

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS**

AGENDA ITEM SUMMARY

**AGENDA ITEM
CONTAINS MORE THAN 50 PAGES
IT MAY BE VIEWED IN
COUNTY ADMINISTRATION**

Meeting Date: August 21, 2007

Consent Regular
 Workshop Public Hearing

Department:

Submitted By: Department of Airports

Submitted For:

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to approve: A contract with Brang Construction, Inc. in the amount of \$2,429,000 for the Terminal Skylight Replacement Project at Palm Beach International Airport (PBIA).

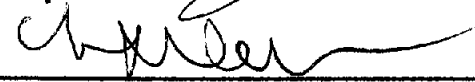
Summary: This project was advertised utilizing the competitive bid process. On June 28, 2007 four bids were received for the Terminal Skylight Replacement Project at PBIA. Brang Construction, Inc. has been identified as a responsible/responsive bidder in the amount of \$2,429,000. The Disadvantaged Business Enterprise (DBE) Goal for this project was established at 17.00%. Brang Construction, Inc. was unable to obtain any qualified DBE participation, but met the DBE requirement of good faith effort described in the bid documents. Countywide (JCM)

Background and Justification: The existing translucent barrel-vaulted skylight over the main terminal public area suffered damage from Hurricane Wilma in the fall of 2005. In addition, weathering, exposure to UV rays, and the environment have taken their toll on the nearly 20 year old fiberglass panels system. This project includes replacement of the skylight in addition to miscellaneous work to provide a weather tight complete system. This project is being constructed utilizing Federal Aviation Administration (FAA) Funds.

Attachments:

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

Recommended By:  7/26/07
Department Director **Date**

Approved By:  8/9/07
County Administrator **Date**

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2007	2008	2009	2010	2011
Capital Expenditures	<u>\$2,429,000</u>	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenues (Grants)	<u>\$1,605,606</u>	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	<u>\$ 823,394</u>	=====	=====	=====	=====
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____

Is Item Included In Current Budget? Yes X No _____
 Budget Account No.: Fund 4111 Department 121 Unit A212 Object 6211
 Reporting Category _____

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

Approval of this item will authorize the expenditure of \$2,429,000. Funding sources consist of: Federal Grant in the amount of \$1,605,606 and Airport Revenues in the amount of \$823,394.

C. Departmental Fiscal Review: CM Simmer

III. REVIEW COMMENTS

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

B. Legal Sufficiency: 8/3/2007 8/6/07 8/7/07

OFMB Contract Dev. and Control

Assistant County Attorney

This Contract complies with our contract review requirements.

C. Other Department Review:

 Department Director

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 **Brang Construction, Inc.**, hereinafter referred to as the "CONTRACTOR".

WITNESSETH:

That the said Contractor having been awarded the contract for:

TERMINAL SKYLIGHT REPLACEMENT Palm Beach International Airport

PALM BEACH COUNTY PROJECT No. PB 06-5

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 21, 2007.
- Completed Bond, Surety and Insurance Forms, dated _____.
- Specifications, dated May 21, 2007.
- General Provisions, dated May 21, 2007.
- Special Provisions, dated May 14, 2007.
- Addendum No. 1, dated June 11, 2007.
- Addendum No. 2, dated June 12, 2007.
- Addendum No. 3, dated June 15, 2007.
- Addendum No. 4, dated June 25, 2007.
- Drawings, dated May 21, 2007.
- Completed Bid and Attachments, dated June 28, 2007.

and to accept as full compensation for the satisfactory performance of this Contract the sum of **Two Million Four Hundred Twenty Nine Thousand and 00/100** Dollars (\$ **2,429,000.00**) for **Terminal Skylight Replacement at Palm Beach International 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.

Terminal Skylight Replacement
Palm Beach International Airport

Contract
May 21, 2007

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: _____
Deputy Clerk
(SEAL)

BY: _____
Addie L. Greene, Chairperson

ATTEST: Carl Bock

CONTRACTOR Brang Construction Incorporated

~~BY: James H. Fodde, SECTY.
Secretary~~

~~BY: James H. Fodde, PRES.~~

TITLE: PRESIDENT

(CORPORATE SEAL)

APPROVED TO AS TO TERMS AND
CONDITIONS

APPROVED AS TO FORM AND LEGAL
SUFFICIENCY

BY: Jim Kelly
Director of Airports

BY: _____
County Attorney

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**This is the *front page* of the performance/payment bond issued in compliance with
Florida Statute Chapter 255.05**

Surety Name: Ohio Casualty Insurance Company
500 Winderley Place, Suite 200
Maitland, FL 32751
800-924-6446

Bond Number: 3954401

Contractor Name: Brang Construction, Inc.
4300 Oak Circle
Boca Raton, FL 33431
561-368-3180

Owner Name: Palm Beach County
301 N. Olive Avenue
West Palm Beach, FL 33401
561-681-6333

Project Number: PB 06-5

Project Description: Terminal Skylight Replacement

Project Address: Palm Beach International Airport, West Palm Beach, FL

Legal Description of Property: Palm Beach International Airport, West Palm
Beach, Palm Beach County, FL

**This is the *front page* of the bond. All other pages are subsequent regardless of the
pre-printed numbers.**

PUBLIC CONSTRUCTION BOND

BOND NUMBER: 3954401

BOND AMOUNT: \$2,429,000.00

CONTRACT AMOUNT: \$2,429,000.00

CONTRACTOR'S NAME: BRANG CONSTRUCTION, INC.

