

AGENDA ITEM SUMMARY

Submitted For:

1. Three (3) Original Contracts
2. Bid Tabulation/Engineers and DBE Recommendation
3. Budget Amendment

Date _____

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2007	2008	2009	2010	2011
Capital Expenditures	\$173,716				
Operating Costs					
External Revenues (Grants)	(169,373)				
Program Income (County)					
In-Kind Match (County)					
NET FISCAL IMPACT	4,343				
# ADDITIONAL FTE POSITIONS (Cumulative)					

Is Item Included In Current Budget? Yes _____ No X

Budget Account No.: Fund 4111 Department 121 Unit A269 Object 6504
Reporting Category _____

B. Recommended Sources of Funds/Summary of Fiscal Impact:

Approval of this item will authorize the expenditure of \$173,716. Funding sources consist of: Federal Aviation Administration (FAA) Funds in the amount of (\$165,030) and Florida Department of Transportation Funds in the amount of (\$ 4,343). Although the FAA grant is for \$171,399, the Department of Airports will draw 95% of contract amount (\$165,030). If additional costs are incurred, the Department will draw remaining grant. The Department will seek FEMA reimbursement for the remaining local share.

C. Departmental Fiscal Review:

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Dev. and Control Comments:

[Handwritten signature] 11-8-06
OFMB
[Handwritten initials] 11-7-06

B. Legal Sufficiency:

[Handwritten signature] 11/14/06
Assistant County Attorney

[Handwritten signature] 11/13/06
Contract Dev. and Control

This Contract complies with our contract review requirements.

C. Other Department Review:

Department Director

REVISED 9/03

ADM FORM 01

(THIS SUMMARY IS NOT TO BE USED AS A BASIS FOR PAYMENT.)

CONTRACT

THIS CONTRACT, made and entered on _____, between PALM BEACH COUNTY, a political subdivision of the State of Florida, hereinafter referred to as the "OWNER" and AJT & Associates, Inc., hereinafter referred to as the "CONTRACTOR".

WITNESSETH:

That the said Contractor having been awarded the contract for:

**Automated Weather Observing System
Lantana Airport**

PALM BEACH COUNTY PROJECT No. LN 06-1

in accordance with the Bid therefore and for and in consideration of the promises and of the covenants and agreements, and of the payments herein specified, to be made and performed by the Contractor and the Owner, the Contractor hereby covenants and agrees to and with the Owner to undertake and execute all of the said named work, in a good, substantial and workmanlike manner, and to furnish all the materials and all the tools and labor necessary to properly perform and complete the work ready for use, in strict accordance with all the provisions of the Contract including the following documents described below which are made a part hereof and incorporated herein by reference:

- Invitation to Bid and Instructions to Bidders dated May 2006.
- Completed Bond, Surety and Insurance Forms, dated _____.
- Specifications, dated May 2006.
- General Provisions, dated May 2006.
- Special Provisions, dated May 2006.
- Addendum, dated June 21, 2006.
- Drawings, dated May 2006.
- Completed Bid and Attachments, dated June 27, 2006.

and to accept as full compensation for the satisfactory performance of this Contract the sum of One Hundred Seventy Three Thousand Seven Hundred Sixteen and 00/100 Dollars (\$173,716.00) for Automated Weather Observing System (AWOS) at Palm Beach County Park (Lantana) Airport.

The prices named in the Bid are for the completed work, and include the furnishing of all materials and all labor, tools, and appliances and all expense, direct or indirect, connected with the proper execution of the work and of maintaining the same until it is accepted by the Board of County Commissioners.

Time is of the essence. The Contractor shall commence the work to be performed under this Contract on the date set by the Owner in the written notice to proceed, continue the work with due diligence and shall complete the entire work per Attachment No. 2 to the Bid Form. Further, in the event interim milestone completion dates are established in Attachment No. 2 of the Bid Form for separable portions of the work, the Contractor agrees to complete said separable portions of the work in accordance with said milestone dates.

In case of failure on the part of the Contractor to complete the work within the time(s) specified in the Contract, or within such additional time(s) as may be granted by formal action of the Board of County Commissioners or fails to prosecute the work, or any separable part thereof, with such diligence as will insure its completion within the time(s) specified in the Contract or any extensions thereof, Owner will suffer damage, the amount of which is difficult, if not impossible to ascertain. Therefore, the Contractor shall pay to the Owner, as liquidated damages, the amounts indicated in the Milestone and Damages Data (Attachment #2 of the Bid Form) for each calendar day of delay that actual completion extends beyond the time limits specified in said Attachment until such reasonable time as may be required for final completion of work. In no way shall costs for liquidated damages be construed as a penalty on the Contractor.

Liquidated damages due to the Owner may be deducted from payments due to the Contractor, or may be collected from the Contractor or its surety or sureties. These provisions for liquidated damages shall not prevent the Owner, in case of the Contractor's default, from terminating the Contractor's right to proceed as provided in General Provision section 80-09 "Default and Termination of Contract".

Utilization of Disadvantaged Business Enterprises

It is the Policy of Palm Beach County Department of Airports and Department of Transportation that Disadvantaged Business Enterprises (DBE) as defined in 49 CFR Part 26 shall have the maximum practicable opportunity in the performance of contract financed in whole or in part with Federal Funds. DBE participation is strongly encouraged and expected for this prime contract. The County has committed to meeting an annual DBE Race Neutral Goal. DBEs must be certified with the Palm Beach County Department of Airports or Florida Department of Transportation (FDOT). List Proposed DBE Subcontractors on Schedule 1 and complete one Schedule 2 form for each DBE listed on Schedule 1.

As provided in F.S. 287.132-133, by entering into this contract or performing any work in furtherance hereof, the contractor certifies that it, its affiliates, suppliers, subcontractors and consultants who will perform hereunder, have not been placed on the Convicted Vendor List maintained by the State of Florida Department of Management Services within the 36 months immediately preceding the date hereof. This notice is required by F.S. 287.133 (3) (a).

