLICY NUMBER: 3AA498889

☐ "X" If Supplemental Declarations Is Attached

RETROACTIVE DATE	
THIS INSURANCE DOES NOT APPLY TO "BODILY INJURY", "PROPERTY DAMAGE" OR "PERSONAL AND ADVERTISING INJURY" WHICH OCCURS BEFORE THE RETROACTIVE DATE, IF ANY, SHOWN BELOW.	
RETROACTIVE DATE:	None
(ENTER DATE OR "NONE" IF NO RETROACTIVE DATE APPLIES)	

LIMITS OF INSURANCE		
General Aggregate Limit (other than Products/Completed Operations)	\$ 2,000,000	
Products/Completed Operations Aggregate Limit	\$ Included	
Personal and Advertising Injury Limit	\$ 1,000,000	Any One Person or Organization
Each Occurrence Limit	\$ 1,000,000	
Damage to Premises Rented to You Limit	\$ 100,000	Any One Premises
Medical Expense Limit	\$ 5,000	Any One Person

ALL PREMISES YOU OWN, RENT OR OCCUPY	
Loc. No.	ADDRESS OF ALL PREMISES YOU OWN, RENT OR OCCUPY
1	1509 George II Highway SE, Bolivia, NC, 28422

CLASSIFICATION AND PREMIUM								
Loc. No	Code No. Classification	Rating Basis	Premium Basis	Other Basis	Rate		Advance Premium	
					Pr/Co	All Other	Pr/Co	All Other
1	97047 Landscape Gardening	Per \$1,000 of Gross Sales	400,000		Incl.	\$2.67	Incl.	\$1,329
1	15699 Nursery - garden	Per \$1,000 of Gross Sales	Incl.		Incl.	Incl.	Incl.	Incl.
	Markel contractors bundle - CG 20 01 MEGL 0241-01 MEGL 0009-01 MEGL 0313	Percent of rate	Incl.			Incl.		Incl.
	Data Breach - MGL 1214	Flat	Incl.			Incl.		Incl.
	Product Withdrawal - CG 04 36	Percent of Premium	Incl.			Incl.		Incl.



EVANSTON INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CONSTRUCTION PROJECT(S) GENERAL AGGREGATE LIMIT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

SCHEDULE

Maximum Annual Limit Of Insurance:	\$5,000,000
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The following changes are subject to the Maximum Annual Limit Of Insurance shown in the Schedule of this endorsement. In no event will we be liable for damages in excess of the Maximum Annual Limit Of Insurance shown in the Schedule of this endorsement.

- A. For all sums which the insured becomes legally obligated to pay as damages caused by "occurrences" under Section I – Coverage A, and for all medical expenses caused by accidents under Section I – Coverage C, which can be attributed only to ongoing operations at a single designated construction project:
1. A separate Construction Project General Aggregate Limit applies to each construction project, and that limit is equal to the amount of the General Aggregate Limit shown in the Declarations.
 2. The Construction Project General Aggregate Limit is the most we will pay for the sum of all damages under Coverage A, except damages because of "bodily injury" or "property damage" included in the "products-completed operations hazard", and for medical expenses under Coverage C regardless of the number of:
 - a. Insureds;
 - b. Claims made or "suits" brought; or
 - c. Persons or organizations making claims or bringing "suits".
 3. Any payments made under Coverage A for damages or under Coverage C for medical expenses will reduce the Construction Project General Aggregate Limit for that construction project and the Maximum Annual Limit Of Insurance shown in the Schedule of this endorsement. Such payments will not reduce the General Aggregate Limit shown in the Declarations nor will they reduce any other Construction Project General Aggregate Limit for any other construction project.
 4. The limits shown in the Declarations for Each Occurrence, Damage To Premises Rented To You and Medical Expense continue to apply. However, instead of being subject to the General Aggregate Limit shown in the Declarations, such limits will be subject to the applicable Construction Project General Aggregate Limit.
- B. For all sums which the insured becomes legally obligated to pay as damages caused by "occurrences" under Section I – Coverage A, and for all medical expenses caused by accidents under Section I – Coverage C, which cannot be attributed only to ongoing operations at a single construction project:
1. Any payments made under Coverage A for damages or under Coverage C for medical expenses will reduce the amount available under the General Aggregate Limit or the Products-Completed Operations Aggregate Limit, whichever is applicable, and the Maximum Annual Limit Of Insurance shown in the Schedule of this endorsement; and
 2. Such payments will not reduce any Construction Project General Aggregate Limit.

EVANSTON INSURANCE COMPANY

State Transaction Code:

**COMMERCIAL EXCESS LIABILITY POLICY DECLARATIONS**

POLICY NUMBER: XSMP1501521

RENEWAL OF POLICY: XSMP14120520

Named Insured and Mailing Address (No., Street, Town or City, County, State, Zip Code)

Coastal Transplants Inc
1509 George II Highway
Bolivia, NC 28422**MINIMUM & DEPOSIT****NO FLAT CANCELLATION**Policy Period: From 08/16/2021 to 08/16/2022 at 12:01 A.M. Standard Time at your mailing address shown above.**IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.**

Limits Of Insurance	
Each Occurrence Limit:	\$ <u>1,000,000</u>
Aggregate Limit:	\$ <u>1,000,000</u>
Retained Limit / Each Occurrence:	\$ _____