CONTRACTOR'S ADDRESS: 4300 Oak Circle
Boca Raton, FL 33431

CONTRACTOR'S PHONE: 561-368-3180

SURETY COMPANY: OHIO CASUALTY INSURANCE COMPANY

SURETY'S ADDRESS: 500 Winderley Place
Suite 200
Maitland, FL 32751
Phone: 800-927-6446

OWNER'S NAME: PALM BEACH COUNTY

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

OWNER'S PHONE: 561-681-6333

DESCRIPTION OF WORK: The Work includes, but is not limited to, the removal and in-kind replacement of the translucent vaulted terminal skylight, flashing and roof membrane repairs and replacement, protection of interior occupied space, and obtaining of all required permits.

PROJECT LOCATION: Palm Beach International Airport

LEGAL DESCRIPTION: Palm Beach International Airport, Palm Beach County, FL

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

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 Obligee, herein called County, for the use and benefit of claimant as herein below defined, in the amount of **Two Million Four Hundred Twenty Nine Thousand and 00/100 Dollars (\$2,429,000.00)** 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: **Terminal Skylight Replacement**

Project No.: **PB 06-5**

Project Description: The Work includes, but is not limited to, the removal and in-kind replacement of the translucent vaulted terminal skylight, flashing and roof membrane repairs and replacement, protection of interior occupied space, and obtaining of all required permits.

Project Location: **Palm Beach International Airport**

in accordance with Design Criteria Drawings and Specifications prepared by

CH2M HILL, Inc.
3001 PGA Blvd., Suite 300
Palm Beach Gardens, FL 33410
(561) 904-7400
(561) 904-7401 (FAX)

The Sun Group
820 West Indiantown Rd., Suite 105
Jupiter, FL 33458
(561) 746-7706
(561) 746-7478 (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 Terminal Skylight Replacement at Palm Beach International Airport, 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
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

Terminal Skylight Replacement
Palm Beach International Airport

Contract
May 21, 2007

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.

Carol Beckm
 Witness

BRANG CONSTRUCTION, INC.
 Principal (Seal)

Darryl Shatto
 Witness

James J. Feller, P.E.
 Title
 PRESIDENT

OHIO CASUALTY INSURANCE COMPANY
 Surety (Seal)

Michael A. Holmes
 Title Michael A. Holmes, Attorney-In-Fact

CERTIFIED COPY OF POWER OF ATTORNEY
THE OHIO CASUALTY INSURANCE COMPANY
WEST AMERICAN INSURANCE COMPANY

No. 39-805

Know All Men by These Presents: That THE OHIO CASUALTY INSURANCE COMPANY, an Ohio Corporation, and WEST AMERICAN INSURANCE COMPANY, an Indiana Corporation, pursuant to the authority granted by Article III, Section 9 of the Code of Regulations and By-Laws of The Ohio Casualty Insurance Company and West American Insurance Company, do hereby nominate, constitute and appoint **Gerald J. Arch, Michael A. Holmes, James F. Murphy or Shawn A. Burton of Ft Lauderdale, Florida** its true and lawful agent (s) and attorney (s)-in-fact, to make, execute, seal and deliver for and on its behalf as surety, and as its act and deed any and all BONDS, UNDERTAKINGS, and RECOGNIZANCES, not exceeding in any single instance **TEN MILLION (\$10,000,000.00) DOLLARS**, excluding, however, any bond(s) or undertaking(s) guaranteeing the payment of notes and interest thereon

And the execution of such bonds or undertakings in pursuance of these presents, shall be as binding upon said Companies, as fully and amply, to all intents and purposes, as if they had been duly executed and acknowledged by the regularly elected officers of the Companies at their administrative offices in Fairfield, Ohio, in their own proper persons. The authority granted hereunder supersedes any previous authority heretofore granted the above named attorney(s)-in-fact.

In WITNESS WHEREOF, the undersigned officer of the said The Ohio Casualty Insurance Company and West American Insurance Company has hereunto subscribed his name and affixed the Corporate Seal of each Company this **20th day of February, 2007**.



