

## **MEMORANDUM**

AGENDA ITEM #III.E

DATE: SEPTEMBER 9, 2015

TO: COUNCIL MEMBERS

FROM: STAFF

SUBJECT: LEGAL COUNSEL REVIEW AND PROPOSED CONTRACT EXTENSION

Attached for your information is the Independent Contractor Professional Services Employment Contract between Legal Counsel and the South Florida Regional Planning Council. Paragraph 2.0 on page 1 stipulates that this contract shall commence on October 1, 2015 and terminate on September 30, 2016.

## Recommendation

Assess the Legal Counsel's performance and extend contract with Legal Counsel to terminate on September 30, 2016.

	AG Receipt Date:				
	Request for Attorney General Approval of Private Attorney Services				
***	*************************************				
1.	Agency Name: South Florida Regional Planning Council				
	Contact Person: James F. Murley, Executive Director; Phone No. 954-985-4416;				
	Facsimile: 954-985-4417				
2.	Proposed Agency SAMAS Contract Number:				
	or Purchase Order # (if under \$5000): <u>E or S</u> (This information is available from your agency fiscal/purchasing staff.)				
010 020 030 040 060 100 110 200 210	Class/Group Number: 972- O 1 0 (This number identifies the area of legal specialization being provided for through contract. Please choose the most appropriate area from the list below.)  Administrative Law 240 Commercial Litigation 400 Eminent Domain Law 400 Employment Practices Law 400 Entertainment Arts and 400 Employment Practices Law 400 Entertainment Arts and 400 Entertainment Arts and 400 Entertainment Arts and 400 Entertainment Arts and 400 Entertainment Law 400 Entertainment Arts and 500 Patent and Traclemark Law 400 Entertainment Arts and 500 Patent and Traclemark Law 400 Entertainment Arts and 500 Patent and Traclemark Law 400 E				
4.	. Type of Request (If this is an original request, please answer only through question #21; if this is a contract amendment, please answer all questions as appropriate):  Original Contract X Contract Amendment				
5.	If this is an original request, please provide the estimated total contract amount:  Fees \$75,750.00 Costs \$1,000.00 Total \$76,750.00				
6.	If this is an original request, please provide the proposed contract period: From 10/01/15 to 09/30/16				
7.	Please provide a brief description of the legal services to be provided.  Full range of legal services regarding all facets of South Florida Regional Planning Council  Activities.				
8.	For trial and appellate litigation, please identify: Style of Case: <u>Please see attached list of cases currently pending.</u> Case Number:				

1

[00071295.1 2383-8200982 ]

Court:

Form OAG-001 (12/93 [rev. 9/2001])

9.	Identify the reason outs	side counsel is needed as op	posed to utilizing in-hous	se attorney services:
	Time commitment Conflict of interest Local representati		ources	n not cost effective
10	. Identify the proposed la	w firm/counsel:		
•	Law Firm/Counsel Nan	ne <u>Goren, Cherof, Doody (</u>	& Ezrol, P.A.	
	Address:	3099 E. Commercial B	lyd., Suite 200	
	City, State, Zip	Fort Lauderdale, FL 33	<u>308</u>	
11.	. Identify by name which perform the contracted	partners, associates, resear legal services; and a sched	rch associates or other peule of their current billing	rsonnel will be used to rates.
	Name	Position Title	资源共和股份有限的	Billing Rate
	Samuel S. Goren, Jame Julie F. Klahr, David N.	el D. Cirullo, Jr.,		
	Jacob G. Horowitz	Partners		\$205.00
		Associate		\$205.00
	Stacey Weinger	Associate		\$205.00
	Shana Bridgeman	Associate		\$205.00
	Brian J. Sherman Tracy A. DeCarlo	Associate		\$205.00
12	. Proposed Hourly Rate:	Partner <u>\$205.00</u>	Estimated Hours:	•
•		Associate <u>\$205.00</u>	Estimated Hours:	
13	attarnay carvidae para	ent is to be hourly fee, ident egal services, research expe ve support services, telepho	enditures, overnead inclu	milk repromuenoms or

All services listed above, excluding reproduction of materials, telephone charges, and faxing of materials.