Premium	
Policy Premium:	\$ <u>600.00</u> Stamp Tax: \$2.40
Terrorism Premium:	\$ <u>Not Covered</u> Surplus Lines Tax: \$30.00
Fees (Where Applicable):	\$ <u>0.00</u> IM Fee: \$50.00
Total Premium:	\$ <u>\$882.40</u> Policy Fee: \$200.00
Payable At Inception	
Audit Period: <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly	
Rating Basis (If Subject To Audit) Premium Basis: _____ Rate: _____	

THE INSURANCE COMPANY WITH WHICH THIS COVERAGE HAS BEEN PLACED IS NOT LICENSED BY THE STATE OF NORTH CAROLINA AND IS NOT SUBJECT TO ITS SUPERVISION. IN THE EVENT OF THE INSOLVENCY OF THE INSURANCE COMPANY, LOSSES UNDER THIS POLICY WILL NOT BE PAID BY ANY STATE INSURANCE GUARANTY OR SOLVENCY FUND.

Producer Number, Name and Mailing Address214061
Burns & Wilcox SRD
Burns & Wilcox SRD Kaufman Financial Center,
30833 Northwestern Highway
Farmington Hills, MI 48334

The insurance company with which this coverage has been placed is not licensed by the State of North Carolina and is not subject to its supervision. In the event of the insolvency of the insurance company, losses under this policy will not be paid by any State insurance guaranty or solvency fund. Burns & Wilcox Ltd - 30833 Northwestern Highway, 220 Kaufman Financial Center, Farmington Hills MI 48334 - License #1000006506.

Endorsements

Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue:

Per Forms Schedule**Schedule Of Underlying Insurance**

Per Schedule Of Underlying Insurance

These declarations, together with the Coverage Form and any Endorsement(s), complete the above numbered policy.

Countersigned: 08/16/2021

DATE

By: 

AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/14/2021

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 Coastal Insurance & Realty Inc P.O Box 2268 Shallotte NC 28459	CONTACT NAME: Debbie Duncan PHONE (A/C, No, Ext): 910-754-4326 E-MAIL ADDRESS: debbie@coastalinsurance.net FAX (A/C, No): 910-754-7622
INSURED COASTAL TRANSPLANTS INC 1509 GEORGE II HWY SE BOLIVIA NC 28422	INSURER(S) AFFORDING COVERAGE INSURER A: EVANSTON INSURANCE COMPANY INSURER B: AMTRUST NORTH AMERICA INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES

CERTIFICATE NUMBER: 2100683163

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
A	<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 type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			3AA498889	8/16/2021	8/16/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			XSMP1501521	8/16/2021	8/16/2022	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ \$
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 Y	N/A	VWC3521660	4/11/2021	4/11/2022	<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

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

CERTIFICATE HOLDER**CANCELLATION**

INSURED COPY

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

CONTRACTOR'S PROPOSAL

1. Provide all necessary labor, materials, and supplies for the construction for South Padre Island Dune Restoration.

LUMP SUM

\$ 159,500

TOTAL number of calendar days to substantial completion

180

BY:

Signature

Date

9/16/21

Printed Name

Theren "Rebs" Thachjursen

Title

Registered Agent

COMPANY:

Nature Plant Center

Address:

6800 Padre Blvd. SPT, TX 78597

Phone:

(703) 434-1444

References

Name 5 projects of similar work, giving owner's name, representative's name, project engineers name, and telephone numbers for each

1. Brown / Galloway Dune Restoration 5316-18 Gulf Blvd SPT
Don Brown (214) 912-8914 Oscar Galvan (979) 492-9098
Engineer: Native Plant center + Amado Torres (956) 980-4774
703 434 1444 / (970) 728-1716
2. Parkshore Dune Restoration 7000 Gulf Blvd
Suzanne Hamann (956) 761-2989
Engineer - NPC + Amado Torres
#'s Same
3. The Florence Dune Restoration Gulf Blvd. (5550)
Laurie Ortel (210) 547-9988
Engineer NPC + Amado Torres
#'s Same
4. The Florence II Dune Restoration Gulf Blvd (5570)
Tom McLean (210) 347-4623
Engineers: NPC + Amado Torres
#'s Same
5. Laguna Atascosa NWR Bahia Grande Unit
+ Osprey Overlook Sonny Perez,
John Wallad, Lee Gustafson (956) 245-7825
Engineers: Ocean Trust + Amado Torres
#'s Same

CONTRACTOR'S EXPERIENCE and QUALIFICATIONS

Name of Company: Native Plant Center

Company Years in Business: Four

List Municipal Projects (Similar Projects in Size and Scope Completed in Last Five Years)

Project	Municipality	\$ Amount	Type	Date
Osprey Overlook	Lasuna Atascosa N. W. R	\$185,000	Shoreline Stabilization	2012
Bahia Grande	" + Cameron County	600,000	Estuary Restoration	2000 - 2010
Condo + Landowner Dune Restoration	w/ in SPT City Jurisdiction	\$11,000 -	Dune	
The Florence	"	\$15,000	Restoration	2020
Park Shore	"	"	"	2021
Brown Galvan	"	"	"	2021

Superintendent & Project Manager Information

Include Superintendent proposed for the project, years of experience as superintendent, project manager proposed for the project, and years experience as project manager

Superintendent	Years Experience	Projects
Amado Torres	20+ Years	Bahia Grande
		Osprey Overlook
		SPT Condo +
		Private Dune
		Restoration

Project Manager	Years Experience	Projects
Thoren Trebs	20+ Years	Bahia Grande
Thorbjornsen		Osprey Overlook
		+ SPT Condo +
		Private Dune
		Restoration

CERTIFICATION and ACKNOWLEDGMENT

The undersigned affirms that they are duly authorized to submit this bid, that this bid has not been prepared in collusion with any other bidder, and that the contents of this bid have not been communicated to any other bidder prior to the official opening of this bid. To the extent this Contract is considered a Contract for goods or services subject to § 2270.002 Texas Government Code, Bidder certifies that it: i) does not boycott Israel; and ii) will not boycott Israel during the term of the Agreement. Additionally, the undersigned affirms that the firm is willing to sign the enclosed Standard Form of Agreement (if applicable).