STATE OF OHIO,
COUNTY OF BUTLER

Sam Lawrence
Sam Lawrence, Assistant Secretary

On this **20th day of February, 2007** before the subscriber, a Notary Public of the State of Ohio, in and for the County of Butler, duly commissioned and qualified, came Sam Lawrence, Assistant Secretary of THE OHIO CASUALTY INSURANCE COMPANY and WEST AMERICAN INSURANCE COMPANY, to me personally known to be the individual and officer described in, and who executed the preceding instrument, and he acknowledged the execution of the same, and being by me duly sworn deposes and says, that he is the officer of the Companies aforesaid, and that the seals affixed to the preceding instrument are the Corporate Seals of said Companies, and the said Corporate Seals and his signature as officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Corporations.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at the City of Hamilton, State of Ohio, the day and year first above written.



Cheryl S. Gregory

Notary Public in and for County of Butler, State of Ohio
My Commission expires August 6, 2007.

This power of attorney is granted under and by authority of Article III, Section 9 of the Code of Regulations and By-Laws of The Ohio Casualty Insurance Company and West American Insurance Company, extracts from which read:

Article III, Section 9. Appointment of Attorneys-in-Fact. The Chairman of the Board, the President, any Vice-President, the Secretary or any Assistant Secretary of the corporation shall be and is hereby vested with full power and authority to appoint attorneys-in-fact for the purpose of signing the name of the corporation as surety to, and to execute, attach the seal of the corporation to, acknowledge and deliver any and all bonds, recognizances, stipulations, undertakings or other instruments of suretyship and policies of insurance to be given in favor of any individual, firm, corporation, partnership, limited liability company or other entity, or the official representative thereof, or to any county or state, or any official board or boards of any county or state, or the United States of America or any agency thereof, or to any other political subdivision thereof

This instrument is signed and sealed as authorized by the following resolution adopted by the Boards of Directors of the Companies on October 21, 2004:

RESOLVED, That the signature of any officer of the Company authorized under Article III, Section 9 of its Code of Regulations and By-laws and the Company seal may be affixed by facsimile to any power of attorney or copy thereof issued on behalf of the Company to make, execute, seal and deliver for and on its behalf as surety any and all bonds, undertakings or other written obligations in the nature thereof; to prescribe their respective duties and the respective limits of their authority; and to revoke any such appointment. Such signatures and seal are hereby adopted by the Company as original signatures and seal and shall, with respect to any bond, undertaking or other written obligations in the nature thereof to which it is attached, be valid and binding upon the Company with the same force and effect as though manually affixed.

CERTIFICATE

I, the undersigned Assistant Secretary of The Ohio Casualty Insurance Company and West American Insurance Company, do hereby certify that the foregoing power of attorney, the referenced By-Laws of the Companies and the above resolution of their Boards of Directors are true and correct copies and are in full force and effect on this date.

IN WITNESS WHEREOF, I have hereunto set my hand and the seals of the Companies this _____ day of _____,



Mark E. Schmidt
Assistant Secretary

CORPORATE CERTIFICATE

PBC PROJECT NUMBER: PB 06-5

DATE: July 18, 2007

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

1. That he/she is the Secretary of BRANG CONSTRUCTION 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 21 day of JUNE, 2007 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:

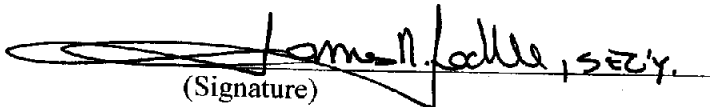
RESOLVED, that the Corporation shall enter into that certain Agreement between Palm Beach County, a political subdivision of the State of Florida and the Corporation, a copy of which is attached hereto, and be it

FURTHER RESOLVED, that JAMES R. FEDELE the PRESIDENT 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 18 day of July, 2007.


(Signature)

JAMES R. FEDELE
(Print Signatory's Name)
It's Secretary

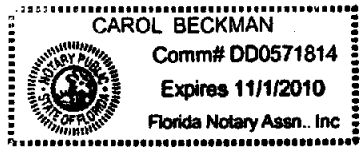
(CORPORATE SEAL)

SWORN TO AND SUBSCRIBED before me this 18th day of July, 2007 by the Secretary of the aforesaid corporation, who is personally known to me OR who produced N/A as identification and who did take an oath.

Carol Beckman
Notary Signature

Carol Beckman
Print Notary Name
NOTARY PUBLIC
State of Florida at Large

My Commission Expires:



FORM OF GUARANTEE

Bond #3954401

GUARANTEE FOR BRANG CONSTRUCTION, INC.

We hereby, the undersigned, guarantee that the **Terminal Skylight Replacement**, Palm Beach International 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)

CONTRACTOR
BRANG CONSTRUCTION, INC.