14. What items, if any, will be subject to additional charges not considered in the hourly fee. See Rule 2-37.030, FAC.

Annual Retainer for all legal services except litigation and administrative matters for Fiscal Year 2015-16 = \$76,750.00

- 15. If a cap is to be placed on the amount of non-attorney fee expenditures the agency can reimburse over and above the hourly fee, please identify the amount. \$76,750.00
- 16. Is a waiver to the established fee schedule required? \_\_\_\_Yes X\_No If yes, please complete Attachment 1, Statement of Waiver.
- 17. If an alternate to the hourly billing method is proposed, please describe.

Fixed fee per case

Flat fee per service(s)

Contingency fee

Retainer

Other Hourly billed for litigation and administrative matters

- 18. Services to be Performed in: <u>Broward County</u>, <u>Florida</u> (County)
- 19. Please identify the criteria used by your agency to select the proposed legal counsel and explain.

  Magnitude/complexity of case requires firm's resources

Ratings and certifications (e.g., Martindale and Hubbell)

Firm experience

Minority counsel

Firm's physical proximity to case, agency

Firm's prior experience with agency

Firm's prior experience with similar case or issue

Billing methodology proposed/rate

Other

20. Indicate the names of those attorney(s)/firm(s) contacted in addition to the one proposed and their quoted fees.

Firm Name

**Ouoted Fee** 

None

21.	oversight or coordination? If yes, identify the participation?
	oversight or coordination.
	Fact finding, including document review, witness interview
	Legal research Formal Discovery Drafting documents
	Pleading/motion practice
	Negotiations Appeals Trial preparation Trial
	Co-Counsel Lead counsel
	Other, describe
22	. If this request is a contract amendment, please identify the reason for the amendment, describe
	the change(s) from the last approval and provide justification for change(s) below.
	Increase in total contract amount (including fees & costs): From \$to
	Increase in hourly rate: From \$ hourly to \$ hourly
	Increase in allowance for expenditures over and above hourly rate: From \$ to
	Increase in allowance for expenditures over and above nourly face. From $\phi$
	\$through
	Extension of contract period: From through, to through
	Revision/change in services to be provided
	Other – Please explain
	Justification for amendment:
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ည်ရ	. If this request is <u>an amendment to extend the contract period,</u> please provide for the immediate
ر_	prior fiscal year only:
	\$ expended for fees: \$ \$ expended for costs: \$
	The state of the second of the
	Total \$ expended: \$
	¥.
	1 10 100
	from Muly 9-28-16
	Signature of Requesting Officer Date
	EXECUTIVE DIRECTOR
	Title of Requesting Officer

## Statement of Waiver

Pursuant to Rule 2-37.040, F.A.C., the following rationale exists for waiver of the fee schedule for legal services to be rendered by Goren, Cherof, Doody & Ezrol, P.A.  1. The Agency is unable to obtain adequate legal representation within the confines of the standard fee schedule.  2. The Agency is unable to obtain legal services with the special expertise necessary to perform the particular function of the practice of law which the agency requires.  3. The waiver is necessary to provide legal services as a result of an emergency, an immediate danger to the public health, safety and welfare, or an opportunity for the state to preserve or enhance the public fise and that failure to contract immediately for legal services in excess of the standard fee schedule will work to the detriment of the state.  Please provide below the rationale for the justification selected.  Samuel S. Goren, as General Counsel to the South Florida Regional Planning Council, possesses the skill, expertise, experience, and a long-term relationship which mandates a continuation of services on an annual and reviewable basis. Mr. Goren possesses certain qualities and capabilities that are singularly applicable to this Agency and for which is retention is expressly necessary. Mr. Goren and his law firm are evaluated each year during the budget process.	
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Agency Mead Signature Date	Agency Head Signature Date