IN WITNESS WHEREOF, the Board of County Commissioners of Palm Beach County, Florida, has made and executed this Contract on behalf of the said Owner and caused the seal of the said Owner to be affixed hereto, and the Contractor has hereunto set his hand and seal the day and year above written.

ATTEST: SHARON R. BOCK, Clerk &
Comptroller

COUNTY: PALM BEACH COUNTY, FLORIDA
BY ITS BOARD OF COUNTY
COMMISSIONERS

BY: _____
Clerk & Comptroller

BY: _____
Chairman

(SEAL)

ATTEST: RICHARD G. WOOD

CONTRACTOR AJT & ASSOCIATES, INC

BY: Richard G. Wood
Secretary

BY: John G. Jansen
TITLE: DIRECTOR, CONTRACTS

(SEAL)

APPROVED TO AS TO TERMS AND
CONDITIONS

APPROVED AS TO FORM AND LEGAL
SUFFICIENCY

BY: Sam Kelly
Director of Airports

BY: _____
County Attorney

This page intentionally left blank



620 N. WYMORE ROAD, SUITE 200
MAITLAND, FL 32751
407-786-7770
FAX 407-786-7766

435 S. RIDGEWOOD AVE., SUITE 203
DAYTONA BEACH, FL 32114
386-898-0507
FAX 386-898-0510

888-786-BOND (2663)
FAX 888-718-BOND (2663)

WWW.FLORIDASURETYBONDS.COM

September 22, 2006

Palm Beach County Board of County Commissioners
301 N. Olive Avenue
West Palm Beach, Florida 33401

Re: Authority to Date Bonds and Powers of Attorney
Principal: AJT & Associates, Inc.
Bond No.: 2067772
Project: Project No. LN 06-1, Automated Weather Observing
System, Lantana Airport (Palm Beach County Park
Airport), Palm Beach County, Florida

Dear Sir or Madam:

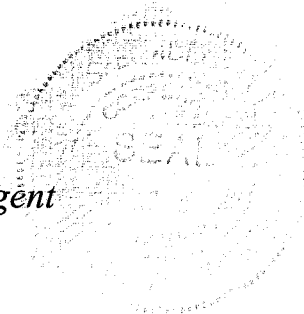
Please be advised that as Surety on the above referenced bond, executed on your behalf for this project, we hereby authorize you to date the bonds and the powers of attorney concurrent with the date of the contract agreement.

Once ***dated***, please ***fax*** a copy of the bonds to our office.

Sincerely,
North American Specialty Insurance Company

Teresa L. Durham

Teresa L. Durham
Attorney-in-Fact and
Florida Licensed Resident Agent



THIS BOND IS GIVEN TO COMPLY WITH SECTION 255.05 OR SECTION 713.23 FLORIDA STATUTES, AND ANY ACTION INSTITUTED BY A CLAIMANT UNDER THIS BOND FOR PAYMENT MUST BE IN ACCORDANCE WITH THE NOTICE AND TIME LIMITATION PROVISIONS IN SECTION 255.05(2) OR SECTION 713.23 FLORIDA STATUTES.

Executed in 4 Counterparts

PUBLIC CONSTRUCTION BOND

BOND NUMBER: 2067772

BOND AMOUNT: \$173,716.00

CONTRACT AMOUNT: \$173,716.00

CONTRACTOR'S NAME: AJT & Associates, Inc.

CONTRACTOR'S ADDRESS: 8910 Astronaut Blvd.
Cape Canaveral
Florida
32920

CONTRACTOR'S PHONE: (321) 783-7989

SURETY COMPANY: North American Specialty Insurance Company

SURETY'S ADDRESS: 650 Elm Street
Manchester
New Hampshire 03101
(603) 644-6600

OWNER'S NAME: PALM BEACH COUNTY

OWNER'S ADDRESS: 301 N. Olive Avenue
West Palm Beach
Florida
33401

OWNER'S PHONE: (561) 471-7423

DESCRIPTION OF WORK: This project involves the replacement of one (1) AWOS System for Palm Beach County Park Airport (Lantana). The work generally includes installation of all the equipment, foundations, base can systems, power & control system, telephone cable, grounding, conduit, directional boring, trenching installations and removal of existing systems with modifications to existing remaining conduit and power systems. Project No. LN 06-1

PROJECT LOCATION: Lantana Airport, Palm Beach County, Florida

LEGAL DESCRIPTION: _____

This Bond is issued in favor of the County conditioned on the full and faithful performance of the Contract.

Bond No. 2067772
Executed in 4 Counterparts

KNOW ALL MEN BY THESE PRESENTS: that Contractor and Surety, are held and firmly bound unto

Palm Beach County Board of County Commissioners
301 N. Olive Avenue
West Palm Beach, Florida 33401

as Obligor, herein called County, for the use and benefit of claimant as herein below defined, in the amount of One Hundred Seventy Three Thousand Seven Hundred Sixteen and 00/100 Dollars (\$173,716.00) for the payment whereof Principal and Surety bind themselves, their heirs, personal representatives, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS,

Principal has by written agreement dated _____, 200_, entered into a contract with the County for

Project Name: Automated Weather Observing System
Project No.: LN 06-1
Project Description: This project involves the replacement of one (1) AWOS System for Palm Beach County Park Airport (Lantana). The work generally includes installation of all the equipment, foundations, base can systems, power & control system, telephone cable, grounding, conduit, directional boring, trenching installations and removal of existing systems with modifications to existing remaining conduit and power systems.
Project Location: Lantana Airport

in accordance with Design Criteria Drawings and Specifications prepared by

CH2M HILL, Inc.
One Harvard Circle
West Palm Beach, Florida
(561) 515-6500
(561) 515-6502 (FAX)

Hilliers Electrical Engineering, Inc.
23257 State Road 7, Suite 100
Boca Raton, Florida
(561) 451-9165
(561) 451-4886 (FAX)

which contract is by reference made a part hereof in its entirety, and is hereinafter referred to as the Contract.