COUNTERSIGNED RESIDENT
AGENT IN FLORIDA:

[Signature]
(Signature)

Michael A. Holmes
(Seal) Agent

SURETY
OHIO CASUALTY INSURANCE COMPANY

By: [Signature]

By: [Signature]
Michael A. Holmes, Attorney-In-Fact

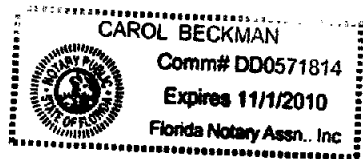
STATE OF FLORIDA
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this 20th day of July, 2007 by Michael A. Holmes who is personally known to me or who has produced N/A as identification and who did (did not) take an oath.

Carol Beckman
Notary Public, State of Florida

My Commission Expires: 11-1-2010

Commission Number: DD0571814



Terminal Skylight Replacement
Palm Beach International Airport

Contract
May 21, 2007

CERTIFIED COPY OF POWER OF ATTORNEY
THE OHIO CASUALTY INSURANCE COMPANY
WEST AMERICAN INSURANCE COMPANY

No. 39-805

Know All Men by These Presents: That THE OHIO CASUALTY INSURANCE COMPANY, an Ohio Corporation, and WEST AMERICAN INSURANCE COMPANY, an Indiana Corporation, pursuant to the authority granted by Article III, Section 9 of the Code of Regulations and By-Laws of The Ohio Casualty Insurance Company and West American Insurance Company, do hereby nominate, constitute and appoint **Gerald J. Arch, Michael A. Holmes, James F. Murphy or Shawn A. Burton of Ft Lauderdale, Florida** its true and lawful agent (s) and attorney (s)-in-fact, to make, execute, seal and deliver for and on its behalf as surety, and as its act and deed any and all BONDS, UNDERTAKINGS, and RECOGNIZANCES, not exceeding in any single instance **TEN MILLION (\$10,000,000.00) DOLLARS**, excluding, however, any bond(s) or undertaking(s) guaranteeing the payment of notes and interest thereon

And the execution of such bonds or undertakings in pursuance of these presents, shall be as binding upon said Companies, as fully and amply, to all intents and purposes, as if they had been duly executed and acknowledged by the regularly elected officers of the Companies at their administrative offices in Fairfield, Ohio, in their own proper persons. The authority granted hereunder supersedes any previous authority heretofore granted the above named attorney(s)-in-fact.

In WITNESS WHEREOF, the undersigned officer of the said The Ohio Casualty Insurance Company and West American Insurance Company has hereunto subscribed his name and affixed the Corporate Seal of each Company this **20th day of February, 2007**.



Sam Lawrence

Sam Lawrence, Assistant Secretary

STATE OF OHIO,
COUNTY OF BUTLER

On this **20th day of February, 2007** before the subscriber, a Notary Public of the State of Ohio, in and for the County of Butler, duly commissioned and qualified, came Sam Lawrence, Assistant Secretary of THE OHIO CASUALTY INSURANCE COMPANY and WEST AMERICAN INSURANCE COMPANY, to me personally known to be the individual and officer described in, and who executed the preceding instrument, and he acknowledged the execution of the same, and being by me duly sworn deposes and says, that he is the officer of the Companies aforesaid, and that the seals affixed to the preceding instrument are the Corporate Seals of said Companies, and the said Corporate Seals and his signature as officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Corporations.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at the City of Hamilton, State of Ohio, the day and year first above written.



Cheryl S. Gregory

Notary Public in and for County of Butler, State of Ohio
My Commission expires August 6, 2007.

This power of attorney is granted under and by authority of Article III, Section 9 of the Code of Regulations and By-Laws of The Ohio Casualty Insurance Company and West American Insurance Company, extracts from which read:

Article III, Section 9. Appointment of Attorneys-in-Fact. The Chairman of the Board, the President, any Vice-President, the Secretary or any Assistant Secretary of the corporation shall be and is hereby vested with full power and authority to appoint attorneys-in-fact for the purpose of signing the name of the corporation as surety to, and to execute, attach the seal of the corporation to, acknowledge and deliver any and all bonds, recognizances, stipulations, undertakings or other instruments of suretyship and policies of insurance to be given in favor of any individual, firm, corporation, partnership, limited liability company or other entity, or the official representative thereof, or to any county or state, or any official board or boards of any county or state, or the United States of America or any agency thereof, or to any other political subdivision thereof

This instrument is signed and sealed as authorized by the following resolution adopted by the Boards of Directors of the Companies on October 21, 2004:

RESOLVED, That the signature of any officer of the Company authorized under Article III, Section 9 of its Code of Regulations and By-laws and the Company seal may be affixed by facsimile to any power of attorney or copy thereof issued on behalf of the Company to make, execute, seal and deliver for and on its behalf as surety any and all bonds, undertakings or other written obligations in the nature thereof, to prescribe their respective duties and the respective limits of their authority; and to revoke any such appointment. Such signatures and seal are hereby adopted by the Company as original signatures and seal and shall, with respect to any bond, undertaking or other written obligations in the nature thereof to which it is attached, be valid and binding upon the Company with the same force and effect as though manually affixed.