Signed By: Thorek "Treebs" Thorbjornsen Title: Registered Agent
Typed Name: Thorek "Treebs" Thorbjornsen Company Name: Nature Plant Center
Phone No: (737) 434-1444 Fax No: N/A
Email: treebs.thorbjornsen@gmail.com
Bid Address: 6809 Padre Blvd. SPTX 78597
P.O. Box or Street City State Zip
Remit Address: Somel
P.O. Box or Street City State Zip
Federal Tax ID No: 82-1847446
DUNS No: N/A
Date: 9/19/21

0003049 11-24
Office AU # 1210(8)

CASHIER'S CHECK

SERIAL #: 0304901841

ACCOUNT#: 4861-512853

Remitter: THOREN THORBJORSEN
Purchaser: THOREN THORBJORSEN
Purchaser Account:2734
Operator I.D.: u445456
Funding Source: Paper Item(s)

September 16, 2021

PAY TO THE ORDER OF ***CITY OF SOUTH PADRE ISLAND***

****Nine Thousand Six Hundred and 85/100 -US Dollars ****

****\$9,600.85****

Payee Address:

Memo: DUN BID

WELLS FARGO BANK, N.A.
1800 STATE HWY 100
PORT ISABEL, TX 78578
FOR INQUIRIES CALL (480) 394-3122

NOTICE TO PURCHASER-IF THIS INSTRUMENT IS LOST,
STOLEN OR DESTROYED, YOU MAY REQUEST CANCELLATION
AND REISSUANCE. AS A CONDITION TO CANCELLATION AND
REISSUANCE, WELLS FARGO & COMPANY MAY IMPOSE A FEE
AND REQUIRE AN INDEMNITY AGREEMENT AND BOND.

VOID IF OVER US \$ 9,600.85

NON-NEGOTIABLE

Purchaser Copy

FB004 (10/19) M4203 00166738

PRINTED ON LINEMARK PAPER - HOLD TO LIGHT TO VIEW FOR ADDITIONAL SECURITY FEATURES SEE BACK

CASHIER'S CHECK

0304901841

0003049 11-24
Office AU # 1210(8)

Remitter: THOREN THORBJORSEN
Operator I.D.: u445456

September 16, 2021

PAY TO THE ORDER OF ***CITY OF SOUTH PADRE ISLAND***

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WELLS FARGO BANK, N.A.
1800 STATE HWY 100
PORT ISABEL, TX 78578
FOR INQUIRIES CALL (480) 394-3122

VOID IF OVER US \$ 9,600.85

Marina S. Can
CONTROLLER

Security Features Included. Details on Back.

⑈0304901841⑈ ⑆121000248⑆4861 512853⑈

EXHIBIT C INSURANCE REQUIREMENTS

Throughout the term of this Agreement the Contractor must comply with the following:

I. Standard Insurance Policies Required:

- A. Commercial General Liability
- B. Business Automobile Liability
- C. Workers' Compensation

*No Vehicle
No Employees* → *N/A*

II. General Requirements Applicable to All Policies:

- A. Certificates of Insurance shall be prepared and executed by the insurance company or its authorized agent
- B. Certificates of Insurance and endorsements shall be furnished on the most current State of Texas Department of Insurance-approved forms to the City's Representative at the time of execution of this Agreement; shall be attached to this Agreement as Exhibit D; and shall be approved by the City before work begins
- C. Contractor shall be responsible for all deductibles on any policies obtained in compliance with this Agreement. Deductibles shall be listed on the Certificate of Insurance and are acceptable on a per-occurrence basis only
- D. The City will accept only Insurance Carriers licensed and authorized to do business in the State of Texas
- E. The City will not accept "claims made" policies
- F. Coverage shall not be suspended, canceled, non-renewed or reduced in limits of liability before thirty (30) days written notice has been given to the City

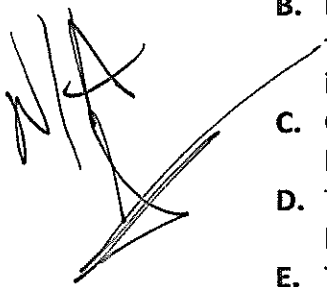
III. Commercial General Liability

- A. General Liability insurance shall be written by a carrier rated "A:VIII" or better under the current A. M. Best Key Rating Guide.
- B. Policies shall contain an endorsement naming the City as Additional Insured and further providing "primary and non-contributory" language with regard to self-insurance or any insurance the City may have or obtain
- C. Limits of liability must be equal to or greater than \$1,000,000 per occurrence for bodily injury and property damage, with an annual aggregate limit of \$2,000,000. Limits shall be endorsed to be per project.
- D. No coverage shall be excluded from the standard policy without notification of individual exclusions being submitted for the City's review and acceptance
- E. The coverage shall include, but not be limited to the following: premises/operations with separate aggregate; independent contracts; products/completed operations; contractual liability (insuring the indemnity

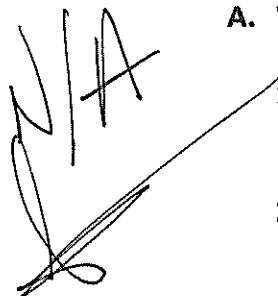
Handwritten signature/initials

provided herein) Host Liquor Liability, and Personal & Advertising Liability.