THE CONDITION OF THIS BOND is that if Principal:

1. Performs the contract dated _____, 200_ between Principal and County for the design and construction of Automated *, the contract being made a part of this bond by reference, at the times and in the manner prescribed in the contract; and
2. Promptly makes payments to all claimants, as defined in Section 255.05, Florida Statutes, supplying Principal with labor, materials, or supplies, used directly or indirectly by Principal in the prosecution of the work provided for in the contract; and

*Weather Observing System

3. Pays County all losses, damages (including liquidated damages), expenses, costs, and attorneys' fees, including appellate proceedings, that County sustains because of a default by Principal under the contract; and
4. Performs the guarantee of all work and materials furnished under the contract for the time specified in the contract, then this bond is void; otherwise it remains in full force.
5. Any changes in or under the contract documents and compliance or noncompliance with any formalities connected with the contract or the changes does not affect Surety's obligation under this bond and Surety waives notice of such changes.
6. The amount of this bond shall be reduced by and to the extent of any payment or payments made in good faith hereunder, inclusive of the payment by Surety of construction liens which may be filed of record against said improvement, whether or not claim for the amount of such lien be presented under and against the bond.
7. Principal and Surety expressly acknowledge that any and all provisions relating to consequential, delay and liquidated damages contained in the contract are expressly covered by and made a part of this Performance, Labor and Material Payment Bond. Principal and Surety acknowledge that any such provisions lie within their obligations and within the policy coverages and limitations of this instrument.
8. Section 255.05, Florida Statutes, as amended, together with all notice and time provisions contained therein, is incorporated herein, by reference, in its entirety. Any action instituted by a claimant under this bond for payment must be in accordance with the notice and time limitation provisions in Section 255.05(2), Florida Statutes. This instrument regardless of its form, shall be construed and deemed a statutory bond issued in accordance with Section 255.05, Florida Statutes.
9. Any action brought under this instrument shall be brought in the state court of competent jurisdiction in Palm Beach County and not elsewhere.

Bonnie L. Leland
Witness

[Signature]
Witness

AJT & Associates, Inc.
Principal

[Signature] (Seal)
Title PETER C. DEERS
SR. V. P.

North American Specialty Insurance Company
Surety (Seal)

Teresa L. Durham
Title Teresa L. Durham, Attorney-in-Fact
and Florida Licensed Resident Agent
Inquiries: (386) 898-0507

NAS SURETY GROUP

NORTH AMERICAN SPECIALTY INSURANCE COMPANY
WASHINGTON INTERNATIONAL INSURANCE COMPANY

GENERAL POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, THAT North American Specialty Insurance Company, a corporation duly organized and existing under laws of the State of New Hampshire, and having its principal office in the City of Manchester, New Hampshire, and Washington International Insurance Company, a corporation organized and existing under the laws of the State of Arizona and having its principal office in the City of Itasca, Illinois, each does hereby make, constitute and appoint:

JEFFREY W. REICH, SUSAN L. REICH, KIM E. NIV, TERESA L. DURHAM, DEBORAH MAHL,

PATRICIA L. SLAUGHTER, LESLIE M. DONAHUE, J. GREGORY MacKENZIE and DON BRAMLAGE

JOINTLY OR SEVERALLY

Its true and lawful Attorney(s)-in-Fact, to make, execute, seal and deliver, for and on its behalf and as its act and deed, bonds or other writings obligatory in the nature of a bond on behalf of each of said Companies, as surety, on contracts of suretyship as are or may be required or permitted by law, regulation, contract or otherwise, provided that no bond or undertaking or contract or suretyship executed under this authority shall exceed the amount of:

TEN MILLION (10,000,000.00) DOLLARS

This Power of Attorney is granted and is signed by facsimile under and by the authority of the following Resolutions adopted by the Boards of Directors of both North American Specialty Insurance Company and Washington International Insurance Company at meetings duly called and held on the 24th of March, 2000:

"RESOLVED, that any two of the President, any Executive Vice President, any Vice President, any Assistant Vice President, the Secretary or any Assistant Secretary be, and each or any of them hereby is authorized to execute a Power of Attorney qualifying the attorney named in the given Power of Attorney to execute on behalf of the Company bonds, undertakings and all contracts of surety, and that each or any of them hereby is authorized to attest to the execution of any such Power of Attorney and to attach therein the seal of the Company; and it is

FURTHER RESOLVED, that the signature of such officers and the seal of the Company may be affixed to any such Power of Attorney or to any certificate relating thereto by facsimile, and any such Power of Attorney or certificate bearing such facsimile signatures or facsimile seal shall be binding upon the Company when so affixed and in the future with regard to any bond, undertaking or contract of surety to which it is attached."



By

Steven P. Anderson, President & Chief Executive Officer of Washington International Insurance Company & Vice President of North American Specialty Insurance Company



By

David M. Layman, Vice President of Washington International Insurance Company & Vice President of North American Specialty Insurance Company

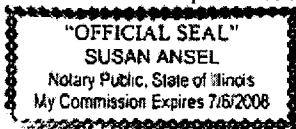
IN WITNESS WHEREOF, North American Specialty Insurance Company and Washington International Insurance Company have caused their official seals to be hereunto affixed, and these presents to be signed by their authorized officers this 27th day of February, 2006.

North American Specialty Insurance Company
Washington International Insurance Company

State of Illinois
County of Du Page

ss:

On this 27th day of February, 2006, before me, a Notary Public personally appeared Steven P. Anderson, President and CEO of Washington International Insurance Company and Vice President of North American Specialty Insurance Company and David M. Layman, Vice President of Washington International Insurance Company and Vice President of North American Specialty Insurance Company, personally known to me, who being by me duly sworn, acknowledged that they signed the above Power of Attorney as officers of and acknowledged said instrument to be the voluntary act and deed of their respective companies.



Susan Ansel, Notary Public

I, James A. Carpenter, the duly elected Assistant Secretary of North American Specialty Insurance Company and Washington International Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney given by said North American Specialty Insurance Company and Washington International Insurance Company, which is still in full force and effect.

IN WITNESS WHEREOF, I have set my hand and affixed the seals of the Companies this ___ day of ___, 20__.