CERTIFICATE

I, the undersigned Assistant Secretary of The Ohio Casualty Insurance Company and West American Insurance Company, do hereby certify that the foregoing power of attorney, the referenced By-Laws of the Companies and the above resolution of their Boards of Directors are true and correct copies and are in full force and effect on this date.

IN WITNESS WHEREOF, I have hereunto set my hand and the seals of the Companies this _____ day of _____,



Mark E. Schmidt

Assistant Secretary

BRANCON-01 SHEL

ACORD CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 7/19/2007
PRODUCER Wells Fargo Insurance Services Southeast, Inc. 501 South Flagler Drive, Suite 600 West Palm Beach, FL 33401-5914	(561) 655-5500	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 Brang Construction, Incorporated 4300 Oak Circle Boca Raton, FL 33431	INSURERS AFFORDING COVERAGE	
	INSURER A: RLI Insurance Company	NAIC #
	INSURER B: James River	
	INSURER C: Star Insurance Company	
	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	ADDL	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJ <input type="checkbox"/> LOC	RGL001008	7/19/2007	7/19/2008	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 1,000,000
		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 AUTO ONLY: EA ACC \$ AGG \$
B	X	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$	W035468	7/26/2007	7/19/2008	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
C		WORKERS COMPENSATION AND EMPLOYER'S LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WC0250288	11/27/2006	11/27/2007	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
		OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 See attached page.

CERTIFICATE HOLDER Palm Beach County c/o Department of Airports 846 Palm Beach International Airport West Palm Beach, FL 33406-1470 Attn: Nancy Herrera Fax: 561-471-7427	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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>C. Ray [Signature]</i>
---	---

ACORD 25 (2001/08)

3 pages total

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.

DESCRIPTION OF OPERATIONS -

Brang Construction, Incorporated
4300 Oak Circle
Boca Raton FL 33431

Palm Beach County c/o Department of
Airports
846 Palm Beach International Airport
West Palm Beach FL 33406-1470

Blanket Additional Insured - Owners, Lessees, or Contractors (CG-2033 07/04) - Products Completed Operations coverage for 3 years after completion of the project on general liability subsequent to a written contract or agreement. Blanket Waivers of Subrogation on General Liability as required in a written contract or agreement. Primary and Non-Contributory wording on general liability in favor of Project Owner Only subsequent to a written contract or agreement. Excess Liability Schedule of Underlying Insurance includes General Liability referenced above and Automobile Liability insured with State Farm directly. Excess Liability also provides Blanket Additional Insureds as required in a written contract or agreement.

Re: Palm Beach International Airport - Terminal Skylight Replacement Project; Project #: PB 06-5
Palm Beach County Board of County Commissioners, a political subdivision of the State of Florida, its Officers, Employees, and Agents are named as additional insured on the general liability and excess liability subsequent to a written contract or agreement.



CERTIFICATE OF INSURANCE

SUCH INSURANCE AS RESPECTS THE INTEREST OF THE CERTIFICATE HOLDER NAMED BELOW WILL NOT BE CANCELED OR OTHERWISE TERMINATED WITHOUT GIVING 10 DAYS PRIOR WRITTEN NOTICE TO THE CERTIFICATE HOLDER, BUT IN NO EVENT SHALL THIS CERTIFICATE BE VALID MORE THAN 30 DAYS FROM THE DATE WRITTEN. THIS CERTIFICATE OF INSURANCE DOES NOT CHANGE THE COVERAGE PROVIDED BY ANY POLICY DESCRIBED BELOW.

This certifies that:

- STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY of Bloomington, Illinois
- STATE FARM FIRE AND CASUALTY COMPANY of Bloomington, Illinois
- STATE FARM COUNTY MUTUAL INSURANCE COMPANY OF TEXAS of Dallas, Texas
- STATE FARM INDEMNITY COMPANY of Bloomington, Illinois, or
- STATE FARM GUARANTY INSURANCE COMPANY of Bloomington, Illinois

has coverage in force for the following Named Insured as shown below.