IV. Business Automobile Liability

- 
- A. Business Automobile Liability insurance shall be written by a carrier rated "A:VIII" or better rating under the current A. M. Best Key Rating Guide.
 - B. Policies shall contain an endorsement naming the City as Additional Insured and further providing "primary and non-contributory" language with regard to self-insurance or any insurance the City may have or obtain
 - C. Combined Single Limit of Liability not less than \$1,000,000 per occurrence for bodily injury and property damage.
 - D. The Business Auto Policy must show Symbol 1 in the Covered Autos Portion of the liability section in Item 2 of the declarations page
 - E. The coverage shall include any autos, owned autos, leased or rented autos, non-owned autos, and hired autos.

V. Workers' Compensation Insurance

- 
- A. Workers compensation insurance shall include the following terms:
 - 1. Employer's Liability minimum limits of liability not less than \$500,000 for each accident/each disease/each employee are required
 - 2. "Texas Waiver of Our Right to Recover From Others Endorsement, WC 42 03 04" shall be included in this policy
 - 3. TEXAS must appear in Item 3A of the Workers' Compensation coverage or Item 3C must contain the following: "All States except those listed in Item 3A and the States of NV, ND, OH, WA, WV, and WY"



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/16/2021

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 Pronto General Agency 805 Media Luna Road Ste 400 Brownsville TX 78520	CONTACT NAME: JANET ARREDONDO	
	PHONE (A/C, No. Ext): 844-643-1351	FAX (A/C, No.):
INSURED NATIVE PLANT CENTER 6809 PADRE BLVD SOUTH PADRE ISLAND TX 78597	E-MAIL ADDRESS: commercial@prontoinsurance.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: United States Liability Insurance Company	
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		

COVERAGES

CERTIFICATE NUMBER:

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	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NPP1603275	05/13/2021	05/13/2022	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ Included
	OTHER:							\$
	AUTOMOBILE LIABILITY	<input type="checkbox"/>	<input type="checkbox"/>				COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB	<input type="checkbox"/>	<input type="checkbox"/>				EACH OCCURRENCE	\$
	EXCESS LIAB	<input type="checkbox"/>	<input type="checkbox"/>				AGGREGATE	\$
	DED <input type="checkbox"/> RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

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

The City of South Padre Island is added as an additional insured per form CG20260704 and includes a Primary And Non-Contributory - Written Contract, in favor of The City of South Padre Island per Form L 776.

CERTIFICATE HOLDER

The City of South Padre Island
4601 Padre Blvd
South Padre Island, TX 78597

CANCELLATION

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

© 1988-2015 ACORD CORPORATION. All rights reserved.

ENDORSEMENT #1

This endorsement, issued by **United States Liability Insurance Company**
to **NATIVE PLANT CENTER** forms a part of
Policy Number **NPP1603275** effective on **9/16/2021** (MO. DAY YR.) at 12:01 A.M.

Add/Remove/Amend General Liability Additional Insured Endorsement

In consideration of no change in premium it is hereby agreed that the following form(s)
is(are) added to the Policy:

CG2026 07/04 - Additional Insured - Designated Person Or Organization

L-776 07/12 - Primary And Non-Contributory - Written Contract

All other terms and conditions of this Policy remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Additional Insured Person(s) Or Organization(s):

Effective Date: 09/16/2021 12:01 AM
THE CITY OF SOUTH PADRE ISLAND
4601 PADRE BLVD
SOUTH PADRE ISLAND, TX 78597

Information required to complete this Schedule, if not shown above, will be shown in the Declarations

Section II - Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to their liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions or the acts or omissions of those acting on your behalf:

A. In the performance of your ongoing operations; or

B. In connection with the premises owned by or rented to you.

**UNITED STATES LIABILITY INSURANCE GROUP
WAYNE, PENNSYLVANIA**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

Primary And Non-Contributory - Written Contract

Schedule:

Effective Date: 09/16/2021 12:01 AM

Name of Person or Organization:

THE CITY OF SOUTH PADRE ISLAND
4601 PADRE BLVD
SOUTH PADRE ISLAND, TX 78597

(If no entry appears above, the information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement)

SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS,

Paragraph 4. OTHER INSURANCE, a. Primary Insurance is amended with the addition of the following:

The coverage afforded by this policy to the person(s) or organization(s) listed above is primary and non-contributory if:

1. This insurance is required to be primary and non-contributory under a written contract; and
2. The loss to be covered occurs on or after the effective date of the written contract; and
3. The loss to be covered resulted solely and exclusively from your ongoing acts or omissions or the ongoing acts or omissions of those acting on your behalf in performing "your work" under a written contract referred to above.
4. The person(s) or organization(s) is an additional insured under this policy.


All other terms and conditions of this policy remain unchanged. This endorsement is a part of your policy and takes effect on the effective date of your policy unless another effective date is shown.

CONTRACTOR'S PROPOSAL

1. Provide all necessary labor, materials, and supplies for the construction for South Padre Island Dune Restoration.

LUMP SUM \$ \$169,900

TOTAL number of calendar days to substantial completion 90

BY: 
Signature

9/15/2021

Date

Charles E. Belaire

Printed Name

President

Title

COMPANY: Belaire Environmental, Inc.