James A. Carpenter, Vice President & Assistant Secretary of Washington International Insurance Company & North American Specialty Insurance Company

CORPORATE CERTIFICATE

PBC PROJECT NUMBER: LN 06-1

DATE: 10/3/06

The undersigned hereby certifies that the following are true and correct statements:

1. That he/she is the Secretary of ATT & ASSOCIATES, INC. Corporation, a corporation organized and existing in good standing under the laws of the State of FLORIDA, hereinafter referred to as the "Corporation", and that the following Resolutions are true and correct copies of certain Resolutions adopted by the Board of Directors of the Corporation as of the 3RD day of OCTOBER, 2006 in accordance with the laws of the State of the State of Incorporation of the Corporation, the Articles of Incorporation and the By-laws of the Corporation:

RESOLVED, that the Corporation shall enter into that certain Agreement between Palm Beach County, a political subdivision of the State of Florida and the Corporation, a copy of which is attached hereto, and be it

FURTHER RESOLVED, that JOHN G. JANSEN the DIRECTOR, CONTRACTS of the Corporation, is hereby authorized and instructed to execute such Agreement and such other instruments as may be necessary and appropriate for the Corporation to fulfill its obligations under the Agreement.

2. That the foregoing resolutions have not been modified, amended, rescinded, revoked or otherwise changed and remain in full force and effect as of the date hereof.

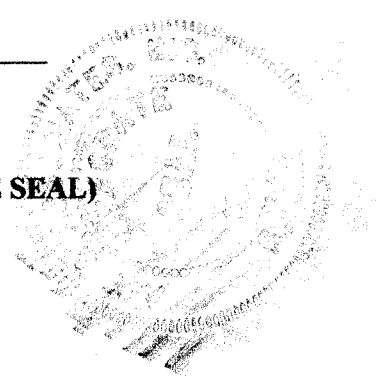
3. That the Corporation is in good standing under the laws of the State of Florida or its State of Incorporation if other, and has qualified, if legally required, to do business in the State of Florida and has the full power and authority to enter into such Agreement.

IN WITNESS WHEREOF, the undersigned has set his hand and affixed the Corporate Seal of the Corporation the 3RD day of OCTOBER, 2006.

Richard G. Wood
(Signature)

RICHARD G. WOOD
(Print Signatory's Name)
It's Secretary

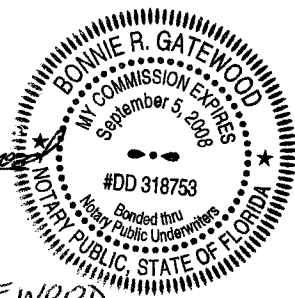
(CORPORATE SEAL)



SWORN TO AND SUBSCRIBED before me this 3RD day of OCTOBER, 2006 by the Secretary of the aforesaid corporation, who is personally known to me OR who produced N/A as identification and who did N/A take an oath.

Bonnie R. Gatewood

Notary Signature



BONNIE R. GATEWOOD

Print Notary Name

NOTARY PUBLIC

State of Florida at Large

My Commission Expires:

John G. Jansen

From: "John G. Jansen" <johnj@ajt.com>
To: "Gary Sypek" <gsypek@pbia.org>
Cc: "Bryan Brotheridge" <BRYANB@ajt.com>; "Pete Deeks" <peted@ajt.com>
Sent: Wednesday, October 04, 2006 8:20 AM
Subject: Re: AWOS

Will do... Thanks!

----- Original Message -----

From: Gary Sypek
To: John G. Jansen
Cc: Bryan Brotheridge ; Pete Deeks
Sent: Wednesday, October 04, 2006 8:17 AM
Subject: RE: AWOS

The County Attorney said that if you sign it now, that will be OK. We'll return it at the end of the project for the surety to sign.

From: John G. Jansen [mailto:johnj@ajt.com]
Sent: Tuesday, October 03, 2006 12:51 PM
To: Gary Sypek
Cc: Bryan Brotheridge; Pete Deeks
Subject: Re: AWOS

Gary,

Our surety said they'd sign the Form Of Guarantee after the job is substantially complete. If you look at it, it does seem to be geared toward a guarantee for when the job is done. We'd need to insert the date of substantial completion, for instance, and the wording is past tense in that it says the job is "completed", etc. So, when I send back everything, I'll hold the Form Of Guarantee until we're done with the job, and then submit it at that time. Would that be acceptable?

John

----- Original Message -----

From: John G. Jansen
To: Gary Sypek
Cc: Bryan Brotheridge ; Pete Deeks
Sent: Friday, September 29, 2006 8:25 AM
Subject: Re: AWOS

Gary,

On the other issue of the "Form of Guarantee", I have given to our surety, the information you e-mailed me, but they still won't sign it. I've asked for them to suggest wording they will accept, but it seems as if this is headed towards a back-and-forth word-battle that we (and you) are in the middle of, between our surety and your legal department. I'll let you know as soon as I hear back from our surety... It seems as though it's "bonding the bond" or is a "mini contract" within the actual contract, so the surety sees it as superfluous.

We'd be happy to sign it. Would that be acceptable for now?

Thanks,

John

----- Original Message -----

From: Gary Sypek
To: Pete Deeks
Cc: John Jansen ; Bryan Brotheridge
Sent: Friday, September 29, 2006 8:18 AM

10/04/2006

Subject: RE: AWOS

Thank you for the information.

Gary

From: Pete Deeks [mailto:peted@ajt.com]

Sent: Thursday, September 28, 2006 5:08 PM

To: Gary Sypek

Cc: John Jansen; Bryan Brotheridge

Subject: Re: AWOS

Gary,

We are planning on using Vaisala. Details attached. This system conforms to your specifications.



----- Original Message -----

From: Gary Sypek

To: peted@ajt.com

Cc: johnj@ajt.com

Sent: Thursday, September 28, 2006 2:48 PM

Subject: AWOS

Peter:

Good afternoon. The Palm Beach County Department of Airports is in the process of working through the FAA issues with getting the new AWOS at Lantana Airport approved – they have asked for specifications on the type of system that will installed at Lantana. Is this something that you have available to provide to us at this time so that we can continue with the approval process? Please advise ASAP. Thank you for your cooperation with this issue.