NAMED INSURED: Brang Co Inc								
ADDRESS OF NAMED INSURED: 4300 Oak Circle, Boca Raton FL 33431								
POLICY NUMBER	T034737-B05-59H							
EFFECTIVE DATE OF POLICY	02-05-2007							
DESCRIPTION OF VEHICLE (Including VIN)	1990 Ford							
LIABILITY COVERAGE	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
LIMITS OF LIABILITY								
a. Bodily Injury								
Each Person	1MM							
Each Accident	1MM							
b. Property Damage								
Each Accident	1MM							
c. Bodily Injury & Property Damage								
Single Limit								
Each Accident								
PHYSICAL DAMAGE COVERAGES								
a. Comprehensive	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	\$	Deductible	\$	Deductible	\$	Deductible	\$	Deductible
b. Collision	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	\$	Deductible	\$	Deductible	\$	Deductible	\$	Deductible
EMPLOYERS NON-OWNED CAR LIABILITY COVERAGE	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
HIRED CAR LIABILITY COVERAGE	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
FLEET - COVERAGE FOR ALL OWNED AND LICENSED MOTOR VEHICLES	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Signature of Authorized Representative	Agent	2106	7-26-2007
Name and Address of Certificate Holder	Title	Agent's Code Number	Date
Palm Beach Department of Airports 846 Palm Beach International Airport West Palm Beach, FL 33406			
Name and Address of Agent			

INTERNAL STATE FARM USE ONLY: Request permanent Certificate of Insurance for liability coverage.
 Request Certificate Holder to be added as an Additional Insured.

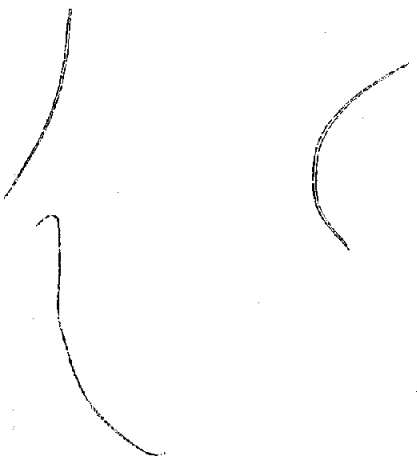
INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee for prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and zip code of the report entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organization level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (Item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFI) number; Invitation for Bid (IFB) number; grant announcement number, the contract, grant, or loan award number, the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in item 4 to influence the covered Federal action.
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10(a). Enter Last Name, First Name, and Middle Initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
12. Check the appropriate box(es). Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
13. Check the appropriate box(es). Check all boxes that apply. If other, specify nature.
14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal official. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
15. Check whether or not a SF-LLL-A Continuation Sheet(s) is attached.
16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

Public reporting burden for this collection of information is estimate to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, D.C. 20503.

<p>1. Type of Federal Action:</p> <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	<p>2. Status of Federal Action:</p> <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post award	<p>3. Report Type:</p> <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____
<p>4. Name and Address of Reporting Entity:</p> <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Congressional District, if known: _____		<p>5. If Reporting Entity in No. 4 is Subawardee, Enter Name Address of Prime: Congressional District, if known: _____</p>
<p>6. Federal Department/Agency:</p>	<p>7. Federal Program Name/Description CFDA Number, if applicable: _____</p>	
<p>8. Federal Action Number, if known:</p>	<p>9. Award Amount, if known: \$ _____</p>	
<p>10. a. Name and Address of Lobbying Entity (if individual, last name, first name, MI) NO LOBBYING ACTIVITIES</p>		<p>b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI)</p>
<p>(Attach Continuation Sheet(s) SF-LLL-A, if necessary)</p>		
<p>11. Amount of Payment (check all that apply): - \$ _____ <input type="checkbox"/> actual <input type="checkbox"/> planned</p>	<p>13. Type of Payment (check all that apply):</p> <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: _____	
<p>12. Form of Payment (check all that apply): <input type="checkbox"/> a. cash <input type="checkbox"/> b. in-kind: specify: nature _____ value _____</p>		
<p>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: (attach Continuation Sheet(s) SF-LLL-A, if necessary)</p>		
<p>15. Continuation Sheet(s) SF-LLL-A attached: _____ Yes _____ No</p>		
<p>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.</p>		<p>Signature: <u>JAMES R. FEDEVE</u> Print Name: <u>JAMES R. FEDEVE</u> Title: <u>PRESIDENT</u> Telephone No: <u>561-368-3180</u> Date <u>7-18-07</u></p>
<p>FEDERAL USE ONLY</p>		<p>Authorized for Local Reproduction Standard Form LLL</p>



DISCLOSURE OF LOBBYING ACTIVITIES
CONTINUATION SHEET

0348-0046

Reporting Entity: _____ Page _____ of _____

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PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
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Jeff Koons, Vice Chair
Karen T. Marcus
Warren H. Newell
Mary McCarty
Burt Aaronson
Jess R. Santamaria

COUNTY ADMINISTRATOR
Robert Weisman

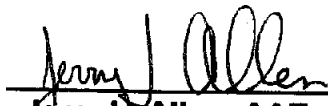
DEPARTMENT OF AIRPORTS



Based on the reviews provided by the Department of Airports Consulting Engineers and the S/DBE Office, it is our intent to award a contract to **BRANG CONSTRUCTION, INC.**, for the below listed project:

**Palm Beach International Airport
Terminal Skylight Replacement Project
Palm Beach County Project No. PB 06-5
Department of Airports**