Address: Mailing: PO Box 741, Rockport, Texas 78381, Physical 1217 Hwy 35 S., Rockport, TX 78382

Phone: 361-729-1241

CONTRACTOR'S EXPERIENCE and QUALIFICATIONS

Name of Company: Belaire Environmental, Inc.

Company Years in Business: 38

List Municipal Projects (Similar Projects in Size and Scope Completed in Last Five Years)

Project	Municipality	\$ Amount	Type	Date
Conn Brown Harbor	City of Aransas Pass	\$202,500	Seagrass Mitigation	2016 - Present
Cedar Bayou	Aransas County	\$653,525	Wetland Mitigation	2017
Living Shoreline Project	Aransas County	\$86,250	Living Shoreline	2015 - 2019
LaVolla Creek	City of Corpus Christi	\$27,096.42	Flood Control	2018
Dock Permit and Mitigation	Chambers County	\$252,037	Wetland Mitigation	2014 - Present
Flood Control Wetlands	Harris County	\$1,049,136	Wetland Plan/Planting	2015 - 2018

Superintendent & Project Manager Information

Include Superintendent proposed for the project, years of experience as superintendent, project manager proposed for the project, and years experience as project manager

Superintendent	Years Experience	Projects
Bobby Forbes	27	Aransas County Living Shoreline
		Aransas County Cedar Bayou
		Chambers County Mitigation
		Harris County Wetlands

Project Manager	Years Experience	Projects
Charles E. Belaire	50	For the past 50 years Mr. Belaire has
		installed more than 7 million native
		plants, completed more than 200
		successful habitat projects, totaling

thousands of acres along the Texas Coast.

References

Name 5 projects of similar work, giving owner's name, representative's name, project engineers name, and telephone numbers for each

1. Undisclosed Texas Barrier Island Barge Removal, 12 Acre Dune Restoration, and 20 Acre Other Habitat Restoration Confidential Owner	Representative: Bill Biehl 817-390-8823 Engineer: N/A
2. 2.2 Acre Dune Restoration and Invasive Species Control, University of Texas Marine Science Institute	Representative: Katie Swanson 361-749-3106 Engineer: N/A
3. Padre Island National Seashore Restored Dunes for More than 10 Oil and Gas Roads Pad Sites	Representative: Jim Lindsay 361-949-8173 ex. 223 Engineer: N/A
4. Mustang Island State Park Restored a Stretch of Approximately 0.5 miles of Dune Habitat, Texas Parks and Wildlife Department	Representative: Kay Jenkins 903-705-2697 Engineer: N/A
5. Planted 120,000 Planting Units to Restore Wetland Habitat in Egery Flats, Coastal Bend Bays and Estuaries Program	Representative: Adrian Hilmy 361-336-0316 Engineer: N/A

CERTIFICATION and ACKNOWLEDGMENT

The undersigned affirms that they are duly authorized to submit this bid, that this bid has not been prepared in collusion with any other bidder, and that the contents of this bid have not been communicated to any other bidder prior to the official opening of this bid. To the extent this Contract is considered a Contract for goods or services subject to § 2270.002 Texas Government Code, Bidder certifies that it: i) does not boycott Israel; and ii) will not boycott Israel during the term of the Agreement. Additionally, the undersigned affirms that the firm is willing to sign the enclosed Standard Form of Agreement (if applicable).

Signed By: Charles E. Belaire Title: President

Typed Name: Charles E. Belaire Company Name: Belaire Environmental, Inc.

Phone No: 361-729-1241 Fax No: 361-729-1441

Email: cbelaire@belaireenv.com

Bid Address: PO Box 741, Rockport Texas 78381
P.O. Box or Street City State Zip

Remit Address: PO Box 741 Rockport Texas 78381
P.O. Box or Street City State Zip

Federal Tax ID No: 76-008-1521

DUNS No: 136245680

Date: 9/15/2021

BID BOND
(Percentage)

Bond No. 65630257

KNOW ALL PERSONS BY THESE PRESENTS, That we Belaire Environmental, Inc.
of PO Box 741, Rockport, TX 78381

_____, hereinafter referred to as the Principal, and
WESTERN SURETY COMPANY

as Surety, are held and firmly bound unto City of City of South Padre Island

xxf _____, hereinafter referred to as the Obligee, in the amount of
Five Percent of the Amount Bid
(5%), for the payment of which we bind ourselves, our legal representatives,
successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, Principal has submitted or is about to submit a proposal to Obligee on a contract for _____
2021-SL02 South Padre Island Dune Restoration

NOW, THEREFORE, if the said contract be awarded to Principal and Principal shall, within such time as may be
specified, enter into the contract in writing and give such bond or bonds as may be specified in the bidding or
contract documents with surety acceptable to Obligee; or if Principal shall fail to do so, pay to Obligee the
damages which Obligee may suffer by reason of such failure not exceeding the penalty of this bond, then this
obligation shall be void; otherwise to remain in full force and effect.

SIGNED, SEALED AND DATED this 16th day of September, 2021.

Principal

Belaire Environmental, Inc.