Gary M. Sypek

Director of Planning

Palm Beach County Department of Airports

10/04/2006

FORM OF GUARANTEE

GUARANTEE FOR PROJECT #LN 06-1, AWOS/LANTANA

We hereby, the undersigned, guarantee that the **Automated Weather Observing System at Lantana Airport**, Palm Beach County, Florida, which we have constructed and bonded, has been done in accordance with the plans and specifications; that the work constructed will fulfill the requirements of the guaranties included in the Contract Documents. We agree to repair or replace any or all of the work, together with any other adjacent work which may be damaged in so doing, that may prove to be defective in the workmanship or materials within a period of **one year** from the date of issuance to us of the Notice of Substantial Completion of the above named work by the County of Palm Beach, State of Florida, without any expense whatsoever to said County of Palm Beach, ordinary wear and tear and unusual abuse or neglect excepted.

In the event of our failure to comply with the above-mentioned conditions within five (5) calendar days after being notified in writing by the Board of County Commissioners, Palm Beach County, Florida, we, collectively or separately, do hereby authorize Palm Beach County to proceed to have said defects repaired and made good at our expense and we will honor and pay the costs and charges therefore upon demand. When correction work is started, it shall be carried through to completion.

DATED _____
(Notice of Substantial Completion Date)

SEAL AND NOTARIAL ACKNOWLEDGMENT OF SURETY

(Seal)

COUNTERSIGNED RESIDENT
AGENT IN FLORIDA:

(Seal) Agent

By: _____

CONTRACTOR

By: _____

(Signature)
JOHN G. JANSEN
DIRECTOR, CONTRACTS, AJT&ASSOC., INC.

SURETY

By: _____

STATE OF FLORIDA
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this _____ day of _____, 200_ by _____ who is personally known to me or who has produced _____ as identification and who did (did not) take an oath.

Notary Public, State of Florida

My Commission Expires: _____

Commission Number: _____

ACORD <small>TM</small> CERTIFICATE OF LIABILITY INSURANCE					DATE (MM/DD/YYYY) 10/3/2006			
PRODUCER (321) 757-8686 FAX: (321) 757-8687 Brown and Brown Insurance of Brevard 6767 N. Wickham Road, Ste. 214 Melbourne FL 32940 INSURED AJT & Associates, Inc. 8910 Astronaut Blvd., Ste 300 Cape Canaveral FL 32920				THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.				
				INSURERS AFFORDING COVERAGE		NAIC #		
				INSURER A: Lexington Insurance				
				INSURER B: Hartford Fire Ins.		19682		
				INSURER C: Hartford Ins. Co. Of The		38261		
				INSURER D:				
				INSURER E:				
COVERAGES								
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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.								
INSR	ADD'L	TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
LTR	INSRD							
A		GENERAL LIABILITY		5629218	9/19/2006	9/19/2007	EACH OCCURRENCE	\$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 50,000	
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	MED EXP (Any one person)				\$	
			PERSONAL & ADV INJURY				\$ 1,000,000	
			GENERAL AGGREGATE				\$ 2,000,000	
			PRODUCTS - COMP/OP AGG				\$ 1,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:								
<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PRO-JECT	<input type="checkbox"/> LOC						
B		AUTOMOBILE LIABILITY		21UENLB8410	9/19/2006	9/19/2007	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		<input checked="" type="checkbox"/> ANY AUTO	BODILY INJURY (Per person)				\$	
		<input type="checkbox"/> ALL OWNED AUTOS	BODILY INJURY (Per accident)				\$	
		<input type="checkbox"/> SCHEDULED AUTOS	PROPERTY DAMAGE (Per accident)				\$	
		<input type="checkbox"/> HIRED AUTOS						
<input type="checkbox"/> NON-OWNED AUTOS								
		GARAGE LIABILITY					AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO	OTHER THAN EA ACC				\$	
							AUTO ONLY: AGG	\$
		EXCESS/UMBRELLA LIABILITY					EACH OCCURRENCE	\$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	AGGREGATE				\$	
							\$	
		<input type="checkbox"/> DEDUCTIBLE					\$	
		<input type="checkbox"/> RETENTION \$					\$	
C		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		21WEGF1190	9/19/2006	9/19/2007	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTH-ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?					E.L. EACH ACCIDENT	\$ 1,000,000
		If yes, describe under SPECIAL PROVISIONS below					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
		OTHER					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS Palm Beach County is named as additional insured								

CERTIFICATE HOLDER

Dept. of Airport Palm Beach International Airport W. Palm Beach, FL 33406	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <i>Paul E. Corbrey</i>
---	--

ACORD 25 (2001/08)

INS025 (0108).08 AMS

Walters Kluwer Financial Services

© ACORD CORPORATION 1988

Page 1 of 2

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
10/24/06

PRODUCER

Aon Risk Services, Inc. of Massachusetts
99 High Street
Boston MA 02110

INSURED

Vaisala, Inc.
194 South Taylor Avenue
Louisville CO 80027 USA

PHONE - (866) 266-7475

FAX - (866) 467-7847

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY A Federal Insurance Company

COMPANY B Hartford Fire Insurance Co.

COMPANY C Twin City Fire Insurance Company

COMPANY D Liberty Mutual Insurance Co.

COVERAGES

SIR May Apply

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
D	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR OWNER'S & CONTRACTOR'S PROT <input checked="" type="checkbox"/> SIR Ded. \$20,000	TB1641004829016	01/01/06	12/31/06	GENERAL AGGREGATE \$1,000,000 PRODUCTS - COMP/OP AGG \$1,000,000 PERSONAL & ADV INJURY \$1,000,000 EACH OCCURRENCE \$1,000,000 FIRE DAMAGE (Any one fire) \$100,000 MED EXP (Any one person) \$5,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> Collision Ded. \$ 1,000 <input checked="" type="checkbox"/> Comp. Ded. \$ 1,000	08UENUF5100K1 08MCPUF3971	01/01/06 01/01/06	01/01/07 01/01/07	COMBINED SINGLE LIMIT \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EACH ACCIDENT AGGREGATE
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE AGGREGATE
C	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL	08WBNM7071	01/01/06	01/01/07	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER EL EACH ACCIDENT \$1,000,000 EL DISEASE-POLICY LIMIT \$1,000,000 EL DISEASE-EA EMPLOYEE \$1,000,000
A	<input checked="" type="checkbox"/> Prof Liability	81701893	12/31/05	12/31/06	Limit (1) \$1,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

EXCESS LIABILITY PROVIDED THROUGH VAISALA, LTD. MASTER POLICY IN FINLAND FOR 8MIL EUROS. Certificate Holder is included as additional insured (excluding Workers Compensation).