Total Base Bid Price: \$ 2,429,000.00


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

(removed)
REMOVED
REMOVED
REMOVED


(posted)

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

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"An Equal Opportunity Affirmative Action Employer"



CH2MHILL

CH2M HILL
3001 PGA Boulevard
Suite 300
Palm Beach Gardens, FL 33410-2896
Tel 561.904.7400
Fax 561.904.7401

July 2, 2007

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

Subject: **Palm Beach International Airport
Terminal Skylight Replacement Project
PBC DOA Project No. PB 06-5**

Dear Mr. Sypek:

CH2M HILL and our subconsultant: the Sun Group conducted a technical review of the four (4) bid proposals for the above referenced project. The bid proposals were submitted by AFCO Constructors, Inc.; Brang Construction Inc.; Oceangate General Contractors; and West Construction. Brang submitted the lowest of the four bids at \$2,429,000.00. The other bids were in ascending order: West Construction with \$2,565,920.00; AFCO with \$2,720,000.00; and Oceangate with \$2,773,000.00. A tabular comparison of the bids is attached.

We reviewed and tabulated the required Palm Beach County documents for the bid and can discern no significant errors or omissions by any of the bidders. All bidders appear to be qualified and provided the general technical elements of the project with no exceptions to the Bid Documents.

Based on our analysis, we recommend that Brang Construction, Inc. be awarded the project both as the low bidder and as technically qualified to perform the scope of work as defined in the bid documents, subject to county legal and DBE review. Please do not hesitate to call me if you have any questions.

Sincerely,

Philip E. Partenheimer, P.E.
Project Manager

Gary Sypek
Page 2
July 2, 2007

Enclosures

Cc: Jerry Allen/DOA
Cindy Portnoy/DOA
Richard Sun/Sun Group
Carey Moulton/CH2M Hill
C. Steven Lewis/CH2M Hill



BID TABULATION
TERMINAL SKYLIGHT REPLACEMENT - RE BID
PALM BEACH INTERNATIONAL AIRPORT
PBC PROJECT NUMBER: PB 06-5
FAA PROJECT NUMBER: 3-12-0085-45-2006

Bid Form Attachments	Bidders			
	AFCO	BRANG	Oceangate	West
Bid Form and Attachments Checklist/Acknowledgement of Receipt of Addendums (Addendum No. 1 through No. 4)	√	√	√	√
Bid Form	√	√	√	√
Bid Price Form (Attachment No. 1 to the Bid Form)	√	√	√	√
Milestone & Damages Data (Attachment No. 2 to the Bid Form)	√	√	√	√
Designation of Subcontractors (Attachment No. 3 to the Bid Form)	√	√	√	*√
Prime Contractor Work (Attachment No. 4 to the Bid Form)	√	√	√	√
Bid Bond (Attachment No. 5 to the Bid Form)	√	√	√	√
Partnership Certificate (Attachment No. 6 to the Bid Form)	X	X	X	X
Statement of Participation in Contracts Subject to non-Discrimination Clause (Attachment No.7)	√	√	√	√
Schedule 1 List of Proposed DBE Subcontractors (Attachment No. 8 to the Bid Form)	*√	*√	*√	*√
Schedule 2 Letter of Intent to Perform as a DBE Subcontractor (Attachment No. 9 to the Bid Form)	√	*√	*√	*√
Schedule 3 Statement of Good Faith Efforts (Attachment No. 10 to the Bid Form)	√	√	√	√
Schedule 6 DBE Subcontractor and Supplier Solicitation Sheet (Attachment No. 11 to the Bid Form)	√	√	√	√
Notice to Prospective Subcontractors of Requirement for Certification of Non-Segregated Facilities (Attachment No. 12 to the Bid Form)	√	√	√	√
Sworn Statement Under Section 287.133(3)(a) Florida Statutes on Public Entity Crimes (Attachment No.13 to the Bid Form)	√	*√	*√	*√
Bidders and Subcontractors Information (Attachment No. 15 to the Bid Form)	√	√	√	√
Buy American Certificate (Attachment No. 16 to the Bid Form)	√	√	√	√
Certification Regarding Foreign Participation (Attachment No. 17 to the Bid Form)	√	√	√	√
Cerfication Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion (Attachment No. 18 to the Bid Form)	√	√	√	√
Form of Non-Collusion Affidavit (Attachment No. 19 to the Bid Form)	√	√	√	√
Bidder Qualification Questionnaire (Attachment No. 20 to the Bid Form)	√	√	√	√
Certification of Business Location (Attachment No. 21 to the Bid Form)	√	√	√	√

√Indicates that form is submitted as required

*√Indicates that form is either not dated, signed, and/or Bid number is not included.