BY: 

Surety

WESTERN SURETY COMPANY

BY: 
David Picton, Attorney-in-Fact

Western Surety Company

POWER OF ATTORNEY - CERTIFIED COPY

Bond No. 65630257

Know All Men By These Presents, that WESTERN SURETY COMPANY, a corporation duly organized and existing under the laws of the State of South Dakota, and having its principal office in Sioux Falls, South Dakota (the "Company"), does by these presents make, constitute and appoint David Picton

its true and lawful attorney(s)-in-fact, with full power and authority hereby conferred, to execute, acknowledge and deliver for and on its behalf as Surety, bonds for:

Principal: Belaire Environmental, Inc.

Obligee: City of City of South Padre Island

Amount: \$1,000,000.00

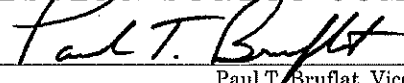
and to bind the Company thereby as fully and to the same extent as if such bonds were signed by the Vice President, sealed with the corporate seal of the Company and duly attested by its Secretary, hereby ratifying and confirming all that the said attorney(s)-in-fact may do within the above stated limitations. Said appointment is made under and by authority of the following bylaw of Western Surety Company which remains in full force and effect.

"Section 7. All bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, any Assistant Secretary, Treasurer, or any Vice President or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys in Fact or agents who shall have authority to issue bonds, policies, or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile."

If Bond No. 65630257 is not issued on or before midnight of December 15th, 2021, all authority conferred in this Power of Attorney shall expire and terminate.

In Witness Whereof, Western Surety Company has caused these presents to be signed by its Vice President, Paul T. Bruflat, and its corporate seal to be affixed this 16th day of September, 2021.

WESTERN SURETY COMPANY

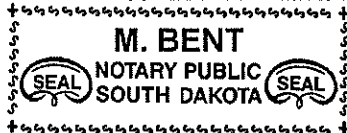


Paul T. Bruflat, Vice President

STATE OF SOUTH DAKOTA
COUNTY OF MINNEHAHA

} ss

On this 16th day of September, in the year 2021, before me, a notary public, personally appeared Paul T. Bruflat, who being to me duly sworn, acknowledged that he signed the above Power of Attorney as the aforesaid officer of WESTERN SURETY COMPANY and acknowledged said instrument to be the voluntary act and deed of said corporation.

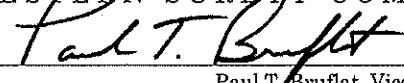


My Commission Expires March 2, 2026

I the undersigned officer of Western Surety Company, a stock corporation of the State of South Dakota, do hereby certify that the attached Power of Attorney is in full force and effect and is irrevocable, and furthermore, that Section 7 of the bylaws of the Company as set forth in the Power of Attorney is now in force.

In testimony whereof, I have hereunto set my hand and seal of Western Surety Company this 16th day of September, 2021.

WESTERN SURETY COMPANY



Paul T. Bruflat, Vice President

To validate bond authenticity, go to www.cnasurety.com > Owner/Obligee Services > Validate Bond Coverage.

Figure: 28 TAC §1.601(a)(3)

IMPORTANT NOTICE

- 1 To obtain information or make a complaint:
- 2 You may contact Western Surety Company, Surety Bonding Company of America or Universal Surety of America at 605-336-0850.
- 3 You may call Western Surety Company's, Surety Bonding Company of America's or Universal Surety of America's toll-free telephone number for information or to make a complaint at:

1-800-331-6053

- 4 You may also write to Western Surety Company, Surety Bonding Company of America or Universal Surety of America at:

P.O. Box 5077
Sioux Falls, SD 57117-5077

- 5 You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at:

1-800-252-3439

- 6 You may write the Texas Department of Insurance:

P.O. Box 149104
Austin, TX 78714-9104
Fax: (512) 490-1007
Web: www.tdi.texas.gov
E-Mail: ConsumerProtection@tdi.texas.gov

7 PREMIUM OR CLAIM DISPUTES:

Should you have a dispute concerning your premium or about a claim you should contact Western Surety Company, Surety Bonding Company of America or Universal Surety of America first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

8 ATTACH THIS NOTICE TO YOUR POLICY:

This notice is for information only and does not become a part or condition of the attached document.

AVISO IMPORTANTE

Para obtener informacion o para someter una queja:

Puede comunicarse con Western Surety Company, Surety Bonding Company of America o Universal Surety of America al 605-336-0850.

Usted puede llamar al numero de telefono gratis de Western Surety Company's, Surety Bonding Company of America's o Universal Surety of America's para informacion o para someter una queja al:

1-800-331-6053

Usted tambien puede escribir a Western Surety Company, Surety Bonding Company of America o Universal Surety of America:

P.O. Box 5077
Sioux Falls, SD 57117-5077

Puede comunicarse con el Departamento de Seguros de Texas para obtener informacion acerca de companias, coberturas, derechos o quejas al:

1-800-252-3439

Puede escribir al Departamento de Seguros de Texas:

P.O. Box 149104
Austin, TX 78714-9104
Fax: (512) 490-1007
Web: www.tdi.texas.gov
E-Mail: ConsumerProtection@tdi.texas.gov

DISPUTAS SOBRE PRIMAS O RECLAMOS:

Si tiene una disputa concerniente a su prima o a un reclamo, debe comunicarse con el Western Surety Company, Surety Bonding Company of America o Universal Surety of America primero. Si no se resuelve la disputa, puede entonces comunicarse con el departamento (TDI).

UNA ESTE AVISO A SU POLIZA: Este aviso es solo para proposito de informacion y no se convierte en parte o condicion del documento adjunto.

State of Texas
Claim Notice Endorsement

To be attached to and form a part of Bond No. 65630257 .