CERTIFICATE HOLDER

Department of Airports
Palm Beach International Airport
West Palm Beach FL 33406 USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE *Aon Risk Services Inc., of Massachusetts*

ACORD™ CERTIFICATE OF LIABILITY INSURANCE						DATE (MM/DD/YY) 10/24/06	
PRODUCER Aon Risk Services, Inc. of Massachusetts 99 High Street Boston MA 02110			THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.				
PHONE - (866) 266-7475 FAX - (866) 467-7847			COMPANIES AFFORDING COVERAGE				
			COMPANY A Federal Insurance Company				
INSURED Vaisala, Inc. 194 South Taylor Avenue Louisville CO 80027 USA			COMPANY B Hartford Fire Insurance Co.				
			COMPANY C Twin City Fire Insurance Company				
			COMPANY D Liberty Mutual Insurance Co.				
COVERAGES						SIR May Apply	
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.							
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
D	GENERAL LIABILITY	TB1641004829016	01/01/06	12/31/06	GENERAL AGGREGATE \$1,000,000		
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG \$1,000,000		
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$1,000,000		
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE \$1,000,000		
	<input checked="" type="checkbox"/> SIR Ded. \$20,000				FIRE DAMAGE (Any one fire) \$100,000		
					MED EXP (Any one person) \$5,000		
B	AUTOMOBILE LIABILITY	08UENUF5100K1 08MCPUF3971	01/01/06 01/01/06	01/01/07 01/01/07	COMBINED SINGLE LIMIT \$1,000,000		
B	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)		
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)		
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE		
	<input checked="" type="checkbox"/> HIRED AUTOS						
	<input type="checkbox"/> NON-OWNED AUTOS						
	<input checked="" type="checkbox"/> Collision Ded. \$ 1,000						
	<input checked="" type="checkbox"/> Comp. Ded. \$ 1,000						
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT		
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:		
					EACH ACCIDENT		
					AGGREGATE		
	EXCESS LIABILITY				EACH OCCURRENCE		
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE		
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM						
C	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	08WBNM7071	01/01/06	01/01/07	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER		
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE:				EL EACH ACCIDENT \$1,000,000		
	<input type="checkbox"/> INCL <input type="checkbox"/> EXCL				EL DISEASE-POLICY LIMIT \$1,000,000		
					EL DISEASE-EA EMPLOYEE \$1,000,000		
A	<input checked="" type="checkbox"/> Prof Liability	81701893	12/31/05	12/31/06	Limit (1) \$1,000,000		
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS EXCESS LIABILITY PROVIDED THROUGH VAISALA, LTD. MASTER POLICY IN FINLAND FOR 8MIL EUROS. Certificate Holder is included as additional insured (excluding workers Compensation).							
CERTIFICATE HOLDER				CANCELLATION			
AJT & Associates, Inc. 8910 Astronaut Blvd. Cape Canaveral FL 32920 USA				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE Aon Risk Services Inc., of Massachusetts			
ACORD 25-S (1/95)				© ACORD CORPORATION 1988			

Holder Identifier:

Certificate No: 570019888119



DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB

0348-0046

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

1. Type of Federal Action: <input checked="checked" type="checkbox"/> A a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance		2. Status of Federal Action: <input checked="checked" type="checkbox"/> B a. bid/offer/application b. initial award c. post award		3. Report Type: <input checked="checked" type="checkbox"/> A a. initial filing b. material change For Material Change Only: year _____ quarter _____ date of last report _____	
4. Name and Address of Reporting Entity: <input checked="checked" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: AJT & ASSOCIATES, INC. 8910 ASTRONAUT BLVD CAPE CANAVERAL, FL 32920 Congressional District, if known:			5. If Reporting Entity in No. 4 is Subawardee, Enter Name Address of Prime: N/A Congressional District, if known:		
6. Federal Department/Agency: PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS; PALM BEACH COUNTY DEPARTMENT OF AIRPORTS			7. Federal Program Name/Description PROJECT # LN 06-1, AWOS, LANTANA AIRPORT CFDA Number, if applicable: N/A		
8. Federal Action Number, if known: N/A			9. Award Amount, if known: \$ 173,716.00		
10. a. Name and Address of Lobbying Entity (if individual, last name, first name, MI) NONE - N/A			b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI) NONE - N/A		
(Attach Continuation Sheet(s) SF-LLL-A, if necessary)					
11. Amount of Payment (check all that apply): N/A - \$ 0 <input type="checkbox"/> actual <input type="checkbox"/> planned			13. Type of Payment (check all that apply): NONE - N/A <input type="checkbox"/> a. retainer <input type="checkbox"/> b. one-time fee <input type="checkbox"/> c. commission <input type="checkbox"/> d. contingent fee <input type="checkbox"/> e. deferred <input type="checkbox"/> f. other, specify: _____		
12. Form of Payment (check all that apply): N/A <input type="checkbox"/> a. cash <input type="checkbox"/> b. in-kind: specify: nature _____ value _____					
14. Brief Description of Services Performed or to be Performed and Date(s) of Service, including officer(s), employee(s), or Member(s) contacted, for Payment indicated in Item 11: NONE - N/A (attach Continuation Sheet(s) SF-LLL-A, if necessary)					
15. Continuation Sheet(s) SF-LLL-A attached: _____ Yes <input checked="checked" type="checkbox"/> No <input checked="checked" type="checkbox"/> N/A					
16. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.				Signature: <u>[Signature]</u> Print Name: JOHN G. JANSEN Title: DIRECTOR, CONTRACTS Telephone No: 321-783-7989 Date: 10/3/06	
FEDERAL USE ONLY				Authorized for Local Reproduction Standard Form LLL	

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
Tony Masiolotti, Chairman
Addie L. Greene, Vice Chairperson
Karen T. Marcus
Jeff Koons
Warren H. Newell
Mary McCarty
Burt Aaronson

COUNTY ADMINISTRATOR
Robert Weisman

DEPARTMENT OF AIRPORTS


Palm Beach International Airport
G A T E W A Y T O

the Best of Everything!