X Requires additional information



BID TABULATION
TERMINAL SKYLIGHT REPLACEMENT - RE BID
PALM BEACH INTERNATIONAL AIRPORT
PBC DOA PROJECT NO. PB 06-5
FAA PROJECT NUMBER: 3-12-0085-45-2006

ITEM NO.	ITEM DESCRIPTION	AFCO	BRANG	Oceangate	West
1	Subcontractor - Skylight	\$1,936,700.00	\$1,936,700.00	\$1,936,700.00	\$1,936,700.00
2	Subcontractor - Fire Protection	\$90,400.00	\$66,000.00	\$150,000.00	\$150,000.00
3	Subcontractor - Lightening Protection	\$12,500.00	\$12,500.00	\$12,500.00	\$12,500.00
4	Subcontractor - Roofing	NA	NA	\$89,700.00	NA
5	Contractor	\$215,628.00	\$413,800.00	\$167,000.00	\$462,220.00
6	GC, OH&P	\$465,298.00	NA	\$417,100.00	\$4,500.00
	TOTAL	\$2,720,526.00	\$2,429,000.00	\$2,773,000.00	\$2,565,920.00
	Difference to Lowest Bid	\$291,526.00		\$344,000.00	\$136,920.00
	% Greater Than Lowest Bid	12.00%		14.16%	5.64%

Note: Item 6 of the bid was not listed in the bid but derived from adding all listed items against the total and assumes the remainder is GC and OH&P.

**PALM BEACH COUNTY
DEPARTMENT OF AIRPORTS**

TO: Jerry Allen
Deputy Director Planning/Community Affairs

Date: 7/02/2007

FROM: Notye Brewington
S/DBE Manager

Project #: PB 06-05

RE: PBIA TERMINAL SKYLIGHT REPLACEMENT PROJECT

Page/s: 1 / 3

Consultant: CH2MHILL
Project #: PB 06-05
FAA #: 3-12-085-2006
Funding: FAA, State, Local,
RFP/Bid Date 6/28/2007
DBE Goal: 17.00%

Bidders:

A. **Brang Construction, Inc.**
4300 Oak Circle
Boca Raton, FL 33431
Contact Person: James R. Fedele
Telephone: (561) 368-3180
Fax: (561) 368-3188
Email:
Amount: **\$2,429,000.00**

DBE Subcontractor(s):

None ()

Total: \$0.00 0.00%

Bidders:

B. **West Construction, Inc.**
318 South Dixie HWY, Ste. 4-5
Lake Worth, FL 33460
Contact Person: Martha Morgan
Telephone: (561) 588-2027
Fax: (561) 582-9419
Email:
Amount: **\$2,565,920.00**

DBE Subcontractor(s):

None ()

\$0.00 0.00%

Total: \$0.00 0.00%

**PALM BEACH COUNTY
DEPARTMENT OF AIRPORTS**

TO: Jerry Allen
Deputy Director Planning/Community Affairs

Date: 7/02/2007

FROM: Notye Brewington
S/DBE Manager

Project #: PB 06-05

RE: PBA TERMINAL SKYLIGHT REPLACEMENT PROJECT

Page/s: 2/3

Consultant: CH2MHILL
Project #: PB 06-05
FAA #: 3-12-085-2006
Funding: FAA, State, Local,
RFP/Bid Date 6/28/2007
DBE Goal: 17.00%

Bidders:

C. AFCO Construction, Inc.
1084 N.W. Madrid Way
Contact Person:
Telephone: (561) 338-2160
Fax: (561) 338-5037
Email:
Amount: **\$2,720,526.00**

DBE Subcontractor(s):

None ()

\$0.00 0.00%

Total: \$0.00 0.00%

Bidders:

D. Ocean Gate GCs
2854 SE Federal Highway
Stuart, FL 34994
Contact Person: Jason Barbieri
Telephone: (772) 283-6744
Fax:
Email:
Amount: **\$2,773,000.00**

DBE Subcontractor(s):

None ()

Total: \$0.00 0.00%

PALM BEACH COUNTY
DEPARTMENT OF AIRPORTS

TO: Jerry Allen
Deputy Director Planning/Community Affairs

Date: 7/02/2007

FROM Notye Brewington
S/DBE Manager

Project #: PB 06-05

RE: P~~B~~I~~A~~ TERMINAL SKYLIGHT REPLACEMENT PROJECT

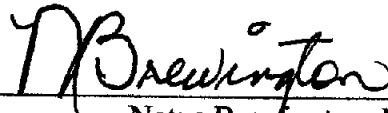
Page/s: 3 / 3

Consultant: CH2MHILL
Project #: PB 06-5
FAA #: 3-12-085-2006
Funding: FAA, State, Local,
RFP/Bid Date 6/28/2007
DBE Goal: 17.00%

Comments

Brang Construction, Incorporated, apparent lowest responsive responsible bidder has met the DBE requirement. None of the bidders met the DBE goal.

SIGNED



Notye Brewington, MCA
S/DBE Manager

cc: Gary Sypek