In accordance with Section 2253.021(f) of the Texas Government Code and Section 53.202(6) of the Texas Property Code any notice of claim to the named surety under this bond(s) should be sent to:

CNA Surety
151 North Franklin, 17th Floor
Chicago, IL 60606

Telephone: 1-877-672-6115

2021- SL02

South Padre Island Dune Restoration

Prepared For:

City of South Padre Island
ATTN- City Secretary
4601 Padre Blvd
South Padre Island, TX 78597



Prepared By:
Beldaire Environmental, Inc.
Physical- 1217 TX 35 – BUS
Mailing- PO BOX 741
Rockport, TX 78382





Planning • Permitting • Habitat Creation

P. O. Box 741, Rockport, Texas 78381 • (361) 729-1241 • Fax: (361) 729-1441

CREDENTIALS AND EXPERIENCE

Belaire Environmental, Inc.'s (BEI) was established in 1983 and is located in the coastal community of Rockport, Aransas County, Texas. BEI's capabilities and experience have centered particularly in the areas of U.S. Army Corps of Engineers (USACE) permit support, National Environmental Policy Act (NEPA) environmental assessments, Endangered Species Act Compliance, habitat assessments, wetland, seagrass and oyster reef habitat mitigation/creation, enhancement and restoration, and other coastal environmental areas.

BEI employs a team of highly specialized scientists dedicated to achieving client objectives with practical solutions supported by technically reliable and relevant scientific data. BEI's commitment to quality control results in technical excellence and environmentally sound datasets for clients to base their project upon.

Over the past 38 years, personnel of BEI have played a key leadership role in planning and permitting some of the largest and most complex projects along the coasts of Texas and Louisiana. We have been involved in the acquisition of at least 1,000 USACE permits. We have performed planning, permitting, planting, monitoring, and/or construction of more than 4,000 acres of oyster reefs, seagrass beds, beneficial use marsh islands and fresh, brackish, and salt marsh wetlands, and dunes in Texas and Louisiana as wastewater management, beneficial use/restoration/mitigation measures. We have installed more than seven million wetland plants. Our wetland nursery operations include more than 3,000 acres in Texas and Louisiana. Our client list includes a diverse base of private industry companies, as well as the USACE (Galveston District), the U.S. Fish and Wildlife Service, Texas Commission on Environmental Quality, Texas Parks and Wildlife Department, National Marine Fisheries Service, and the National Park Service. Since virtually all of BEI's business centers around the USACE permitting process, we have built an excellent working relationship with the USACE and other resource agencies. These relationships allow BEI to provide its clients with effective, efficient, and timely permit support services which result in rapid and successful USACE permit issuance.

BEI utilizes geographic information system (GIS) services for all mapping applications including topographic and bathymetric surveys, mapping and data acquisition, modeling and analysis, and map production. BEI's other capabilities include environmental assessments; planning of access roads and channels; environmental permitting services for oil and gas, storage, transportation and production, petrochemical, industrial, liquified natural gas marine terminals, port and harbor, real estate, wind farm and other developments; dredged material placement and beneficial use wetlands; stormwater management; feasibility studies for habitat enhancement of fish and wildlife resources; planning, permitting, and creation of vegetation erosion control measures; shoreline stabilization; wetland delineations; evaluations of critical and unique habitats for threatened and endangered species; and performance of pre- and post-construction surveys for determining impacts to seagrasses, wetlands, oysters, and other habitat types.

Verification of Authorized Signature



Office of the Secretary of State

CERTIFICATE OF FILING OF

BELAIRE ENVIRONMENTAL, INC.
68103500

The undersigned, as Secretary of State of Texas, hereby certifies that a Certificate of Amendment for the above named entity has been received in this office and has been found to conform to the applicable provisions of law.

ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing filing effective on the dates shown below.

Dated: 09/12/2019

Effective: 09/12/2019



A handwritten signature in black ink, appearing to read "R. Hughs".

Ruth R. Hughs
Secretary of State

Form 424
(Revised 05/11)

Submit in duplicate to:
Secretary of State
P.O. Box 13697
Austin, TX 78711-3697
512 463-5555
FAX: 512/463-5709
Filing Fee: See instructions



This space reserved for office use.

Certificate of Amendment

FILED
In the Office of the
Secretary of State of Texas

SEP 12 2019

Corporations Section

Entity Information

The name of the filing entity is:

Belaire Environmental, Inc.

State the name of the entity as currently shown in the records of the secretary of state. If the amendment changes the name of the entity, state the old name and not the new name.

The filing entity is a: (Select the appropriate entity type below.)

- | | |
|--|---|
| <input checked="" type="checkbox"/> For-profit Corporation | <input type="checkbox"/> Professional Corporation |
| <input type="checkbox"/> Nonprofit Corporation | <input type="checkbox"/> Professional Limited Liability Company |
| <input type="checkbox"/> Cooperative Association | <input type="checkbox"/> Professional Association |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Limited Partnership |

The file number issued to the filing entity by the secretary of state is: 00681035-00

The date of formation of the entity is: September 1, 1994

Amendments

1. Amended Name

(If the purpose of the certificate of amendment is to change the name of the entity, use the following statement)

The amendment changes the certificate of formation to change the article or provision that names the filing entity. The article or provision is amended to read as follows:

The name of the filing entity is: (state the new name of the entity below)

The name of the entity must contain an organizational designation or accepted abbreviation of such term, as applicable.