REVISED NOTICE

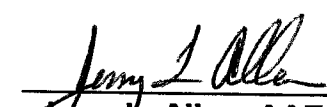
Based on the reviews provided by the Department of Airports Consulting Engineers
and Department of Airports Minority Affairs Coordinator, it is our intent to
award a contract to **AJT & Associates, Inc.**
for the below listed project:

(Removed)

**Palm Beach County Park (Lantana) Airport
Automated Weather Observing System (AWOS)
Palm Beach County Project No. LN 06-1
Department of Airports**

(Posted)

Base Bid Total: \$ 173,716.00




**Jerry L. Allen, AAE, Deputy Director
Palm Beach County Department of Airports**

PALM BEACH COUNTY DEPARTMENT OF AIRPORTS
846 Palm Beach International Airport
West Palm Beach, FL 33406-1470
(561) 471-7412 FAX: (561) 471-7427
www.pbia.org

PALM BEACH COUNTY GLADES AIRPORT
Pahokee

PALM BEACH COUNTY PARK AIRPORT
Lantana

NORTH COUNTY GENERAL AVIATION AIRPORT
Palm Beach Gardens

 printed on recycled paper

"An Equal Opportunity-Affirmative Action Employer"



CH2MHILL

CH2M HILL

One Harvard Circle

West Palm Beach, FL 33409-1923

Tel 561.515.6500

Fax 561.515.6502

August 31, 2006

Gary Sypek
Palm Beach County Dept. of Airports
Department of Airports
846 Palm Beach International Airport
West Palm Beach, FL 33406-1470

**Subject Palm Beach County Park (Lantana) Airport
Automated Weather Observing System
Palm Beach County Project Number LN 06-1**

Dear Mr. Sypek:

In our letter of July 24, 2006, we recommended that the apparent low bidder, L3 Communications ILEX Systems, Inc. be awarded the referenced project for construction subject to County legal review of their proposal and contracting policy. It is my understanding that County will not be able to contract with L3 Communications due to inconsistencies between their proposal and County contracting policy. That being the case, we recommend that the second low bidder, AJT & Associates, Inc., be awarded the project, again subject to County legal and DBE review. AJT & Associates appears to be qualified and is providing the general technical elements of the project with no exceptions to the Bid Documents.

Please do not hesitate to call me if you have any questions.

Sincerely, ..

CH2M HILL

Philip E. Partenheimer, P.E.
Project Manager

060830_LNA_AWOS_2nd_Recommendation_of_Award.doc

Cc: Phil Woodard/DOA, Tom Doran/Hillers, Dan Tompkins/CH2M HILL, Maris Mangulis/CH2M HILL

**PALM BEACH COUNTY
DEPARTMENT OF AIRPORTS**

TO: Jerry Allen, Director Planning/Community Affairs

Date: 8/31/06

FROM: Notye Brewington
S/DBE Manager

Project #: LN 06-1

Page/s: 1 / 2

RE: PALM BEACH COUNTY PARK (LANTANA) AIRPORT-AUTOMATED WEATHER
OBSERVING SYSTEM (AWOS)

Consultant: CH2MHILL
Project #: LN 06-1
Funding: FAA, State, Local,
FAA #: 3-12-0086-006-2006
RFP/Bid Date 6/27/2006
DBE Goal: 15.00% Race / Gender Neutral

Bidders:

A. L3 Communications ILEX Systems, Inc
1413 Cantillon Blvd, Ste 100
Mays Landing, N. J 08330
Contact Person:
Telephone: (609) 625-8633
Fax:
Email:
Amount: \$165,000.00

DBE Subcontractor(s):

None

Bidders:

B. AJT & Associates, Inc
8910 Astronaut Blvd
Cape Canaveral, FL 32920
Contact Person:
Telephone: (407) 331-1551
Fax:
Email:
Amount: \$173,716.00

DBE Subcontractor(s):

1 AJT & Associates, Inc. (H) General Contractor \$173,716.00 100.00%
8910 Astronaut Boulevard
Cape Canaveral, FL 32920
Contact Person: Lowney Marketing
Telephone: (407) 331-1551
Fax:
Email:

Total:	\$173,716.00	100.00%
---------------	--------------	---------

**PALM BEACH COUNTY
DEPARTMENT OF AIRPORTS**

TO: Jerry Allen, Director Planning/Community Affairs

Date: 8/31/06

FROM: Notye Brewington
S/DBE Manager

Project #: LN 06-1

Page/s: 2/ 2

RE: PALM BEACH COUNTY PARK (LANTANA) AIRPORT-AUTOMATED WEATHER
OBSERVING SYSTEM (AWOS)

Consultant: CH2MHILL

Project #: LN 06-1

Funding: FAA, State, Local,

FAA #: 3-12-0086-006-2006

RFP/Bid Date 6/27/2006

DBE Goal: 15.00% Race / Gender Neutral

Bidders:

C. Southern Communication Service, Inc.

2017 Cattleman Road

Sarasota, FL 34232

Contact Person:

Telephone: (941) 378-0080

Fax:

Email:

Amount: \$193,390.00

DBE Subcontractor(s):

None

Comments:

AJT Associates, Inc. the lowest responsible, responsive bidder has met the DBE Race/Gender Neutral requirements.

SIGNED



Notye Brewington

Minority Affairs Coordinator

cc: Jerry Allen

07 -

BUDGET AMENDMENT
BOARD OF COUNTY COMMISSIONERS
PALM BEACH COUNTY, FLORIDA

Page 1 of 1 pages

Fund 4111 Airport Improvement and Development Fund

Advantage Document Numbers:
bgex121101606/144
bgrv121101606/20

Use this form to provide budget for items not anticipated in the budget.

ACCT.NUMBER	ACCOUNT NAME	ADOPTED BUDGET	CURRENT BUDGET	INCREASE	DECREASE	ADJUSTED BUDGET	EXPENDED/ ENCUMBERED AS OF 10/18/06	REMAINING BALANCE
Revenues								
4111-121-A269-3104	Safety and Rehab Projects	0	0	171,399	0	171,399	0	171,399
Total Receipts and Balances		<u>83,113,597</u>	<u>83,113,597</u>	<u>171,399</u>	<u>0</u>	<u>83,284,996</u>		
Expenditures								
4111-121-A269-6504	Safety and Rehab Projects	1,200,000	1,200,000	171,399	0	1,371,399	0	1,371,399
Total Appropriations & Expenditures		<u>83,113,597</u>	<u>83,113,597</u>	<u>171,399</u>	<u>0</u>	<u>83,284,996</u>		

Signatures

Date

By Board of County Commissioners

OFMB

INITIATING DEPARTMENT/DIVISION

At Meeting of

November 21, 2007

Administration/Budget Department Approval

Deputy Clerk to the
Board of County Commissioners

OFMB Department - Posted

Client#: 21651

9AJTA11

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/02/06

PRODUCER

Caton-Hosey Insurance
P.O. Box 291970
3731 Nova Road
Port Orange, FL 32129-1970

INSURED

AJT & Associates, Inc
8910 Astronaut BLVD., suite 300
Cape Canaveral, FL 32920

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Zurich Insurance Services

INSURER B: National Grange Mutual

INSURER C:

INSURER D:

INSURER E:

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		GENERAL LIABILITY				EACH OCCURRENCE \$
		<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$
		<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$
						GENERAL AGGREGATE \$
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG \$
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
		<input type="checkbox"/> HIRED AUTOS				
		<input type="checkbox"/> NON-OWNED AUTOS				
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
						AUTO ONLY: AGG \$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
						\$
		<input type="checkbox"/> DEDUCTIBLE				\$
		<input type="checkbox"/> RETENTION \$				\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$
A		OTHER Builder Risk	BR65202675	10/31/06	10/31/07	174,000-1,500 ded
B		Commercial Flood	175117	11/01/06	11/01/07	174,000-5,000 ded
						Hazard Insurance Only

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Other Cert Holders, Palm Beach Department of Airports, Palm Beach
International Airports, Palm Beach County Board of County Commissioners

CERTIFICATE HOLDER

Palm Beach County Department of
Airports
46 Palm Beach International
Airport Dr
Palm Beach, FL 33406

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

[Signature]

Client#: 21651

9AJTA11

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/02/06

PRODUCER Caton-Hosey Insurance P.O. Box 291970 3731 Nova Road Port Orange , FL 32129-1970	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.												
INSURED AJT & Associates, Inc 8910 Astronaut BLVD., suite 300 Cape Canaveral, FL 32920	<table><tr><td>INSURERS AFFORDING COVERAGE</td><td>NAIC #</td></tr><tr><td>INSURER A: Zurich Insurance Services</td><td></td></tr><tr><td>INSURER B: National Grange Mutual</td><td></td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr></table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: Zurich Insurance Services		INSURER B: National Grange Mutual		INSURER C:		INSURER D:		INSURER E:	
INSURERS AFFORDING COVERAGE	NAIC #												
INSURER A: Zurich Insurance Services													
INSURER B: National Grange Mutual													
INSURER C:													
INSURER D:													
INSURER E:													

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A		OTHER Builder Risk	BR65202675	10/31/06	10/31/07	174,000-1,500 ded
B		Commercial Flood	175117	11/01/06	11/01/07	174,000-5,000 ded Hazard Insurance Only

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Other Cert Holders,Palm Beach Department of Airports,Palm Beach
International Airports,Palm Beach County Board of County Commissioners

CERTIFICATE HOLDER

Palm Beach County Department of
Airports
46 Palm Beach International
Airport Dr
Palm Beach, FL 33406

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

And Walden

Client#: 21651

9AJTA11


ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 11/02/06												
PRODUCER Caton-Hosey Insurance P.O. Box 291970 3731 Nova Road Port Orange , FL 32129-1970		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.												
INSURED AJT & Associates, Inc 8910 Astronaut BLVD., suite 300 Cape Canaveral, FL 32920		<table><tr><td>INSURERS AFFORDING COVERAGE</td><td>NAIC #</td></tr><tr><td>INSURER A: Zurich Insurance Services</td><td></td></tr><tr><td>INSURER B: National Grange Mutual</td><td></td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr></table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: Zurich Insurance Services		INSURER B: National Grange Mutual		INSURER C:		INSURER D:		INSURER E:	
INSURERS AFFORDING COVERAGE	NAIC #													
INSURER A: Zurich Insurance Services														
INSURER B: National Grange Mutual														
INSURER C:														
INSURER D:														
INSURER E:														

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.														
INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$								
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$								
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$								
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$ \$								
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<table><tr><td>WC STATU-TORY LIMITS</td><td>OTH-ER</td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$</td></tr></table>	WC STATU-TORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
WC STATU-TORY LIMITS	OTH-ER													
E.L. EACH ACCIDENT	\$													
E.L. DISEASE - EA EMPLOYEE	\$													
E.L. DISEASE - POLICY LIMIT	\$													
A		OTHER Builder Risk	BR65202675	10/31/06	10/31/07	174,000-1,500 ded								
B		Commercial Flood	175117	11/01/06	11/01/07	174,000-5,000 ded Hazard Insurance Only								
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS Other Cert Holders,Palm Beach Department of Airports,Palm Beach International Airports,Palm Beach County Board of County Commissioners														

CERTIFICATE HOLDER

CANCELLATION

Palm Beach County Department of Airports 46 Palm Beach International Airport Dr Palm Beach, FL 33406	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
--	---