2. Amended Registered Agent/Registered Office

The amendment changes the certificate of formation to change the article or provision stating the name of the registered agent and the registered office address of the filing entity. The article or provision is amended to read as follows:

Registered Agent
(Complete either A or B, but not both. Also complete C.)

☐ A. The registered agent is an organization (cannot be entity named above) by the name of:

OR

☐ B. The registered agent is an individual resident of the state whose name is:

<i>First Name</i>	<i>M.I.</i>	<i>Last Name</i>	<i>Suffix</i>
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The person executing this instrument affirms that the person designated as the new registered agent has consented to serve as registered agent.

C. The business address of the registered agent and the registered office address is:

1802 Baywood Drive	Rockport	TX	78382
<i>Street Address (No P.O. Box)</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

3. Other Added, Altered, or Deleted Provisions

Other changes or additions to the certificate of formation may be made in the space provided below. If the space provided is insufficient, incorporate the additional text by providing an attachment to this form. Please read the instructions to this form for further information on format.

Text Area (The attached addendum, if any, is incorporated herein by reference.)

☐ Add each of the following provisions to the certificate of formation. The identification or reference of the added provision and the full text are as follows:

☒ Alter each of the following provisions of the certificate of formation. The identification or reference of the altered provision and the full text of the provision as amended are as follows:

This is notification that Sandra P. Belaire, President of Belaire Environmental, Inc. (Corporation) passed away on March 24, 2019. Please remove Ms. Belaire as an officer of the Corporation. Charles E. Belaire is the sole Director and Officers of the Corporation. Mr. Belaire is President, Vice President, Treasurer and Secretary of the Corporation per the Minutes of the Special Meeting of Directors & Shareholders of the Corporation on 8/15/19 (attached).

☐ Delete each of the provisions identified below from the certificate of formation.

Statement of Approval

The amendments to the certificate of formation have been approved in the manner required by the Texas Business Organizations Code and by the governing documents of the entity.

Effectiveness of Filing (Select either A, B, or C.)

- A. ☒ This document becomes effective when the document is filed by the secretary of state.
- B. ☐ This document becomes effective at a later date, which is not more than ninety (90) days from the date of signing. The delayed effective date is: _____
- C. ☐ This document takes effect upon the occurrence of a future event or fact, other than the passage of time. The 90th day after the date of signing is: _____

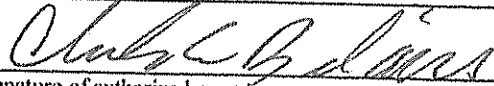
The following event or fact will cause the document to take effect in the manner described below:

Execution

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized under the provisions of law governing the entity to execute the filing instrument.

Date: 8-15-19

By: Belaire Environmental, Inc.


Signature of authorized person

Charles E. Belaire, Director/President

Printed or typed name of authorized person (see instructions)

Belaire Environmental, Inc.
Planning - Permitting - Habitat Creation

MINUTES OF THE SPECIAL MEETING OF
DIRECTORS & SHAREHOLDERS OF BELAIRE ENVIRONMENTAL, INC.
August 15, 2019

The Special Meeting of the Directors and Shareholders Belaire Environmental, Inc. (Corporation) was held on August 15, 2019, at 10:00 a.m. at 1802 Baywood Drive, Rockport, TX 78382.

Charles E. Belaire, Director, Vice President, Secretary and Treasurer of the Corporation was present.

This special meeting was held for the purpose of notification and recording of the passing of Sandra P. Belaire, President of the Corporation on March 24, 2019 and to rename Officers of the Corporation.

Mr. Belaire reported that the meeting had been called pursuant to a waiver of notice in accordance with the by-laws.

A quorum was declared present based on the presence of Director, Charles E. Belaire and the following shareholders were represented in person:

Charles E. Belaire (Executor of the Estate of Sandra P. Belaire)	510,000 Shares
Charles E. Belaire	490,000 Shares

Mr. Belaire stated that a majority of the total shares issued was represented and that members present were ready to transact any business before them.

Mr. Belaire was elected unanimously as Director of the Corporation.

Mr. Belaire was elected President, Vice President, Secretary and Treasurer by unanimous vote of the Directors.

The Bylaws of the Corporation were amended by unanimous vote to incorporate several changes.

Having considered the matter above, it is hereby resolved that:

Charles E. Belaire was appointed President of the Corporation and remains Vice President, Secretary and Treasurer. Charles E. Belaire is the sole Director and Shareholder of the Corporation.

Sandra P. Belaire is to be removed from the Corporation's Wells Fargo bank account, ending in 0618.


Jacklyn Amy Belaire is an authorized signer on the Corporation's Wells Fargo bank account, ending in 0618.

Emilea Rose Belaire is an authorized signer on the Corporation's Wells Fargo bank account, ending in 0618.

The Director/Shareholder unanimously agreed that (1) waivers of notice were not necessary for future meetings unless a transfer of ownership stock occurred; and (2) an election inspector's oath was not necessary for any future meetings if the only Shareholder is Mr. Belaire.

It was noted that the next annual meeting of the Board of Director and Shareholder will be held on December 15, 2019, at the Corporation's place of business. No notice of meeting and/or waiver is required.

There being no further business, the meeting was adjourned.


Charles E. Belaire
Secretary

August 15, 2019
Date

361-729-1241

Physical Address:
1217 Hwy. 35 South
Rockport, TX 78382

www.belaireenv.com

Mailing Address:
P.O. Box 741
Rockport, TX 78381

Fax: 361-729-1441